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

JOINT LEGISLATIVE HEARING
In the Matter of the
2025-2026 EXECUTIVE BUDGET ON
MENTAL HYGIENE

Hearing Room B
Legislative Office Building
Albany, New York

February 5, 2025
9:39 a.m.

PRESIDING:
Senator Liz Krueger
Chair, Senate Finance Committee

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

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

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

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

Assemblywoman Jo Anne Simon
Chair, Assembly Committee on Mental Health

Assemblyman Angelo Santabarbara
Chair, Assembly Committee on People
with Disabilities

2025-2026 Executive Budget
Mental Hygiene
2-5-25

PRESENT: (Continued)

Senator Patricia Fahy
Chair, Senate Disabilities Committee

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

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

Assemblyman Khaleel M. Anderson

Assemblyman Chris Eachus

Senator Siela A. Bynoe

Assemblyman Brian Maher

Senator Lea Webb

Senator John C. Liu

Assemblywoman Jodi A. Giglio

Assemblyman Edward C. Braunstein

Assemblywoman Yudelka Tapia

Senator Roxanne J. Persaud

Assemblyman Steven Otis

Assemblyman Joe Sempolinski

Assemblywoman Chantel Jackson

Assemblyman Tony Simone

Senator Shelley B. Mayer

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PRESENT: (Continued)

Senator Pamela Helming

Assemblyman Harvey Epstein

Assemblywoman Judy A. Griffin

Senator Patricia Canzoneri-Fitzpatrick

Assemblyman Chris Burdick

Senator Peter Oberacker

Assemblyman Keith P. Brown

Senator Jacob Ashby

Assemblywoman Emily Gallagher

Assemblyman Sam Berger

Senator Rob Rolison

Assemblywoman Monique Chandler-Waterman

Assemblyman Philip A. Palmesano

Senator Bill Weber

Assemblywoman Andrea K. Bailey

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CHAIRWOMAN KRUEGER: See, it got silent even before I said let's all take our seats, let's have the Commissioner of Mental Health join us at the front table. And I will do one quick text while she's moving.

All right. Good morning, everyone. And we still -- we're good on seating. Just quick update and reminder as we get started.

Hi, I'm Liz Krueger, Senate Finance chair, joined by my no longer new colleague, the no longer new Ways and Means Chair Gary Pretlow. We've already survived X number of hearings, so just the same old Ways and Means Chair Gary Pretlow.

So today is the hearing on Mental Health and Office for People With Developmental Disabilities and Office of Addiction Services and Supports and the Justice Center for the Protection of People with Special Needs.

Just some basic rules for people who may not come to all of our hearings. When you are testifying or asking questions, you

need to speak into the mic. And it only works when you press the "Push" button and it goes from red to green. And there's a little trick with them. You have the sweet spot just above the word "Push." So some people have struggled to get it to work, including me. But just know when it's green, you're on. When it's red, you're not.

Also, both for testifiers and for legislators asking questions, there are clocks that all of us can see. And commissioners and other invited government guests get 10 minutes each to testify. Everyone else gets three minutes to testify.

We tell everyone you may have 30 pages worth of testimony. You've submitted it, we all have it, and it's up online for the whole public to read. But the best testifiers are people who bullet-point their most important issues, because you're not going to have enough time to get through everything.

For people asking you questions, that clock means it's the time for you to ask the question and get the answers. So some of my

colleagues enjoy doing a very broad opening statement and a very extended question and then are shocked when the bell goes off that they're done. And they assume then somebody's going to answer them. They're not, because your time is up.

So just remember if the clock says X amount of time, that's for both of you. And I know it's not enough time, and we haven't just mastered 24-hour hearings -- and I'm not sure any of us want to.

Also, if you're a chair, for addressing the commissioners -- and there's four different ones today -- chairs of the relevant committees get 10 minutes, rankers get five minutes, everyone else gets three minutes. Only chairs get a three-minute at the very end follow-up if they have additional questions to ask.

Okay, that's I think mostly the rules of the road.

So I'm now going to officially do the opening of this actual hearing.

So good morning. You already know I'm

Liz Krueger, chair of Senate Finance. And the Senate is chairing today's hearing. The Assembly and the Senate take turns.

Today is the fifth of the 14 hearings to be conducted by the joint fiscal committees of the Legislature regarding the Governor's proposed budget for state fiscal year '24-'25.

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

Today the Senate Finance Committee and Assembly Ways and Means Committee will hear testimony regarding the Governor's proposed budget for the following agencies: Office of Mental Health, Office for People With Developmental Disabilities, Office of Addiction Services and Supports, and the Justice Center for the Protection of People with Special Needs.

As I've described, following each testimony there will be some time for questions from the chairs of the fiscal committees and other legislative members of

the committees.

I will now introduce members of the Senate. Assemblymember Gary Pretlow, chair of Ways and Means, will introduce members of the Assembly. And then Senator Tom O'Mara, who's actually ably represented by the lovely not Tom O'Mara, and Assemblymember Ra from the Assembly Republicans -- I just wanted to make sure I have the list of all the Senate Democrats so far.

Oh, and during the course of the day, because people have session, they have committee meetings, you'll see legislators come and go, and we will introduce them as they show up.

And for all of my legislative colleagues, if you want to ask questions then you need to let the four of us, chairs or rankers, let us know so you go on a master list. Because sometimes it's many, many people and they'll be thinking why didn't you know I wanted to ask a question. And the answer will be because you never told us you wanted to ask a question. So please

remember, colleagues, to do so.

So the Senators who are here today so far are Senator Bynoe, our new Senator; Senator Webb; Senator Fernandez; and Senator Brouk.

Assemblymember.

CHAIRMAN PRETLOW: Thank you, Senator.

With us today we have the chair of Mental Health, Assemblywoman Simon. We have the chair of Alcoholism, Assemblyman Steck, and the Disabilities chair, Assemblyman Santabarbara.

Also with us we have Assemblypeople Anderson, Braunstein, Burdick, Eachus, Epstein, Otis and Tapia.

CHAIRWOMAN KRUEGER: And for the Republican Senate, Senator Canzonerio -- Canzoneri-Fitzpatrick. I never mean to disrupt --

SENATOR CANZONERI-FITZPATRICK: That's okay.

CHAIRWOMAN KRUEGER: And she's also the ranker on the Mental Health Committee.

SENATOR CANZONERI-FITZPATRICK: Thank

you, Chair.

I'm honored to introduce my colleagues from the Republican Senate: Senator Oberacker, Senator Rolison and Senator Weber.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRMAN PRETLOW: Assemblyman Ra.

ASSEMBLYMAN RA: Good morning. We are currently joined by Assemblyman Sempolinski, who is our ranker on Mental Health; Assemblyman Keith Brown, our ranker on Alcoholism; and Assemblymember Maher.

CHAIRWOMAN KRUEGER: Okay. Well, then, good morning, Commissioner Sullivan. Nice to see you here today. And you have 10 minutes to present.

OMH COMMISSIONER SULLIVAN: Thank you.

Good morning, Chairs Krueger, Pretlow, Brouk, Simon and members of their respective committees. I want to thank you for the invitation to address Governor Hochul's fiscal year '25-'26 Executive Budget as it relates to mental health.

I'm happy to report that the Governor's proposed budget continues to

emphasize the importance of building a comprehensive mental health system that provides New Yorkers with robust prevention services, increased access to treatment, and a vital safety net for those with high needs who have been unable to effectively engage in treatment on their own.

Since taking office, Governor Hochul, in partnership with the Legislature, has made historic new investments in the mental health system, and the Office of Mental Health has been diligently working with counties across the state to implement these programs in a manner that meets the needs of local communities. To date, we have generated more than 780 contracts and funded more than 690 providers.

And to ensure the success of these programs, Governor Hochul provides a targeted inflationary increase of 2.1 percent, building on investments from previous years.

The Executive Budget provides for investments across the lifespan, with an emphasis on recovery and community-based

wellness, as well as additional intensive services for high-need individuals. Providing for early access to care is at the core of mental wellness, and the Office of Mental Health continues to grow services.

Across the lifespan, this year's Executive Budget proposes the inclusion of $1.5 million to integrate behavioral health in OB-GYN offices in underserved communities to improve maternal mental health, providing for vital screenings and access to treatment. We know that treating maternal depression is critical to the successful growth of our youngest New Yorkers.

Governor Hochul is continuing her commitment to youth mental health by including $1.5 million to expand Teen Mental Health First Aid, which is specifically designed to teach teens in Grades 9 to 12 how to help each other to respond to mental health challenges. During the Governor's Youth Mental Health Listening Tour in 2023, young people repeatedly emphasized that they first talk to their

friends when they are experiencing mental health concerns, and that they don't always know how to respond.

Additionally, funding for Youth Safe Spaces, which are clubhouses where young people can access mental and behavioral health wellness resources, foster positive peer relationships, and engage in positive activities, further strengthens their ability to help each other.

For those children and adolescents whose complex needs require specialized assessment and care, the proposed budget includes $1 million to create Comprehensive Clinical Assessment Hubs for evaluation and linkages to the array of services needed.

There's also an amendment to the Mental Hygiene Law which would allow runaway and homeless youth, who are already authorized to consent to their own physical health services, to also consent to inpatient and outpatient behavioral health services without parental consent. This change will help avoid delays in accessing essential

behavioral healthcare, and ensure that vulnerable minors receive timely treatment and support.

For adult New Yorkers, this year's proposed budget provides for the development of clubhouses, which are programs designed to assist individuals living with mental illness with the establishment of friendships, recreational activities, and educational and vocational opportunities.

The National Alliance on Mental Illness describes the term recovery as "reaching a place where you are able to pursue a safe, dignified and meaningful life." Governor Hochul and the Office of Mental Health are committed to assisting individuals with mental health challenges to reach that place.

Additionally, by working with local communities to develop culturally appropriate care, we are more successful in engaging diverse populations in mental wellness activities. The Executive Budget includes $2 million to support community-determined

wellness in historically marginalized neighborhoods, which can help us towards reaching all New Yorkers with prevention services.

Utilizing peers, who have the unique perspective of living with mental health challenges, has proven to be highly effective in engaging high-need individuals with whom traditional services have had little success. Four million dollars is proposed for hospital-based Peer Bridger services and for the expansion of Intensive and Sustained Engagement Teams to work with individuals to secure their success in the community and prevent hospitalizations and emergency room visits.

Ensuring that services are available across the lifespan, the recovery journey requires us to make adjustments as people enter different stages of life. This year's budget provides $1.6 million to create a pilot Aging in Place program for OMH licensed residential units, allowing individuals to continue to receive optimum services and

support in their own homes as they grow older.

Our highest-need New Yorkers require specialized intensive and innovative approaches to engage them in services. Governor Hochul launched the Safe Options Support initiative in January of 2022. These teams, initially working with unsheltered individuals in the subways of New York City, have expanded to Long Island and upstate communities. There are currently 27 SOS teams who have conducted more than 67,000 encounters, and have successfully housed 884 individuals who were previously unsheltered, often for many years, in permanent housing.

Additionally, teams have helped to facilitate over 2,600 shelter placements in New York City. They have also initiated 875 voluntary referrals to hospital emergency rooms, both for medical and psychiatric services. And this year's budget includes over $12 million to enhance specialty services for these high-need individuals.

Funding will be available to add street medicine and street psychiatry to the SOS teams, as well as additional funding for OASAS street outreach teams to integrate for substance use services.

For mobile outreach teams, proposed funding would also establish welcome centers in five New York City subway stations, allowing for a more private space to speak with outreach workers.

Beyond the data, it is an individual's life change that is so important. A woman who was unsheltered and living in the subway for many years, after working with her SOS team not only accessed permanent housing but reconnected with her worried sister, who had been searching for her for years.

We will always make every effort to work with and engage individuals in need of services in their communities. Since 2023, with the over $2 billion investment in mental health, we are significantly expanding the availability of outpatient services throughout our system, including ways to

effectively connect individuals to services upon discharge from the hospital.

But sometimes for people living with a mental illness, due to their illness they are unable to engage in community mental health services despite being at extremely great risk for their personal safety. This year, we are proposing a clarifying amendment to the involuntary inpatient commitment criteria to include individuals at substantial risk of harm due to an inability or refusal, as a result of their mental illness, to provide for their essential needs such as food, clothing, medical care, safety or shelter.

In addition, the Executive Budget applies a new $16.5 million to the Assisted Outpatient Treatment Program, for counties to increase efforts to work with individuals on a voluntary basis while also providing support for local oversight; and $2 million for additional staff at OMH to better support the counties, enhance state oversight, and enable increased use of voluntary AOT throughout the state.

There are also proposed changes to the Mental Hygiene Law to clarify AOT criteria and provide petitioners with better guidance on when an AOT petition can be filed within six months of an expired AOT court order.

Finally, this budget specifically increases services in two additional key areas. It proposes funding for the much-needed update to the crisis unit of the Capital District Psychiatric Center and expansion of its Mobile Integration Team, providing ready access to crisis services in the Capital area. And the Executive Budget also provides $160 million in capital for an increase of 100 psychiatric forensic inpatient beds on Wards Island in New York City, to address the increasing need for restoration services to ensure that individuals can participate in their court processes in a timely manner.

Lastly, the budget also provides $21 million for OMH to increase clinical and direct-care staffing at its four forensic facilities to reduce staff-to-patient ratios,

improving safety and quality of care.

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

CHAIRWOMAN KRUEGER: Thank you very much.

We've also been joined by Senator Persaud.

And our first Senator questioning will be Senator Brouk, the chair of the Mental Health Committee.

SENATOR BROUK: Thank you.

Good morning, Commissioner. Thank you for your testimony, and thank you for everything you do every day for New Yorkers. It's really an honor to be able to work with you.

I want to jump right in because I think that there's a lot -- obviously we're very grateful to you and the Governor for putting such a heavy focus on mental health, the entire continuum of care. We know that we can't solve it by just looking at one part of mental health. So from prevention all the

way to crisis, I think there's still a lot of work we need to do.

I want to start with your work on the Daniel's Law Task Force this year. To your knowledge, in this Executive Budget were any of the recommendations that came out of the report -- which came out a year early, so that was December 2024 -- were there any of the recommendations from the Daniel's Law Task Force included in this budget?

OMH COMMISSIONER SULLIVAN: The Daniel's Law Task Force, which I think did an excellent job of bringing together stakeholders coming up with recommendations for policymakers to look at what should be emergency response for mental health crisis look like in New York State.

So those recommendations are there. They're a tremendous resource for policymakers. And it's up to policymakers to decide which of those recommendations they may want to move forward.

SENATOR BROUK: Okay. Just so we all know, there were these two major

recommendations, establishing a defined response protocol for behavioral health crisis, and then creating a statewide behavioral health crisis technical assistance center, which I thought was -- could be of tremendous value, and I was glad to see it come out of the recommendations.

So I guess my question is, if we were to move forward with those recommendations in this year's budget, is OMH in a position, if funding were to come through this budget, to start creating this technical assistance center and actually start the process of these Daniel's Law pilots as it recommends in the report?

OMH COMMISSIONER SULLIVAN: We have a pretty robust -- at the current time we have mobile crisis teams in all of our counties. We have a 988 answering center. We have crisis residences. And we have an increase in crisis stabilization centers over the next few years.

So we have a crisis system which we have been working with now for many years to

establish across the state. So I think the issue of a technical assistance center is something that, again, is a recommendation in the report and, again, for policymakers to decide if it's something they would want to enhance. It's up to the policymakers.

SENATOR BROUK: Okay. So in other words are you saying you may have the capacity at OMH now to administer some of these recommendations?

OMH COMMISSIONER SULLIVAN: It would depend on the other -- it would depend on the other recommendations that are accepted. So what would be available currently, and then what we would need in addition if they were accepted.

SENATOR BROUK: Okay. Thank you.

I want to move on to some of the changes that were in the Executive's budget that you mentioned around AOT and how those are implemented. So the first thing I was curious about is we know that there's a study I think that's going through OMH, I think it's been contracted out. And that study is

due in 2026, is that correct?

OMH COMMISSIONER SULLIVAN: Yes.

SENATOR BROUK: So have we learned anything in the interim while this study is going around, you know, what the efficacy has been like, what the impact has been of AOT orders statewide?

OMH COMMISSIONER SULLIVAN: We haven't yet received anything from the group that's doing the study. They have all the data, and they are compiling it at this point. They will be on time to deliver it next year, but we haven't received anything from them yet.

What we do know from our outcomes that we look at is that AOT decreases incarcerations, it decreases hospitalizations, it decreases episodes of violence. So that's our determinations as we have looked at AOT. But from the researchers, we're still waiting to hear from them. And they have not yet given us any information on what they're looking at. They're doing a qualitative and a quantitative analysis.

SENATOR BROUK: So then my next question would be -- I know your -- and I know it was the task force that you were in charge of chairing. And this is different, it's a study that's being done externally. But do you think that there's an opportunity to get any of that information earlier than 2026?

And I ask because in this executive proposal there are a number of changes to AOT, and it seems somewhat premature to be moving forward with changes to something that we have put a million dollars towards studying. And so maybe there's a way that we can still do the study with integrity but to get some answers of what these researchers are seeing so that we can make more data-driven, evidence-based decisions on how we might make changes.

OMH COMMISSIONER SULLIVAN: I think we can ask. However, our conversations so far with the researchers, I don't think that they are able to give us too much of the results of their data analysis yet. But we can

certainly ask if they have anything that they could share.

SENATOR BROUK: Okay, thank you.

And then you talked about there's a total of 18.5 million going towards AOT orders. It sounds like 2 million of that is for OMH staff. What do you anticipate the 16.5 million going towards exactly?

OMH COMMISSIONER SULLIVAN: A good part of that is going to go towards expanding the use of voluntary AOT. One of the difficulties with using as much voluntary AOT has been not having the degree of care coordination, care oversight, making sure that all the services are there, that the individual is getting everything they need. So individuals we think may have -- since that isn't there, we haven't been using the voluntary as much as we could.

So those dollars will be going to the county to increase voluntary, but also to help them with some of the ongoing services they are providing for individuals on AOT.

SENATOR BROUK: Okay.

OMH COMMISSIONER SULLIVAN: Voluntary AOT could really provide excellent services as well with the right supervision.

SENATOR BROUK: And so just so -- to make it very clear, this could actually go to someone who's voluntarily choosing to enter this program and get services that they may not be able to get right now.

OMH COMMISSIONER SULLIVAN: Yes. Yes. And voluntarily with high priority for the services so they can get them, but continue the same degree of support that you would get if you actually had an AOT order.

SENATOR BROUK: Wonderful.

And then I'll use my last few minutes -- you know, I don't think it was in this testimony but obviously in the Executive Budget there are changes, pretty big changes to the involuntary commitment and how we would do that here in New York State.

You know, civil rights lawyers, peers, community members -- a lot of people are talking about how there is fear that, you know, the new standard is essentially saying

that anyone who may be unhoused, whether or not they may have on and off employment or it might be temporary unhousing, now could be at risk of involuntary commitment.

How do you think we avoid this from being a sweeping change so that we are essentially saying homelessness now equals you could be involuntarily committed?

OMH COMMISSIONER SULLIVAN: Let me be very clear. In no way does homelessness equal involuntary commitment.

And this is a very -- for a very small, select group of individuals who are at very substantial risk of physical harm because they are unable to take care of their daily needs. So we're talking about an individual who, for example, really is out in the freezing cold and is not adequately dressed at all and is in danger of frostbite. We are talking about an individual who has severe cellulitis that could lead to serious medical problems that has no understanding of what it is because of their mental illness. We are talking about individuals with very

serious physical problems, their inability to take care of themselves. It's a very small percentage.

Clearly, making these decisions is very difficult. You have to be extremely careful about ever committing anyone to a psychiatric facility involuntarily.

All this does is clarify what has been present in case law before, that individuals with this degree of substantial, substantial risk can also be involuntarily committed. It also exists in case law, but by clarifying you help individuals who make these difficult but important decisions know better how to make those decisions.

SENATOR BROUK: Thank you. And so I want to switch quickly to the incident review panels that are -- has any locality ever requested to have a review panel when there are -- we hear about all these instances, right, horrific incidents. You know, and we hear certain things in whatever headline, but rarely do we hear the information really behind it and the investigation that goes

into it.

I know that there is an ability to do incident review panels when there is someone with a mental illness who, you know, has created physical harm to themselves or others, but it has to be locality that is requesting it. For example, has New York City or any locality ever requested that there be a review panel to really dig into what's happening?

OMH COMMISSIONER SULLIVAN: We've never had the formal incident review panel that is described in the legislation.

However, every time there's an incident there's a tremendous amount of review that goes on, both within the Office of Mental Health and any other agencies that are involved.

SENATOR BROUK: Sorry, not to cut you off --

OMH COMMISSIONER SULLIVAN: So that's going on. It's not in the formal incident review panel.

SENATOR BROUK: Right. So why not do

the formal one? We have that option to do it.

Do you think we could maybe learn more about how to better serve those who are severely mentally ill? And I always have to remind folks, by and large, right, they're actually victims of -- you know, they are victims and they are not the perpetrators of violence. And so we want to be careful -- again, this is a very small number of folks. But do you think we might be able to learn more and do better to serve them and create better safety in our subways and beyond if we were to do those?

OMH COMMISSIONER SULLIVAN: I think you can always do a good review, and we do do good reviews. And we learn all the time from what we review.

I think incident review panels we have not used yet; it's something to look into.

SENATOR BROUK: Thank you, Commissioner.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Simon, 10 minutes.

ASSEMBLYWOMAN SIMON: Thank you.

Thank you, Commissioner, for your testimony and for all of your work in this area.

I have a few additional questions to follow through on what Senator Brouk asked. A couple of things that strike me is, you know, for example, the incident review teams, right, incident review panels that have not been engaged in a formal way.

In your mind, what kind of support from the state or funding from the state would be helpful to really encourage that kind of review in a formal way so that we actually had information from which we could make informed policy decisions?

OMH COMMISSIONER SULLIVAN: I think that the ability to do such a review panel is there.

I think that the question is when you would call it, what localities would want to

do. And I really do have to keep emphasizing that none of -- it's not that these reviews have not been seriously looked at. So much of the information behind what has happened is confidential.

But then the outcome of looking at those reviews certainly influences the services we put up. The outcome of all the reviews of these incidents have led to developing things like INSET teams for individuals with -- have led to the CTI programs that we're putting forward.

So I don't want people to think that the reviews that we've been doing haven't been substantial and haven't been informing the whole array of services that we are putting up to work with individuals with serious mental illness.

ASSEMBLYWOMAN SIMON: Okay, thank you.

I have another question about a population I think is of concern. One is a question on managed care. As you know, the outpatient behavioral substance abuse services were carved into Medicaid managed

care about a decade ago, and later on now they're not actually managing the care, that there's no real benefit to that care provided to the patients that comes out of that carve-in to Medicaid managed care.

And there are like 16 plans that are for-profit corporations that are profiting off of this but not making -- but not actually contributing to that -- the management of that care.

And so the organizations, the providers that are providing this care are at a breaking point because they're spending more time doing the administrative work for something that actually is yielding no savings to the state or any benefit to the people that they're serving.

You know, one of the providers had to hire four people just to do the administrative work. Those are dollars that could be used to take care of people.

So I want to know if you can work with us to carve these outpatient services out of managed care, which would actually save us

over $400 million to New York State.

OMH COMMISSIONER SULLIVAN: We work very closely with the Department of Health, and the Department of Health ultimately manages the benefits of -- the organization of how payments are made to managed care. We work very closely with them and with the managed-care organizations to ensure that the appropriate amount of dollars is spent on mental health services and that the managed care organizations work cooperatively with our providers.

The question of a carveout I think is a big question and really has to be discussed additionally with the Department of Health.

ASSEMBLYWOMAN SIMON: Because I'm concerned because they're not processing payments in a timely manner, which is harming the ability for people to keep their organizations going. And these are vulnerable people --

OMH COMMISSIONER SULLIVAN: We monitor -- we do monitor the timely payments, and there have been citations to managed care

organizations for not providing timely payments. Timely payments of many of them have gotten better because of the oversight and the enforcement. And there have also been fines when managed-care companies have not provided appropriate response to parity, and parity includes timely payments.

ASSEMBLYWOMAN SIMON: Thank you.

I have a couple of other questions. One question has to do with the Governor's proposal to expand support for the Empire State Supported Housing Initiative program. Which is a good program, but in the meantime there is also the community residence SRO providers, who are getting much less money per unit and are still functioning and provide good support. Which doesn't seem to make a lot of sense in the dollars and cents and also provision of care.

So, you know, I want to know what plans you or the Governor have to support the CR SROs at a level above or at least consistent with the amount of money that is committed to the ESSHI programs.

OMH COMMISSIONER SULLIVAN: Over time there has been a significant investment in housing, and those supportive dollars have gone up. But yes, this year in the budget is for new ESSHI housing, the significant -- the increase.

But there has been over $350 million invested in housing over the past four years, overall, with lots of increases to housing providers for stipends to do the work they need to do.

ASSEMBLYWOMAN SIMON: Yeah, but these other people aren't getting the same amount of money.

OMH COMMISSIONER SULLIVAN: No, they are not.

ASSEMBLYWOMAN SIMON: And so they're still providing housing, they still have the same costs, they have a population that has significant needs. The question is beefing that up. How can we beef that up, is really the question.

And then the other question is what additional funding is going to be provided to

residential programs so they can serve not just the current residents but the needs of people who are under this AOT.

I think one of the confusions people have is the sort of voluntary AOT, which is actually available for many other programs as well, providing the same kinds of supports, which is different than something that is involuntary, which has other ramifications, obviously.

OMH COMMISSIONER SULLIVAN: So basically, yes, the funding for individuals, for AOT, for voluntary, will be the same. Yes. I'm unsure of your question --

ASSEMBLYWOMAN SIMON: Well, it seems to me that you have residential programs that some of them are based in a residential facility that might help somebody with outpatient. Right?

But also we've made a proposal to expand the use of involuntary commitment, for which there are a number of concerns, including importing a definition from retention of people who are currently

hospitalized to people who are not yet, and not even evaluated.

But if that were to occur, you would increase the number of people who were involuntarily hospitalized. And we have a lack of beds. And, you know, where is the money to support the natural consequence of such a proposed expansion?

OMH COMMISSIONER SULLIVAN: I -- expansion -- involuntary commitment --

(Overtalk.)

ASSEMBLYWOMAN SIMON: If you have more people --

OMH COMMISSIONER SULLIVAN: -- more hospital beds. I'm just trying to --

ASSEMBLYWOMAN SIMON: -- involuntarily hospitalized --

OMH COMMISSIONER SULLIVAN: Yes.

ASSEMBLYWOMAN SIMON: -- where are you going to put them?

OMH COMMISSIONER SULLIVAN: Currently in New York State the occupancy of our psychiatric services is about 80 to 82 percent adult, not 95 percent. So there

is room within the community-based hospital system for the small increase in individuals for the change in the involuntary commitment law.

After the pandemic the occupancy was 95 percent. And that's why additional beds have been added in the community. But at the current time, across the state, the occupancy is between 80 to 83 percent, which means there is sufficient space to expand.

However, the involuntary commitment law which we are expanding is for a very small number of individuals. This will not have a tremendously significant impact on hospital occupancy.

ASSEMBLYWOMAN SIMON: So a sort of follow-up question to that is we just recently had a report issued in New York City under the mayor's changed sort of standards and it would bring people into the hospitals. Almost 50 percent of them were not retained, which meant that they were probably not a danger to themselves or others. And they were evaluated by competent people who do

this kind of work.

But 52 percent I think of them were retained. And one of the big challenges, and we hear this with the cycling of people out -- Daniel Prude is somebody who wasn't retained -- that there's no place to -- there's not enough availability of those beds. And I know the psych beds in the private hospitals have not been restored fully. In some cases yes, but not fully restored from COVID. But there was also a loss of beds previous to that.

So this is a very real concern about the feasibility of ever even implementing what it is that is currently being proposed. And so that's why I asked that question. I think that's a very real concern that people have, and there doesn't seem to be any -- any dollars given to actually making that happen.

OMH COMMISSIONER SULLIVAN: There were capital dollars last year for expansion of beds, and there will be a hundred additional community-based beds that will open.

But the important thing here is

occupancy is something we track very, very closely. So if you were at an 80 percent occupancy, that means that you have space to be admitting individuals into the services.

The other critical points are the services when that 50 percent that you sent kind of into the emergency room are discharged. And that's where the growth of Critical Time Intervention teams and all the other services we're putting up will affect that revolving door of people coming back.

ASSEMBLYWOMAN SIMON: Transition, yes.

Thank you.

CHAIRWOMAN KRUEGER: Next for the Senate, the ranker, Senator Canzoneri-Fitzpatrick.

SENATOR CANZONERI-FITZPATRICK: Good morning. Thank you so much for being here today.

I have sort of a general overview question. As was stated previously by Senator Brouk, we have an issue with so many people being arrested that are committing crimes that are -- truly have mental health

issues or addiction issues.

Where in this budget are we providing that those people will get services instead of just being thrown into a system where their issue is not properly addressed? I'd like to know where in this budget are we going to do better in the next session for those people that need those services.

OMH COMMISSIONER SULLIVAN: You have -- I think it's important to look at the budgets for the past several years, the services that are coming up now. There's a significant increase in teams that will be working with exactly the individuals that you're talking about, Critical Time Intervention teams, Assertive Community Treatment teams. Those were in the 20 -- the billion-dollar budget; they are now hitting the streets. In the next year you will begin to see these teams available.

In addition. Last year's budget had something called court navigators, who are going to be distributed across the state to work actually in the courtroom when

individuals come before the judge to help connect them to services. And so the entire --

SENATOR CANZONERI-FITZPATRICK: Is that being increased -- excuse me. Is that budget being increased so those court navigators -- there's more of them, or there's more time for them?

Because we have a system that is obviously not addressing everybody's needs. And unless we put more of those people out there, it's not going to help every person that needs it.

So my question is, are we increasing those services?

OMH COMMISSIONER SULLIVAN: Well, those services, those court navigators will become available as of January of this year. So I think we need a little time to see exactly how effective they are.

But there's a significant increase. It was 10 -- it was $8 million to put court navigators across the state.

SENATOR CANZONERI-FITZPATRICK: Okay.

Switching to our COLA increase, I learned through discussions with many people that the COLA increase previously applied in previous budgets did not typically provide for supervisors and other people to also get increases. And I'd like to know if you had questions, push-back, administrative issues with applying that COLA increase equitably over all of the people working in the agencies.

OMH COMMISSIONER SULLIVAN: The particular increase which we're doing this year will be dollars going to the agencies, and they will decide how to use them.

Last year there was a segregation of some of the dollars that had to go to direct care staff. This year the targeted inflationary increase we are proposing is general.

SENATOR CANZONERI-FITZPATRICK: Okay.

And as I understand it, the budget includes a 2.1 percent inflationary increase when inflation was actually 2.9 percent.

So why are we not at least meeting

inflation? And are we going to have issues going forward for letting these care -- these vulnerable care workers, making sure that they can make ends meet to continue the care that they do?

Because we hear over and over and over again about the fact that they can't afford to stay in these positions, that they can't make their own salary go as far as they want to. And they're taking care of our most vulnerable. Why aren't we doing better for them?

OMH COMMISSIONER SULLIVAN: Well, the budget allocates the 2.1 percent. But it is important to remember that over the past three years there's around an additional 13 percent that came through other forms of COLA.

So this year's allocation is 2.1 percent.

SENATOR CANZONERI-FITZPATRICK: All right. I mean, from what I could see, a 7.8 percent COLA would be more appropriate to get us back on track.

But I realize that we live within a budget, but we have to take care of these individuals, in my opinion.

I'd like to just switch, because I only have another minute left, and ask you about the $10 million for the expansion of clubhouses and Youth Safe Spaces. I think it's great. We have to focus on youth mental health -- very, very critical.

Where will these new safe spaces be throughout the state?

OMH COMMISSIONER SULLIVAN: We will be putting out an RFP and looking for individuals interested in doing it. It will be a break between upstate and downstate for the Youth Safe Spaces probably -- we're expecting from this budget I think about 36 Youth Safe Spaces which we'll be able to put up. And we'll put out an RFP across the state.

SENATOR CANZONERI-FITZPATRICK: But you don't have a guide as to where they're going to be throughout the state?

OMH COMMISSIONER SULLIVAN: We're

probably going to try to do one -- which we usually try to do in each of the regions, but it will depend. We're looking at it closely.

SENATOR CANZONERI-FITZPATRICK: Okay. And how will these safe spaces coordinate with existing school-based community health programs? Is there going to be a synergy so that we have efficiencies?

OMH COMMISSIONER SULLIVAN: Yes, absolutely. And that's so important, as you say.

So there will be synergies with the school-based programs and with the providers and the communities.

So the safe spaces will be a place for youth to get all those resources.

SENATOR CANZONERI-FITZPATRICK: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Before we go on, we've been joined by Assemblymembers Berger, Chandler-Waterman, Gallagher and Simone.

Next for questioning, five minutes for

Assemblymember Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: Commissioner, thank you so much for coming and thank you for your work helping those with mental illness in the State of New York.

I've got three things I want to cover, so I'm going to try and move quick in the five minutes that I have.

My first would be sort of an expansion of a question my counterpart, the ranking member from the Senate, was asking about the COLA -- or, now, targeted inflationary increase I think is the new nomenclature.

If this is designed, as was pointed out, to match inflationary pressures, why every year do we have, from the Executive, either no COLA or no TII or something that's substantially less than what the inflationary rate is? Why don't we start at the inflation rate, where people can at least then say where they're at from the previous year?

OMH COMMISSIONER SULLIVAN: Just to reiterate, it's 2.1 percent in the budget. But there have been consistent COLAs with

this administration which were not there before, which is partly why we're in the place we're in. But there have been consistent COLAs over the past four years.

ASSEMBLYMAN SEMPOLINSKI: But oftentimes those COLAs don't -- we get a COLA, but it doesn't match what actual inflation is, so then it's not really a COLA, it's really a practical cut.

So what I'm saying is why don't we start with inflation? Especially considering the return on investment that we get investing in all of the mental hygiene agencies. If we're getting folks the salaries and the resources they need to provide these services across all of the agencies we're going to hear from today, we have a substantial savings on the back end in other services that we don't have to provide.

So I'm saying why don't we just start with inflation every year.

OMH COMMISSIONER SULLIVAN: Mm-hmm. Well, the amount that's allocated in the budget for it is $68 million, I think, and 8

million for a minimum wage increase. So that's 2.1 percent.

ASSEMBLYMAN SEMPOLINSKI: Okay, I appreciate your answer.

Second, I want to highlight and actually indicate my support broadly for the changes to involuntary commitment. You know, I understand some of the concerns that we don't want to have this expand into something where somebody who shouldn't be involuntarily committed ends up being involuntarily committed. I think that's a legitimate concern.

But I would just highlight, from my position, that allowing somebody who is at a substantial risk of physical harm to themselves to continue to be out on the street fending for themselves is not compassion.

So the idea of expanding this to enable more services be provided to people I think is a good thing. Not to mention the benefits in public safety to both themselves and the broader public.

What would be the particular changes for an individual going through that process as we shift from likelihood to result in serious harm to substantial risk of physical harm? What would be different for the person going through the involuntary commitment process?

OMH COMMISSIONER SULLIVAN: Well, the difference I think would -- once the person is committed to the hospital, then all the services become available. And I think that's what's really important.

Get a good evaluation -- get physical health as well as mental health. And then when you're discharged you will have significant wraparound services and assistance in getting housing. Because many of these individuals aren't housed. But if they are housed, significant wraparound services.

So what you now provide is the real treatment someone needs so they can make decisions more clearly about their own physical health and physical safety. That's

the addition of the law, that now they could be able to decide and move forward in their lives.

ASSEMBLYMAN SEMPOLINSKI: Well, I appreciate it, and I appreciate the change. I think we're going to actually really help some folks and get them the help that they need and truly be compassionate to them.

My last thing I want to point out, later on in the day we're going to have a constituent from my friend Mr. Palmesano's district, from Steuben County -- I also live in Steuben County -- Mr. Tobia testify. And he's going to talk about a very tragic situation regarding suicide in his family, and his support -- there was legislation that passed unanimously through the Legislature, reached the Governor's desk, to provide for a Rural Suicide Prevention Council in the previous Legislature, along with a lot of these other councils.

The Governor vetoed that bill and indicated in her veto message that she would prefer this sort of thing to happen through

the budgetary process.

So I wanted to indicate certainly my support for that. I represent an extraordinarily rural district, and ofttimes one of the challenges that we have is just making sure that the services that your department provides and the other departments under mental hygiene provide get out into those rural areas.

So I just wanted to voice my support for what he's going to testify on. And I think Mr. Palmesano will expand on that in his questioning.

But thank you very much.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Our next is Senator Nathalia Fernandez.

But before she starts, we've also been joined by Senator Tom O'Mara, ranker from Finance.

And just to clarify, the people who are chairs and rankers on the four different committees that are relevant to the first four government panelists today, they each

get 10 minutes for each -- or 10 minutes or five minutes for each.

So Senator Fernandez will get 10 minutes. Her ranker will get five minutes. But that also applies then to the same group getting time with the OASAS and People with Developmental Disabilities and Justice Center. Just because so much of this work overlaps in relationship to each other. So I just wanted to make sure everyone understood.

And the clock is at 10 minutes.

Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much, Commissioner.

Thank you for the 10 minutes.

The Executive Budget, you mentioned, has 8.5 million for clubhouses. I know how crucial and important they are to helping those mental illness. But will these funds also be equipped to help those with co-occurring disorders and substance use disorder?

OMH COMMISSIONER SULLIVAN: Yes. All

the clubhouses have integrated treatment. They will all have integrated treatment, so they will be available, absolutely, for individuals who have mental illness and substance use problems for sure.

SENATOR FERNANDEZ: Great.

The Executive Budget also includes 1.9 million for historically marginalized communities. What criteria will be used to determine which neighborhoods qualify as marginalized?

OMH COMMISSIONER SULLIVAN: Well, we're going to be looking at data across the state which will tell us which areas are particularly underserved in terms of mental health services. So we do that usually when we send out the RFPs.

We will also do some talking with communities as to whether or not they feel that they are getting all the services they need.

These dollars are particularly for more what we call kind of grassroots organizations so that they can try to provide

outreach in the community. They're usually made up of community members who provide services, screenings, and also work with communities on wellness activities. So it's very exciting to have these dollars which will really embed in the community with community workers. And this has been being asked for for a long time from some of the grassroots providers across the state, and now this is actually in the budget. So it's very exciting.

SENATOR FERNANDEZ: Thank you.

It's been mentioned here before, co-occurring disorders, like I just said. But have you been working -- and if so, how have we been working with the office of OASAS and Commissioner Cunningham on the issue of co-occurring disorders and dual licensing?

OMH COMMISSIONER SULLIVAN: Yeah, we work all the time on the issue of co-occurring disorders. It's embedded in what we're doing in prevention; it's embedded in all the new services that we're putting up. We've been working closely with OASAS to

ensure that there's integrated treatment there, especially harm reduction, and making sure that is throughout the system.

On the licensing part, we will be having new regs coming out I believe in a month or two to the Behavioral Health Services Council, to look at how we can make it easier to have integrated care throughout the system.

And then, finally, there will be in July some regs for the very highest tier to working together of integrated care.

So we're trying to make it easier. We know from the providers that it sometimes has been cumbersome the way we had set up the licensing, but we're working very closely with OASAS and I think there's going to be a lot of -- and with the community, to understand how to make that easier. That will be coming out within the next few months.

SENATOR FERNANDEZ: Okay. I have a bill to make it a little easier that would remove copays for integrated care. So we

would love the support on that.

With the potential increase of patients due to possible changes in involuntary commitment and assisted outpatient treatment, what are plans in place to ensure that these individuals have the resources and supports they need after they're released from confinement?

OMH COMMISSIONER SULLIVAN: I think that's the most critical point. One of the things you have to ensure is those individuals get the services they need.

So we are going to have a program with all the hospitals where what we call critical time intervention teams will wrap services around those individuals for up to a year or more until they are stable in getting services, stable in their housing, stable in their treatment. So this is very exciting.

We're also growing peer programs that will work with individuals when they leave hospitals. And we're going to make sure the hospitals work with us, with the community-based providers, to have really

comprehensive discharge plans. We have not been as successful at doing that in the past, and the hospital connections program will ensure that. So the critical thing is to get those services to those individuals.

SENATOR FERNANDEZ: Okay. In my district in the Northeast Bronx, I have Bronx State Psychiatric Center. There's been a few buildings there that have been vacant for years. Is there any plans to reutilize these buildings now with -- I know that the mayor's office has mentioned $600 million to help with continual mental health care, given involuntary removal changes.

Is there any plans to utilize Bronx State Psychiatric and put more beds there, fill up the buildings that we have? Could you speak on that?

OMH COMMISSIONER SULLIVAN: The one building that is particularly vacant is something which will be opening, maybe by the fall, a huge wellness center for the individuals with serious mental illness and for the community. And we have contracted

out to set this up. We would love to have you come see it when we open it, because it's a way to have individuals with mental illness also integrate in with the community.

So that one big building that has been sitting there for a long time that doesn't have -- doesn't look like it's being used will be open soon as this integrated wellness center for the Bronx community, inviting the Bronx community in as well as individuals with mental illness.

Most of the other buildings are either residential or occupied by inpatient beds. So except for the unused, older buildings which are not ours any longer, which are on the land which now belongs to the development corporation of the state in terms of getting those buildings sent off to developers.

So the only building that we have in Bronx which is really open is now going to be this wellness center. But you're right, that has been --

SENATOR FERNANDEZ: Are there beds in this wellness center?

OMH COMMISSIONER SULLIVAN: No. No. This is for the community.

The Bronx Psychiatric Center has no other -- just that one building. Otherwise, there's no buildings there that could be used for beds -- additional beds.

SENATOR FERNANDEZ: Okay.

OMH COMMISSIONER SULLIVAN: We've looked very closely at Bronx because it's a beautiful facility but it's limited now in terms of its inpatient capacity.

SENATOR FERNANDEZ: Okay, thank you.

The Executive Budget includes 1.1 million for maternal mental health. What type of behavioral health expenses will be covered with this additional funding?

OMH COMMISSIONER SULLIVAN: This is an expansion of collaborative care where we would have mental health individuals work with OB-GYN in the OB-GYN practice. And also train OB-GYNs on understanding depression, maternal depression, pre- and post-natal so that they feel comfortable treating individuals with depression.

Very similar to what you do in primary care, where you have screening for mental health and substance use, we would have that kind of screening in OB-GYN practices. That's never really happened in OB-GYN.

Also we have a consultation service available so OB-GYNs can call free of charge for consultation to an expert in treating individuals who are pregnant who have mental health issues. So combine that with a collaborative care approach within the practice, right there in the OB-GYN practice.

SENATOR FERNANDEZ: Thank you.

The Executive Budget also proposes 1.5 million for an aging-in-place pilot. Where would this pilot be located?

OMH COMMISSIONER SULLIVAN: We're going to have one in each of the six regions across the state. There are capital dollars from last year which will be rolled into helping do some of the physical reconstruction, and then the aging in place will actually provide a nurse and a nurse aide to work with the housing team to provide

medical services for individuals who are aging.

It's a critical issue that our individuals be able to stay in place in their homes. And by doing some retrofitting with some capital dollars and then having nurses and nurse aides available to enhance the housing team, enabling individuals with growing medical concerns to stay in their housing.

SENATOR FERNANDEZ: Thank you.

No further questions.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: We've been joined by Assemblywoman Jackson.

Our next questioner will be Assemblyman Steck.

ASSEMBLYMAN STECK: Thank you, Mr. Chairman.

I want to begin by thanking the Governor for her increased attention to this area. If you know me well, you know that I'm sincerely saying that, because when criticism

is apt, I don't hesitate. But I think it is helpful to have increased attention to this area.

I am wondering how much money has been added to the budget not for hospital beds, not from community behavioral health, but for residential beds for we might say intermediate or transitional care. Is there any increase in that area?

OMH COMMISSIONER SULLIVAN: In the billion-dollar budget, which was two years ago, there were 900 slots available for transitional beds. Three thousand five hundred total beds were added; 900 of those are transitional.

Half of those have been awarded and are out, and the other half are being reprocured because we've looked again at the areas and what might be the best way to use transitional beds, especially for the forensic population.

But there will be 900 transitional beds in the budget -- it takes a while for them to come up. The transitional beds are

not apartments, they are capital, and that's why it takes a bit more time.

ASSEMBLYMAN STECK: So when you say transitional, how long of a transition are you talking about?

OMH COMMISSIONER SULLIVAN: Probably somewhere between six to 12 months.

ASSEMBLYMAN STECK: Okay. And you had indicated that the -- in response to Chair Simon's question you had indicated that 82 percent of certain beds were full, so there was some excess capacity. What beds were you referring to there?

OMH COMMISSIONER SULLIVAN: Those are the community-based beds. So when you come into an emergency room and you are admitted to a hospital, those are community-based beds across the state.

ASSEMBLYMAN STECK: So are they hospital beds?

OMH COMMISSIONER SULLIVAN: Yes. Inpatient hospital units licensed by the Office of Mental Health.

ASSEMBLYMAN STECK: That percentage of

course does not tell us anything about how those beds are distributed geographically. There could be some areas with plenty of capacity and others with none, correct?

OMH COMMISSIONER SULLIVAN: Yes. Well, most have some capacity. But yes, there is a differential. There's absolutely a differential.

ASSEMBLYMAN STECK: So going back to the transitional care for a moment, there -- I'm wondering whether you have any regulations concerning nutrition and exercise for the people that are in transitional care. A lot of the medications of today that are frequently prescribed do cause some very adverse health effects like tremendous increases in obesity. And so I think, you know, the food at these type of things is -- may contribute to that and so I'm wondering if you've ever taken a look at providing for nutrition and exercise in such circumstances.

OMH COMMISSIONER SULLIVAN: Thank you for that. You know, we look -- we certainly look at it, but I think we could do better.

And just one initiative which we have started with our state hospital residences is working with farm-fresh food to bring it in, to -- healthy, and teaching people how to prepare farm-fresh food.

But I think it's something that we should think about very carefully for these transitional beds as well. Thank you.

ASSEMBLYMAN STECK: So I want to talk for a second about the MCO tax. And I realize that's a Medicaid thing and it goes, you know, to some extent appropriate to the Health Committee hearing, but Medicaid certainly provides coverage -- in fact, better coverage than private insurance for people with mental health issues.

So my question is whether any of the MCO tax is being allocated to the services that are provided in the mental health area.

OMH COMMISSIONER SULLIVAN: We're still discussing this with the Department of Health.

ASSEMBLYMAN STECK: So the answer is no. Yes?

OMH COMMISSIONER SULLIVAN: Well, we're discussing it with the Department of Health.

ASSEMBLYMAN STECK: The answer is no for now. Okay.

OMH COMMISSIONER SULLIVAN: Not yet.

ASSEMBLYMAN STECK: So there was also some discussion by my colleague on the Senate side of co-occurring disorders. Last year in the budget the Legislature allocated an additional 1.2 million to not-for-profits that already provide services to people with co-occurring disorders. This is the one really significant problem with our -- and it occurs in both mental health and substance abuse areas, is that our procurement processes are so cumbersome that the funding doesn't get to the places that it needs to go for a very long time. Whereas when the Legislature specifically allocates money, it gets there very rapidly.

So I think part of this issue with co-occurring disorders is not just saying, Oh, we're going to have a rate increase for

that higher level of service sometime in the future -- I think we need to do something now. And I'm wondering what your thoughts are on that.

OMH COMMISSIONER SULLIVAN: Well, I think that, you know, the procurement process, while it is cumbersome, it's also there, you know, for a variety of reasons to protect dollars the state spends and ensure that they're spent well.

I think harm reduction is a critical part of the work we do. I want you to know that we are doing a lot with the assistance of OASAS and their expertise. Harm reduction throughout our system of care, all these services that we're putting up, we are including trainings on harm reduction. And especially in our residential services, where we accept individuals with dual diagnoses in all our residences, and they are -- harm reduction is critical. It's just critical that we work and do the training.

ASSEMBLYMAN STECK: So I think Commissioner Cunningham's commitment to harm

reduction cannot be questioned. It's been outstanding. I think the areas where we're not as strong has been in the area of recovery rather than harm reduction.

And with respect to the co-occurring disorders, I think the point is we need to do something to streamline the access of programs who have already been approved and operating by the state. I don't think we need to babysit them every second of the day. And I think the bureaucracy for many of these programs is just overwhelming.

So I would certainly ask that in your efforts in this area of co-occurring disorders that we need just say, Well, we're going to have a program in five years that -- or we're going to spend lots of money studying the rate structure for five years before we do anything. I would ask that we get things done in a deliberate fashion, because we do have -- this is an area of crisis in our state.

So to the extent you are talking with OASAS, we would appreciate your advocacy for

immediacy. Thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Our next questioner is Senator Webb.

Three minutes, sorry; she's not a ranker or a chair.

SENATOR WEBB: Good morning, Commissioner. Can you -- is that better? Kind of. Okay, hold on one second. But there goes my time.

Good morning, Commissioner. So I want to go back to Senator Fernandez's question around maternal mental health.

As you know or may know, the commissioner from the Department of Health -- there was a report last year talking about maternal mortality and the disparaging outcomes when it comes to that. And so one of the pieces I wanted to lift up is the fact that 70 percent of those maternal deaths were preventable. And we know that mental health is a big part of that.

So in looking at the Governor's proposal this year, is there any conversation

around this $1.1 million investment? You said it was going towards training. Is that training also going to include cultural competency for OB-GYNs in that regard?

And then I'll ask my second question with respect to the targeted inflationary proposal. Last year and the year before we've asked questions with regards to why those dollars are not going to all workers. And so I was hoping you could speak to that as well.

OMH COMMISSIONER SULLIVAN: Yes. The maternal mental health initiative and providing collaborative care will definitely be looking at the cultural -- most of the cultural issues in terms of ensuring that people are able to have the right conversations about mental health with individuals.

Also there will be a consultation service available that will also be culturally sensitive, so that OB-GYNs can call and get advice and understand.

You know, one of the very tragic --

you referenced the DOH report. It was very tragic that a number of those deaths seem to be because of some -- the inability to continue -- the fact that antidepressants may not have been continued during a pregnancy. And I think that that is a very serious issue.

And one of the things which we will be doing is working culturally with communities to understand why that can happen, why you should continue to take antidepressants sometimes and continue to treat depression, and look very closely for postpartum depression and how you do that.

So yes, that's a big piece.

On the targeted inflationary increase, this is really for providers to use as -- they would get those dollars to use as they see fit. So it could be spread across different workers.

SENATOR WEBB: But it just seems that certain agencies continue to be excluded. When we're talking about expanding workforce because of the staffing shortage, it just

seems counterproductive and also counterintuitive to continue to have a COLA or a targeted inflationary increase that does not get spread to workers across the board in all the agencies.

So thank you.

CHAIRWOMAN KRUEGER: Thank you.

The next Assembly questioner will be Assemblymember Brown, ranker.

ASSEMBLYMAN KEITH BROWN: Good morning, Commissioner. How are you today?

OMH COMMISSIONER SULLIVAN: Good, thanks.

ASSEMBLYMAN KEITH BROWN: So I appreciate my colleagues bringing up the important issue of integrating care on co-occurring disorders.

And I appreciate, you know, that we improve the ability for co-licensure, but we still have a lot of work to do when it comes to co-occurring disorder training, the payment mechanisms, and workforce expansion as well as retention.

But my first question, I'm going to go

back to last year the AG published a report on ghost providers, private insurance companies that state that they provide for mental health treatment but in fact don't have any providers.

So what has been the office's role in ensuring network adequacy requirements for these plans? And do you believe the current enforcement actions by OMH, DOH and DFS are adequate?

OMH COMMISSIONER SULLIVAN: Basically the regulations have been out by DFS for comment, and I think they will be finalized within the next month or so, both for network adequacy and for the 10-day appointment.

So the regulations are there. Now the question becomes enforcing and making sure that they actually happen, because actually parity has been around for a long time and these should have been enforced before.

There's a million dollars in this year's budget for us to work together with DFS to ensure that the insurance companies are not providing ghost networks, that their

directories are up to date and that they also have access to that 10-day appointment for mental health appointments. So those are critical things which we will be enforcing and we're keeping a very, very close eye on.

ASSEMBLYMAN KEITH BROWN: I appreciate that.

When it comes to your talking about -- and the Governor's commitment with the $1 billion and then first aid kits in clubhouses that you referred to in your testimony, one of the things that we've been working on a lot is mentorship programs in the high schools. And, you know, the Office of Children and Family Services has something called Mentor NY that was started by Matilda Cuomo many years ago. It has a very small budget.

I just wanted to know if you and Dr. Cunningham ever thought of perhaps utilizing that in conjunction with these efforts that you're trying to make to help young people stay away from drugs and alcohol.

OMH COMMISSIONER SULLIVAN: I think mentorship programs can be very important. And in fact there's a grant on Staten Island which we got from the federal government to do mentorship from college students to high school students to deal with mental health issues.

So I think yes, mentorship is important and it's something we're glad to look at further to see how we might even do better with it, yes.

ASSEMBLYMAN KEITH BROWN: Great.

So one thing we recently sent out a budget request letter on was a very successful program we have at Suffolk County, and we did a tour of the facility. It's called DASH. It's run by Family Service League in Hauppauge. And as you know, DASH is an extremely important crisis intervention center that's run by Family Service League. However, they run a hotline that has handled a tremendous amount of crisis intervention calls, and they work very well in conjunction with the Suffolk County Police Department.

The problem is they don't have money left in this year's budget. They need $650,000 in order to continue the hotline. So it's just one thing I wanted to bring to your attention. If there's some way that you could address that, we'd appreciate that very much.

OMH COMMISSIONER SULLIVAN: I agree DASH does some great work, and we will -- we'll talk to DASH.

ASSEMBLYMAN KEITH BROWN: Great. Thank you.

In terms of -- I'm looking at the comprehensive plan changes that were in last year's budget, and I'm just wondering if there's any way -- I think many people on this dais would like to see an update in terms of the plan that was put in place back in '23 and how far we've come.

Because -- and I'm not going to go through it, I only have a minute left. But if we could get an update in terms of the housing and some of the other initiatives that were made, and to see exactly where

we're at. Because I know it's not enough for you to get it in all of your testimony today. But I think we'd appreciate that very much.

OMH COMMISSIONER SULLIVAN: Yes, we'll definitely get that to you. I think it's progressing really well, so we can get you all the numbers where we're at now.

I can assure you, all the dollars are there to be awarded. And probably about 60 percent is really moving forward, and the other 40 percent is taking a little longer for various reasons. But all the money's been allocated.

So we'll get you that report.

ASSEMBLYMAN KEITH BROWN: Great, thank you.

And the last question: Do you think the state's allocating enough financial resources towards the current opioid fentanyl crisis to provide comprehensive integrated co-occurring disorder care to our counties across all demographics and life stages?

OMH COMMISSIONER SULLIVAN: Well, we're working very, very closely with OASAS

on doing everything that we can for the opioid crisis. And I think there are a lot of dollars that have been allocated, but we want to make sure they're allocated well and we want to make sure that we put in place all the programs which have been put forward.

ASSEMBLYMAN KEITH BROWN: Great. Thank you for your advocacy.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next is Senator Oberacker, five-minute ranker.

SENATOR OBERACKER: Thank you, Madam Chair.

And Commissioner, thank you for coming into Albany. It's always nice to get into Albany when it's not a snowstorm, right?

A couple of quick just statements and then one question.

The mental wellness side of the equation -- being the ranker on the Alcoholism and Substance Use Disorder Committee, the mental wellness side of things is an upstream issue that would have

downstream, if you will, positive effects.

And one thing I'd like to be duly noted, I use the term mental wellness. I think it's a term we ought to start using more than mental health. I think it actually better defines not only where we are currently but where we would like to go. And I'd just like to throw that out. I'd like to use that term more often.

In the 51st Senate District -- seven counties, extremely large, and we are a desert when it comes to the services side of the equation. There are a couple of decommissioned state entities, is the term I'll use, that are in that district that I think could basically be used to the good of all -- beds, services, the heat's on, the electric's on already.

And so I would encourage -- and I'm cordially inviting you to come travel with me in the 51st to actually take a look at this, and I think it's something that would fill a very, very high need as far as just having a place, you know, to go.

Transportation being the other issue that we see a lot of. I think if you could kind of focus in some of the dollars that are being allocated for transportation to these facilities, it would help immensely with -- as we start to work toward that mental wellness.

And lastly, as I've said before, I would cordially invite you to come in. I would love an opportunity to show you what we could do.

And I also would like it duly noted, Madam Chair, that I'm going to yield back my three minutes. I would just like to say we can be efficient here in Albany.

So thank you, Commissioner.

(Laughter.)

OMH COMMISSIONER SULLIVAN: Well, thank you. Please, I would love to come. So I would definitely -- and also I think your comments on mental wellness is so, so important. I think that we have to begin early to start early to start thinking about mental wellness -- in pediatricians' offices,

in schools, with our youth, with young people -- that we begin to help them be mentally well so that the next generations to come have a very different approach to mental health.

So I absolutely agree with you, and I would love to come visit, definitely.

SENATOR OBERACKER: You're preaching to the choir. Thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRMAN PRETLOW: Assemblyman Santabarbara, for 10 minutes.

ASSEMBLYMAN SANTABARBARA: Okay, great. Thank you.

Good morning. Thank you, Dr. Sullivan, for being here. Thank you for your testimony.

CHAIRMAN PRETLOW: Is your microphone on?

ASSEMBLYMAN SANTABARBARA: Yeah, I think. Is it on? Can everybody hear me? Okay.

CHAIRMAN PRETLOW: Okay.

ASSEMBLYMAN SANTABARBARA: I wanted to

just talk on a couple of different areas. I want to start with the expanding crisis response services. I continue to hear from families in my communities, and advocates, about the wait, the long wait times for care, especially in inpatient and long-term community supports where lines are -- wait times are extremely long.

What specific budget allocations are needed, in your opinion, to ensure that mental health beds and community-based supports can meet the demand in our communities?

OMH COMMISSIONER SULLIVAN: First of all, you want to have the right number of beds, which I think we have been successful in opening beds across the state.

But the other are the supports. Many of the individuals who are in emergency rooms are not necessarily waiting for beds, they're waiting for community-based services. And that's where our Hospital Connections Program, our Critical Time Intervention teams, our ACT teams, our Assertive Community

treatment teams that had been gone up in the first budget in significant numbers, are going to have a significant impact once they're up and running to help hospitals manage individuals who are in the emergency room but need intensive community services.

We have opened up almost 20 Youth ACT teams across -- just as one example -- across the state, and we are hearing from a number of hospitals that there is an improvement in helping youth who come to the emergency room to leave the emergency room and get the services that they need.

So those are the kinds of services, as they come up, that will impact hospitals' ability to make good decisions about who needs to be an inpatient and who can go back into the community, and providing those wraparound services.

ASSEMBLYMAN SANTABARBARA: And just as a follow-up to a previous question we just discussed, some of the underserved areas, especially in the rural areas of our communities, how can we strengthen the mental

health workforce in those areas? We've heard concerns about that as well across New York State and I know in my community as well, in some of the rural areas.

What are some of the initiatives and the things that we're doing to strengthen that system?

OMH COMMISSIONER SULLIVAN: We're working -- in those rural areas we're working a lot with the counties to try to understand what some of the issues are.

We've been working with our loan repayment programs to get the word out that individuals can work in those areas and have loan repayment. We're working with schools that are located somewhat close to those areas to make -- to help individuals become interested in loan repayment, and then working within those more rural areas.

And we're going to be talking with the high schools in those areas, working with them to help them understand the opportunities that are in the mental health and social services field to kind of join and

begin to become interested and then support them in their education as they move forward.

We're having a paraprofessional title that will become available probably within a year or two for high school graduates, and we feel that that could be particularly helpful in some of the rural communities in getting people into working in the mental health field.

ASSEMBLYMAN SANTABARBARA: And just in terms of these rural communities, just healthcare in general is lacking. I would like to see more investment in these areas.

OMH COMMISSIONER SULLIVAN: Yes, and we are adapting a lot of our RFPs that we're putting out because we learned over time that they were not -- they wouldn't fit into rural areas. So a lot of the RFPs which are coming out now have different requirements for rural areas.

So yes, absolutely. We're working very hard to ensure that the services get into the rural areas.

ASSEMBLYMAN SANTABARBARA: And in

connection to healthcare, how can we integrate mental health services more effectively in the primary care system? Because those are some of the services that are lacking as well.

But if there is going to be doctor's offices and places to go and resources, can we integrate these services right into those primary care --

OMH COMMISSIONER SULLIVAN: Yes. And I think we're working on -- there's a collaborative care initiative which we have been doing across the state, and we're going to be expanding significantly something called Healthy Steps, which provides mental health services in pediatricians' offices right there in those offices. And we will be contracting -- that's expanding and eventually will cover probably about 350,000 kids across New York State.

So we will definitely be targeting some of that for rural areas to assist pediatricians especially, but then also primary care providers, to be able to put

those services right in their office.

And telehealth can be very helpful with that too in terms of consultations for the primary care doctor and the pediatrician, and also to provide services in their office via tele -- via video, which can be very helpful.

ASSEMBLYMAN SANTABARBARA: Great. Thank you for that answer.

I just want to shift to crisis response services in connection with my committee, People with Disabilities. This may be something you can comment on. The budget includes increased funding for crisis intervention teams but many of the teams lack specialist training in developmental disabilities. So additionally, Kendra's Law was expanded to address individuals with serious mental illness; it still does not include people with disabilities, who are often placed in emergency rooms or jails instead of receiving the proper treatment that they need.

What specific investments in this

budget can we make to ensure that the crisis response teams are adequately trained to serve individuals with disabilities as well?

OMH COMMISSIONER SULLIVAN: Yeah, we have a contract for ongoing training both for the Mobile Crisis Teams across the state in disabilities.

We are also training the Certified Community Behavioral Health Centers, which were expanded in last year's budget from 13 to 39. Those Certified Community Behavioral Health Centers are getting intensive training. The RFP has just been -- gone out and been approved in developmental disabilities.

In addition, the crisis intervention team, Certified Time Intervention teams that we are working with with hospitals, especially the ones for youth, will be focused on working with young people who have dual diagnosis and who are coming to hospital emergency rooms, working with them to keep them out of the hospital emergency rooms.

And something called Home-Based Crisis

Intervention for Youth, which we have about 1500 slots for now. Three of those teams are specifically designated just to work with individuals who have dual-diagnosis developmental disabilities. They work in the home. And that's going to be expanded as well.

So we are definitely integrating those services into our crisis services in the work that we're doing in the emergency rooms, because we realize that's been a tremendous problem for dual-diagnosis individuals who get stuck -- sadly, very sadly -- in emergency rooms.

ASSEMBLYMAN SANTABARBARA: And does that include the Mobile Crisis Teams and community-based --

OMH COMMISSIONER SULLIVAN: Yes. Yes.

ASSEMBLYMAN SANTABARBARA: -- interventions as well? Okay.

Just want to switch over to talking about the -- I know we talked about this the last time you were here, about the 988 hotline. Just if you can give us an update

on that, how that's working and maybe some statistics on that as well.

OMH COMMISSIONER SULLIVAN: We're expecting over 400,000 calls to the 988 line this year. It's been steadily going up.

Basically all the calls are being answered now -- 92 percent, 93 percent -- in New York State. That was an important ability to make sure that -- the calls used to, when we didn't have our call centers up and there was geo-routing, before that, they were going to Oklahoma or someplace and being sent back. These calls are now being answered in New York State.

We are expecting that that 400,000 will probably continue to grow. It's still about 10 percent of those calls get referred to a Mobile Crisis Team. So 10 percent of those calls would go to someone to outreach.

Another 10 to 15 percent get referrals, but many of those calls are handled on the phone with the individual. The call length is about 20 minutes for many of the calls, so the service is there.

We feel it's working very well. We're very careful. Any complaints that come, we get -- we take care of and we work with the hotlines. But we feel that it's been very effective in offering the immediate counseling.

The other thing we're doing is beginning to help 988 talk with 911, so more and more calls maybe over time can be triaged to 988 so that 988 can do the counseling for individuals.

So, so far across New York State I believe it's been very successful.

ASSEMBLYMAN SANTABARBARA: Okay, great, that's good to hear. And the last question, just in terms of the school-based programs you mentioned, and also the clubhouse-based services, I know there's a few in my district that have been very effective. In your testimony you talked about those two items.

Is there -- do you find that these are effective? I think they seem to be effective in my community. Are there plans for more

investments in programs like this?

OMH COMMISSIONER SULLIVAN: Yes, I think the school-based clinics have been very effective. I think that they -- when we've talked to the schools that have had these clinics, it's amazing how the kids are really very connected to seeing someone individually seeing them, speaking with them in the schools and how grateful they are to have those services.

So they've been very successful. They've also been working with parents and teachers. So the expansion of school-based clinics is something we're going to continue to do. And I think that it's had a significant impact in our educational system.

ASSEMBLYMAN SANTABARBARA: Okay, thank you. That's all I have.

Thank you, Mr. Chair.

(Discussion off the record.)

CHAIRWOMAN KRUEGER: Also I know that Senator Bynoe, you also had a question?

Okay, thank you.

SENATOR BYNOE: Thank you,

Madam Chair.

Good morning, Commissioner. I wanted to chat a little bit about the CCBHCs. And Nassau has and Suffolk has a couple of entities that are providing a need, including Family & Children's Associations, CN Guidance, and also Family Service League. There's an opportunity there, because folks are coming in and they're getting the wraparound services, they're able to be treated and provided care 24 hours a day.

There's a need there to increase funding and -- so that they can continue to provide that care, because what they're finding is that people who are not insured are using those facilities to be able to get the medical care. Is there an appetite for the state to increase funding in that area?

OMH COMMISSIONER SULLIVAN: There is a pool of dollars that -- for uninsured care, specifically to help the CCBHCs. And as far as I know, we have been spending those dollars, giving them out to the CCBHCs. Each year we look at it and take a look and see if

we need more, then we would look for more.

But basically those dollars are also going to be increasing because we've increased the number of CCBHCs. So we will be working with the ones on Long Island to see what their numbers are in terms of uninsured -- people who can't get insurance.

For those who are insured, it's a cost-based system. So the CCBHCs get reimbursed very well for the services they provide for the individuals who are insured, which is great. Which gives them the kinds of -- the ability to really expand.

But for the uninsured, those who can't be insured, there is a pool of dollars which we have, and we will be working with them to make sure that they're accessing that as much as possible.

SENATOR BYNOE: What exactly is -- how much is in that pool?

OMH COMMISSIONER SULLIVAN: I think there was 10 million. And I think it will be increasing as we expand the CCBHCs, because we went from 13 to 39. So as we increase,

that number goes up. I'm not sure exactly what it goes up to, but it will be increasing.

SENATOR BYNOE: Okay, thank you.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRMAN PRETLOW: Okay, Assemblymember Anderson, three minutes.

He left? Okay.

Assemblymember Braunstein? Epstein?

ASSEMBLYMAN EPSTEIN: Good morning, Commissioner. Thank you for being here. Thank you for all your work.

Just a question on the 884 housed individuals. Are all those housed permanently?

OMH COMMISSIONER SULLIVAN: I'm sorry, could you --

ASSEMBLYMAN EPSTEIN: You mentioned 884 housed individuals.

OMH COMMISSIONER SULLIVAN: Yes.

ASSEMBLYMAN EPSTEIN: Are those all housed -- permanently housed?

OMH COMMISSIONER SULLIVAN: Yes.

ASSEMBLYMAN EPSTEIN: And those are

all in supportive housing or --

OMH COMMISSIONER SULLIVAN: Yes, supported housing.

ASSEMBLYMAN EPSTEIN: Supportive housing.

OMH COMMISSIONER SULLIVAN: Supportive housing, yes.

ASSEMBLYMAN EPSTEIN: And of the 67,000 outreach encounters, how many human beings were those outreach encounters to?

OMH COMMISSIONER SULLIVAN: That's -- those are -- I can get back to you on that, exactly how many -- how it breaks down to individuals.

ASSEMBLYMAN EPSTEIN: Yeah.

OMH COMMISSIONER SULLIVAN: I can get back to you on that.

ASSEMBLYMAN EPSTEIN: I appreciate that.

And then you mentioned some 875 voluntary referrals to hospitals. Did those referrals resulted in people being hospitalized or were they just released, do you know?

OMH COMMISSIONER SULLIVAN: It was a mixture. I think some of them were able to be -- the teams went with them, and they were pretty satisfied as to whether someone was hospitalized or was discharged.

ASSEMBLYMAN EPSTEIN: Can we get a -- can we get from you how many of those actually were hospitalized and how many weren't hospitalized? And how many of those got into supportive housing or -- versus that didn't get supportive housing after hospitalization?

OMH COMMISSIONER SULLIVAN: We can get you that. We can get you that.

ASSEMBLYMAN EPSTEIN: That would be really helpful.

I just want to make sure the safe Options Support -- if this is working, then we want to see it be successful. Because obviously we've seen a lot of this work and still seeing a lot of serious mental health issues on the streets in our city and our state. So we just want to see if that's working.

So how many new units of supportive housing do you know that we've put online in the last year?

OMH COMMISSIONER SULLIVAN: We put on -- from the 1200 -- out of the 3600 that were in the billion dollars, 1200 are online. There's another 2,000 that will be coming online this year from the pipeline. And then the other 1500 or 1600 for the billion dollars actually are capital, so they will take a little bit longer.

So last year in total we probably had about 2,000 units, but 1200 of those units came specifically from the billion-dollar budget.

ASSEMBLYMAN EPSTEIN: And the -- thank you for that. And the folks who are leaving hospitalization, do you know what percentage of those end up being housed after leaving hospitalization, whether they're there three weeks, three months, or up to a year? Do you know what percentage of those people are reintegrated into supportive housing or go back with family? Or, you know, versus sent

back to the streets?

OMH COMMISSIONER SULLIVAN: Well, the individuals who were in the special transition to home units, which we've had in the state system, all of those when they left were in housing.

(Inaudible overtalk.)

OMH COMMISSIONER SULLIVAN: -- to make sure they had had -- (inaudible).

ASSEMBLYMAN EPSTEIN: You know, involuntary hospitalization, hospitalization, how many of those folk who are -- once are better, are those transitioned back to supportive housing units or to the streets? Do you have that data?

OMH COMMISSIONER SULLIVAN: Out of all the discharges.

ASSEMBLYMAN EPSTEIN: Yeah.

OMH COMMISSIONER SULLIVAN: No, I don't have that.

ASSEMBLYMAN EPSTEIN: Could you get that for us, please?

OMH COMMISSIONER SULLIVAN: I can get you an approximation of that. I think that

might be hard to get specifically across the state because there's like 80,000 discharges.

But we can -- we'll get you what we can.

ASSEMBLYMAN EPSTEIN: Thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Next is Senator Rolison.

SENATOR ROLISON: Good morning, Commissioner.

Since we last spoke last year during the budget hearing, in the 39th District, which has three cities: Beacon, Poughkeepsie, and Newburgh -- Poughkeepsie and Newburgh having challenges throughout the system -- there's an SOS team based out of Newburgh. And I just want to say that I've had interaction with them on three occasions, and it is a great model. And the more SOS teams that can be out there working in conjunction with the partners -- many of which are in the room today -- I think would be helpful.

And also since we last spoke there's a

clubhouse in the City of Poughkeepsie, which is doing fantastic work.

And as the chair said, Chair Krueger said, there's an overlap today with everyone. And as we see -- and I applaud the state for ramping up funding, ramping up services in the area of mental health, addiction and the underhoused, and many other issues that are interconnected. I'm hearing more often now, and over the time before the session started, from providers in my district -- and we hear it and we've heard this before, of course -- that it is complicated, it is cumbersome, and there isn't one point of contact when many of these organizations are using multiple state agencies for resources and for funding.

And that slows the system down on a variety of levels. And I know that you know this, because we've heard this before.

But what I'm hearing is -- and I just want to get your brief thoughts on do we need, in this state, a cabinet-type-level position that can help coordinate the different agencies that are doing such great

work? Because I'm hearing that more often than not.

And that is not a rub on anybody in state government. That is just as we're getting bigger, more coordinated and giving more services, is that something we need to consider?

OMH COMMISSIONER SULLIVAN: I don't know if I can actually speak to that.

But I would say that one of the critical things I think when working with communities is at the real community level. And one of the things that we are starting are these regional meetings where we pull together, you know, the -- we pull together the sheriff's office, we pull together the healthcare providers, we pull together the schools, and we talk about the needs of that community based on how do we serve the most needy.

And that's part of our hospital -- we call it Hospital Connections, but it's not just hospitals. It's hospitals and all the community providers.

And I think the most effective way to get to what you want is to really have those kinds of connections happening at the community level. Because it's who talks to you and who knows what, and the information that flows within the community.

So as we begin to grow those, I think I'd like to see how effective that is in really combining mental health with all the other people.

The other thing is the social network work which is going on in the Department of Health under the 1115 waiver, is another area of bringing multiple stakeholders, which I think can be very effective.

SENATOR ROLISON: Thank you.

CHAIRMAN PRETLOW: Assemblywoman Giglio, for five minutes.

ASSEMBLYWOMAN GIGLIO: Good morning. Thank you for being here.

So mental health is a big thing within our school districts, within the workplace, actually even people that are trying to get jobs. And I did speak to somebody in your

office over the summer, especially when it comes to COVID and kids who maybe have lost a parent, a grandparent, they took an anti-anxiety drug -- they're putting that information on a police test, they're putting it on a corrections test that they took an anti-anxiety drug. And it's making it complicated for them in order to get a position with law enforcement or with corrections.

I'm just wondering what recommendations you have or if there's any funding that we should have for these types of programs with a referral from a testing agency that may say, you know, you didn't pass the psychological because you took these anti-anxiety drugs during COVID. So do we have any solutions for that?

OMH COMMISSIONER SULLIVAN: You know, I think it probably -- I don't think there should be discrimination against people with -- who have a mental health issue if they're taking medications that are prescribed by their physician, any more than

there should be if you're a diabetic and you're taking insulin.

And so I think when those things come up, it's -- I think it might be best to -- a combination of either letting us know or understand who we can refer individuals to. Because that shouldn't -- in my book, that shouldn't be happening that that would exclude you from a position, especially if you're being honest and it is prescribed by a doctor for a condition that happened.

So I think that's probably discriminatory, but we'd have to check.

ASSEMBLYWOMAN GIGLIO: Yeah, I couldn't agree more. And your office was very willing to help and get back to me with solutions to that problem as to whether or not they could go and get a psychological examination from somewhere outside of the agency to clear them and say that they are currently not and they are stable and they're willing and able to take this position.

OMH COMMISSIONER SULLIVAN: I think unfortunately the stigma against mental

health issues is still out there. And I think, you know, unfortunately when it comes up like that, especially in job applications, it has to be looked at very carefully.

ASSEMBLYWOMAN GIGLIO: Okay. And then in school districts where social workers are in the schools and they're prevalent, they're available if children should need to talk to them, but a lot of those social workers are being sent out to individual houses to find out why a student is truant and not showing up to school, whether or not there's a mental health issue or something else that's going on in their life, why they're not coming to school.

And I'm just -- I'm wondering what your thoughts are on that, whether or not social workers should actually be working for the school districts going into homes to find out why students are not there, rather than being in the school for the students that may be needing them at the moment.

OMH COMMISSIONER SULLIVAN: I think the Department of Ed probably has to use --

that's just something that the school social workers are in the Department of Ed.

But one of the ways we can help, and we've been trying to do this across the state, is make sure we get these school-based mental health clinics in the schools. Because once we have those clinics in the schools, that's their job, to talk to the students, to be there to talk to the students. And whatever other needs the Department of Ed may have, they now have that available.

So we're working very closely with all the school districts saying we have this, please let us know, we can give you startup funds to start a school-based clinic. After that, they really are financially stable because we've increased the rates.

So I think part of the solution is to make sure that every school has a robust school-based clinic so that youth have someone that they can approach and speak with.

ASSEMBLYWOMAN GIGLIO: And do you

think that that funding for the social welfare clinic within the schools should be funded by Foundation Aid and the school itself, or should that be funded by DOH or OMH?

OMH COMMISSIONER SULLIVAN: The school-based clinics we give, OMH gives the startup funds, and then it is reimbursable by Medicaid and third-party insurers. And we ensured the commercial has to pay for it.

So the school-based clinics, when we assist them to make sure this works, can be financially viable on a payer basis by commercial and Medicaid payments.

ASSEMBLYWOMAN GIGLIO: Okay, thank you.

CHAIRWOMAN KRUEGER: Thank you. Just double-checking, good.

Next is Senator Weber, three minutes.

SENATOR WEBER: Good morning, Commissioner.

So I have some questions regarding the Joseph P. Dwyer Veteran Peer-to-Peer. You know, I think we've all seen the great work

that they do. And I know it's been expanded through -- to include all counties now, I think.

OMH COMMISSIONER SULLIVAN: Mm-hmm, yes.

SENATOR WEBER: And some of the questions that I've had locally is, you know, some of the veterans and the calls that we get from constituents about the unmet need for the program -- has there ever been consideration to really expand the program and, you know, ask for additional appropriation for that program?

And how was the allocation of the $8 million, with a minimum of each -- I think 100,000 for each county -- you know, how did you come to that -- you know, those conclusions?

OMH COMMISSIONER SULLIVAN: Well, it's to give each county the ability to at least set up, you know, a Dwyer program. Because it's such a great program. And to have in every -- really throughout every county.

And I think as we're getting more

experience, now that we're getting back the data from the Dwyer programs, I think we'll be looking at the dollars and where we need to kind of consider other services.

The Dwyer program I think provides just tremendous -- it's not just mental health services. It provides all kinds of assistance. And I know we are also working with several of the Dwyer programs on mental health assistance for individuals who are transitioning from the service to the communities.

So yes, I think -- we will continue to look at the funding, but we did that to get it started everywhere.

SENATOR WEBER: Great, thank you.

And just switching gears, just going back to mental health services in schools. So, you know, from -- some of the feedback I got is there are very few providers, outside providers. And I know a lot of families and students sometimes have to wait months upon months to get those services.

Is there something that could be done

to increase the number of providers or make it more available to the students?

OMH COMMISSIONER SULLIVAN: Yeah, we're working with all the providers to see that they can really establish these satellite clinics. And so depending upon the area, sometimes they need some technical assistance on how to do that. But it is a viable program.

So I think when we hear that there are difficulties setting them up, we're very glad to work with those communities because usually with some help we can get those school-based clinics into the schools.

SENATOR WEBER: Thank you.

And I think I've also heard too that there's a big need for bilingual-type providers as well. So that's something maybe you can at least keep top of mind as well.

But thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRMAN PRETLOW: Assemblyman Ra.

ASSEMBLYMAN RA: Thank you, Mr. Chair.

Commissioner, good morning.

I know we're obviously talking about the major proposals I would say in this budget regarding involuntary commitments and AOT. But are there any other proposals or suggestions that you believe would benefit public safety from a mental health perspective?

OMH COMMISSIONER SULLIVAN: You know, I think, again, just always to mention that individuals with mental illness are far more the victims of crimes than the perpetrators of crimes. So just to keep that in mind.

But I think the biggest issue to make sure that we have the community-based services that we need, and that's this tremendous investment that the Governor has made over the past three years. So that billion dollars that's coming out to help with all the services I've been talking about, about specialized teams to work with our highest-need individuals, to have housing for our highest-need individuals -- all those things are critical in terms of helping

individuals really thrive in the communities and to avoid things like incarceration or getting in trouble with law enforcement.

So the big issue here is to have the services available, and I think we're on a road here to providing that in a way we never have before.

ASSEMBLYMAN RA: And what are the investments being made right now in terms of to that end, you know, training and supporting mental health professionals, counselors, other service providers to make sure they have the necessary skills to deal with -- you know, you have mental health obviously coinciding with addiction, all these type of things, and training those professionals?

OMH COMMISSIONER SULLIVAN: We have a tremendous training that we run through the Office of Mental Health. We have something called the Center for Practice Innovations which is connected to Columbia University, which does tremendous training across the state.

We have specialized training for youth services where we pay for evidence-based practices to be implemented in our clinic services and in our specialized services.

We do training on integrated care. We do training on crisis services. We do training on integration of dual diagnosis. So we have training grants throughout the system. It's critical. One of the reasons that people stay, I think, in public sector work is because we offer them learning opportunities. And I think we have to continue to offer more and more learning opportunities to all those who work in the public sector.

ASSEMBLYMAN RA: And what about any efforts to recruit people into these fields?

OMH COMMISSIONER SULLIVAN: Some of the major efforts, one of the big successes I think we've had is the loan repayment program. The loan repayment program for psychiatrists and nurse practitioners has gotten us about 70 psychiatrists and about 140 nurse practitioners who will be working

with us for three years. And for other clinicians, psychologists, social workers -- 600 individuals -- loan repayment and they will be working with us for three years. So loan repayment has been successful.

We're also working with the scholarship program with SUNY and CUNY, and we are working with trying to recruit from colleges across -- and also going to be starting a paraprofessional title that will enable individuals with just a BA or maybe individuals graduated from high school to begin to work in the field and then move up.

So there's lots of exciting recruitments going on.

ASSEMBLYMAN RA: Thank you, Commissioner.

CHAIRWOMAN KRUEGER: Thank you very much.

I think it is my turn. Thank you so much, Commissioner. And I know -- I always try to bat cleanup -- many of my colleagues on both sides have already asked many of the questions. And clearly there's serious

discussion about the involuntary issues.

And I happen to represent a section of New York City which probably has more of these incidents than anywhere else -- not because I'm lucky but because of being in the Central Manhattan areas where you have Penn Station, Grand Central, Port Authority, just lots of places where homeless, mentally ill, substance-abusing people may for very rational decisions be spending their days. We see much of this.

So I know for a fact that the police are picking up large numbers of people involuntarily and taking them to my hospitals on a daily basis. But I also know the statistics show that they go in and then they get let out a few hours later, and nothing has been done. And in fact the data I believe shows, even though there was a question earlier about tracking, that when police take someone into a hospital against their will, the likelihood of their being admitted for care is radically smaller than if a community-based organization or the

outreach teams that you fund actually convinces someone to go in, that they need to go in, and that there's a much higher rate of actually getting them admitted to the hospital.

So I think whatever works out within the budget and the Governor's proposal, I think it's really important to keep focused on what is the goal. And the goal is actually get the people help before something tragic happens to themselves or others, and that we should learn from the experience we're having. So this is more an opening to the real question for you, Commissioner.

What I see as the problem is once they get into a hospital, whether voluntary or involuntary, they're not getting the care they need and then they're being released. So I wanted to ask you about discharge planning. I believe that the language that we should have in the budget is if you accept someone for mental health care, you don't get to discharge them unless you have a plan for where they're going to go and what kind of

care they're going to get.

And so that is what I'm asking you. Do you agree that the requirements of mandatory should actually be focused on the institutional providers to actually have somewhere for people to go? Because if you just have a rotating pick them up here, drive them there, let them out there the same day or let them out there a week later with no plan for any care, all we did is make people rightly more distrustful of working with anyone in the system.

So what do you think about that?

OMH COMMISSIONER SULLIVAN: Well, first of all, I absolutely agree with you. And we have promulgated regulations which have gone through all of the necessary committees and everything, state regulations about discharges for individuals with mental health issues from inpatient services. And those regulations are doing exactly -- they passed I believe about a couple of weeks ago for the inpatient and then soon it will be also for the emergency services.

Basically these regulations -- which are not regulations, which means hospitals have to follow them -- require the kinds of discharge planning that you're talking about. That you can't -- that we have to look for complex individuals, for individuals who have complex needs, that we have to have careful discharge planning which includes getting -- having them a safe place to go, includes working with them to have teams that will work with them when they are discharged, ensuring that they get the kind of care they need after discharge.

Now, in fairness to what was happening in the hospitals before, did we have those things set up? So all these new services that we're putting up -- the increased ACT teams, the increased CTI teams -- these are linked to the hospitals so that now the hospitals have to have careful discharge planning and they have to make sure that individuals who need those complex services get them.

In addition, we actually put in the

legislation in the Mental Hygiene Law that -- it's one of the things which was added -- that hospitals have to notify, about admission and discharge, the provider who's been taking care of that patient, and they have to work with them on discharge planning. That's a critical point, because often some of these individuals do have connections to an outreach team or they have connections but the hospitals aren't aware of it or haven't looked. It can be found in the PSYCKES database which we have.

So now hospitals will have to pay attention to that and make sure that that's passed, that -- basically it would be in the actual Mental Hygiene Law that hospitals have to do that.

So yes, we are working on the discharge planning but we're also giving the hospitals the tools that they need to offer the services. Because it's -- in a way, what the Governor has done is said, Here are the services; now, hospitals, you have to work with us to make sure that these very, very

needy clients get what they need upon discharge.

Similarly we're doing some of -- it's a little more complicated to do it from an emergency room, but some of these services will also be available out of emergency rooms for the individuals who, as you say, may be coming in and are discharged from the emergency room, they will also have access to these kinds of services.

And while it will take a little while to put up some of the transitional beds, that's what those transitional beds are for. Those transitional beds are so individuals also have a safe place to be when they leave the emergency room or the inpatient service if they don't have a safe place already.

CHAIRWOMAN KRUEGER: Thank you.

So we also know, at least from New York City data, that the number of people who are picked up through either an involuntary admission or some coordination with outreach teams who are determined to need supportive housing with additional

services, that the city has only been able to place I think in the last year maybe a fourth to a fifth of the number of people who were approved for this kind of housing.

And my experience is that we of course don't have adequate supportive housing or adequate intensive services on a residential basis for the number of people who need it, but we also have huge numbers of contractors for supportive housing who are under the old contracts where the amount of money they get for services is so little per year they can't possibly accept people who have severe needs. Because they're getting something like 2500 for services on an annual basis compared to some of the OMH newer contracts that I think have 25,000 per year.

So I know the Governor's put some money into the human services budget to increase those contracts, but it's not nearly enough. Would you agree that our whole system is not going to work unless we get both adequate numbers of locations for people to go to but also reasonable levels of

funding for the services we know they need?

OMH COMMISSIONER SULLIVAN: You know, it's critical -- housing is obviously critical. It's just a critical issue.

I think that there's been a tremendous investment by this administration, whether it's 3500 in the billion dollars -- we have over now, in New York State, over 50,000 units of housing. Some of the housing -- and we invested, over four years, over $350 million in upgrading housing stipends, some of which were really incredibly low just a few years ago.

So the investments are coming. I think there is a significant investment. But yes, housing is one of the most critical issues. And we're continuing to work on making sure that as much as possible we can get people, especially all those with very, very high needs into housing as quickly as possible and get them the services that they need.

CHAIRWOMAN KRUEGER: So I've written you a very detailed letter looking for

information.

OMH COMMISSIONER SULLIVAN: Yes. Yes.

CHAIRWOMAN KRUEGER: And thank you, you did get a response back. When you get a 12-page letter back from an agency, they are taking your questions seriously. So thank you.

And that was all about who, what, where, why, the different kinds of things we've funded in the budget, beds have come online or almost online or where they are. So thank you. Even though we're still way behind where we need to be.

But yesterday in the Local Governments hearing we heard from the City of New York that they believe they have a need for 500 forensic beds. That's different than what we've been talking about so far. Forensic beds, in my understanding, is people who are in our local jails who have been determined by a court not to be able to stand trial because they are not competent to stand trial, hence they're required to be under state control in a forensic facility before

ever being possibly brought to trial if they get better.

And so the City of New York reports they need 500 of those beds. So -- and I know there is some funding in this Executive Budget for additional I think FTEs for forensic locations. But, one, do you agree with the City of New York? Two, how big is the problem statewide? And three, do we actually have money to meet these targets?

OMH COMMISSIONER SULLIVAN: Basically these are individuals who are waiting to be -- felony arrests who are waiting to be restored to competency.

By our numbers, we feel that probably eventually we will need probably another 100 to 150 beds. So the plan -- not 500. I'm not sure where they came up with that number.

CHAIRWOMAN KRUEGER: That's what the City of New York testified yesterday.

OMH COMMISSIONER SULLIVAN: But what we have -- two things. One is this year, in this year's budget we will be opening, from last -- 50 beds, 50 forensic beds.

CHAIRWOMAN KRUEGER: I have to cut myself off. I have to be the bad guy.

OMH COMMISSIONER SULLIVAN: And there -- but -- just one quick thing. Also in the budget there is 100 beds that will occur --

CHAIRMAN PRETLOW: Assemblyman Burdick.

(Laughter.)

CHAIRWOMAN KRUEGER: You'll follow up with us afterwards. Thank you.

OMH COMMISSIONER SULLIVAN: I just wanted to explain --

CHAIRWOMAN KRUEGER: Thank you.

CHAIRMAN PRETLOW: Assemblyman Burdick.

ASSEMBLYMAN BURDICK: Thank you.

And thank you, Commissioner, for your good work and your testimony today.

I'd appreciate your addressing how your agency and OPWDD handle areas of overlap requiring services from both the agencies, such as dual diagnosis, crisis intervention, and coordinated services, including the

intake process and development of the person-centered plan of care in the life plan.

If you could elaborate on that, it would be appreciated.

OMH COMMISSIONER SULLIVAN: Yeah, well, we work very closely with OPWDD on the kinds of services that are important for us to work together on. One of the key things is the individuals with dual diagnosis who have -- there's two groups -- who have high needs.

And for those who are working on home-based crisis intervention programs, Critical Time Intervention programs, where we together do an assessment, make a diagnosis, and then work together on the mental health needs that an individual has and then the needs that they may need from OPWDD.

We also have a specialized unit which is opening up, up at Upstate, which we're very happy about. It's just opened, to work with individuals particularly with autism who have severe autistic -- and that's a dual

unit we're going to be working with Upstate and with OPWDD. And we have a whole bunch of step-down units.

In addition, OPWDD is working with us to educate our Certified Community Behavioral Health Centers to do these kinds of assessments. The assessment hubs which are in this year's budget are also going to be -- for youth, are going to be specializing in dual diagnosis with individuals with developmental disabilities and mental health.

So together we're trying to come up with this -- not just a good assessment, but also a system that can really work to provide both intensive services and more regular kind of clinic services on either side, either in OPWDD clinics or in mental health clinics.

ASSEMBLYMAN BURDICK: And can I ask what kind of feedback you've been getting on that? And whether you are considering any changes or tweaking in how you handled it.

OMH COMMISSIONER SULLIVAN: The feedback we've been getting on the Home-Based Crisis Intervention teams, which we've had a

few up, is very good. People seem to feel that the families are happy. They actually have workers go in and spend four to six weeks with a family, working intensely with the family on how to work with the young person to avoid their going into the hospital, and getting very good feedback on those teams which we have out.

We've been also getting good feedback from our Certified Community Behavioral Health Centers that are doing some of this work for families.

So we've been getting good feedback so far. I think it's a question of just continuing to push the services out so that they're more available.

ASSEMBLYMAN BURDICK: Thank you so much.

CHAIRWOMAN KRUEGER: Thank you.

And next up -- we have no more Senators until a second round, so we're just going to keep going with the Assemblymembers here. There are always more of them than us.

Assemblymember Otis. Are you here?

Okay, maybe he stepped out. Okay, we'll come back to him.

Assemblymember Tapia?

ASSEMBLYWOMAN TAPIA: Thank you.

Thank you, Commissioner, for being here.

The budget includes $9.5 million to expand youth clubhouses and safe spaces for at-risk populations. How will these clubhouses be distributed across the state? And what the criteria will be used -- what criteria will be used to ensure they've reached the communities with the greatest need?

OMH COMMISSIONER SULLIVAN: The clubhouses are going to -- there is a lot of money in the city budget for clubhouses -- these are for adults in the city. So most of these clubhouses will be an expansion to Long Island and upstate, because the city has been funding an expansion of clubhouses in the city.

The state dollars for the Safe Spaces for Youth, that's statewide. So that will

include safe spaces in the city as well, and we will be looking at the demographics of areas where youth -- where there are issues. Whether it's, you know, violence with youth, whether it's youth having more incarceration, we're going to be looking at all that data and looking at communities and then talking with communities about whether or not they think this would be helpful in their area.

We are going to be targeting as much as possible the marginalized communities across the state, both in the city and the rest of the state.

ASSEMBLYWOMAN TAPIA: Okay. Almost exactly two years ago, the Governor allocated one billion dollars to support mental health, which included creating more patient psychiatric beds and thousands of units of housing for supportive services.

Can you provide an update on how this funding was allocated, as well as how the Governor's investment in the budget proposal aligned with this funding?

OMH COMMISSIONER SULLIVAN: The state

hospital beds that were in that budget have all -- there were 150 beds in that budget. They've all been opened in the state hospital system, so those 150 beds are active and open.

The various other things which were in that billion-dollar budget, which included like our Critical Time Intervention teams, our expansion of ACT, expansion of CCBHCs, et cetera, all those contracts were sent out. Some are being rebid because we didn't get the responses we needed. But we have done 800 contracts, and almost 700 providers have been receiving funds.

So all those dollars are moving out. And I think that within a year or two, most of those services will be really successfully up and running. It takes a little while to get them out. But we've been really working diligently to make sure that all the services are out there.

ASSEMBLYWOMAN TAPIA: Thank you.

If you can provide that information to us, I would --

OMH COMMISSIONER SULLIVAN: Yes. Yes, we'll get that to you.

CHAIRMAN PRETLOW: Assemblymember Eachus.

ASSEMBLYMAN EACHUS: Thank you.

As you know, Doctor, we have a very special relationship, myself with OMH and yourself. And the first thing I'd like to do is say thank you. And please thank your administration and all your staff workers. You do a great job. Thank you for taking care of my daughter. I appreciate that greatly.

I have more statements than questions because during your entire tenure I had no reason to call your office and say, "Hey, we need" or "We have to." So that's a credit to your office.

But the things that I'd like to discuss is first the SOS, or the Mobile Crisis Teams. Certainly there are not enough across New York State. And I would just like to mention that I have a voluntary ambulance corps which covers four of my municipalities,

which now is carrying a certified social worker on every one of their calls.

OMH COMMISSIONER SULLIVAN: Great.

ASSEMBLYMAN EACHUS: So instead of the thought of building entirely new teams, maybe there is some money which can -- because they have to use money out of their budget to support those social workers and get them social workers. That might be something that we might consider which can happen quicker at lesser cost.

In the report, the certified Teen Mental Health First Aid course, I took that. I think I have to update it, though, it's over a year.

And I'm a little worried about that. Having worked, been a teacher for 40 years, I'm a little worried about 9th through 12th graders thinking or needing that they have to run into a situation when what they should be doing is calling about a situation. So I hope that that is stressed. It wasn't when I was part of it, maybe because we were adults that they were teaching. But when

you're talking about younger kids, I hope the essence of calling for help is one of the first things.

OMH COMMISSIONER SULLIVAN: Yes, that's very important. And basically the -- it's a different curriculum for kids and they've been taking that very seriously into account. It's really helping kids kind of be supportive of each other, but just as you said, all that get them help, move forward. Youth have asked just to understand how to do that with someone, and that's what the focus of the Teen Mental Health First Aid is.

ASSEMBLYMAN EACHUS: Right. Now I did call your office or it was relayed to your office about recycling and deposit bottles and all. Listen, I visit one of your largest facilities on a weekly basis, I'm there. So I know -- and I appreciate you mentioned that your central office does it completely, recycling and doing the deposit. We're considering two Big Better Bottle Bills, and yet we're not showing good behavior in some of your facilities. In other words, they

need more bins, they need places -- because if I bring recycled materials in, I have to carry them out.

And then finally, as my fellow -- Chris Burdick mentioned, you know that I mentioned two years ago about the OMH and OPWDD working together, crossing their silos. I know you didn't have time to report it, but if we could those reports on those programs that would be great.

OMH COMMISSIONER SULLIVAN: Yeah, I'll be glad to send it to you.

ASSEMBLYMAN EACHUS: Thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRMAN PRETLOW: Assemblywoman Gallagher.

ASSEMBLYWOMAN GALLAGHER: Thank you so much, Commissioner. It's so nice to be here in this hearing with you.

And I have two questions for you.

Part of keeping vulnerable people safe and stable is ensuring that they can stay in the community where they are loved and where they have people they trust. In my

community, extreme rents have made this impossible, and displacement exacerbates the instability. 2024 saw a 53 percent increase in homelessness compared with 2023, because of housing costs. And New York has the highest rate of homelessness in the country.

What role would you say the housing market is playing in this instability? And wouldn't a Housing First model -- funding deeply affordable housing solutions, securing individuals in a way so that they could be stabilized before they are getting outpatient treatment -- how would that help their mental health conditions?

OMH COMMISSIONER SULLIVAN: Yeah, I think yes, absolutely, housing is just one of the most important -- everyone needs a safe place to put their head at night. And I think housing is a critical, critical point.

And that's why we're so invested in increasing housing. The billion dollars had 3500 units of housing across the state. Now we have 50,000 total supported housing units. But we need more. So we're growing them with

the 3500. We will be growing them through ESSHI. So yes, we have to continue to grow.

And I think the other thing you mentioned was Housing First, which I think is a model which we are definitely using, especially with those transitional beds that we are setting up. Which means that you -- housing comes first and then at the same time you can do therapy, you can do all the things someone needs. But the first place they need is to be -- a safe place to be housed.

And that cuts through some of the red tape of getting into housing. So yes, housing is critical. And I think the expansion of housing is something which is an ongoing issue. Next year I think in the pipeline there are another 2,000 to 3,000 units of housing that will come up across for supported housing for individuals with serious mental illness. But it is critical and something we continue to work on to make sure we have more and more housing available.

ASSEMBLYWOMAN GALLAGHER: Yeah, and I think doing messaging around how important it

is to have these units in our communities is really important. Because I know that when we do have supportive housing put in our community, sometimes those units face a great deal of discrimination and push-back, even though they are the greatest buoy for our kind of -- our support.

OMH COMMISSIONER SULLIVAN: And I truly appreciate your saying that, because one of our difficulties with the capital we have is actually convincing communities that these are good things for communities. These make communities safer. These make communities more prosperous. So thank you so much for saying that.

ASSEMBLYWOMAN GALLAGHER: Thank you.

CHAIRMAN PRETLOW: Assemblyman Maher?

Assemblyman Palmesano.

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

Last year at the hearing I mentioned about a constituent who tragically lost his son to suicide, and you sent us a bunch of information at my request of what you're

doing.

This individual, Joe Tobia, is testifying later today. Joe also sits -- Mr. Tobia also sits on the Governor's Suicide Prevention Council. He and his wife have been fierce advocates for change and reform to the mental health system, because quite frankly it failed his son and their family. So they've been very strong advocates.

And one of the issues they've been advocating on is the Rural Suicide Prevention Council that the Governor vetoed last year for financial reasons, saying that it could be duplicative of services, that she's directing -- it was lumped in with a bunch of other bills that could be asking other agencies to do this and implement -- what can be done to implement this.

And given the fact that the rural suicide rate is double the rate of urban areas, this must be a priority. So I would ask you, obviously, would you be willing to meet with -- you and your team be willing to meet with Mr. Tobia? Because he's got a lot

of ideas and suggestions.

But more importantly, as the Governor is directing you, what actions have you taken or are going to be beginning to take, and would you be able to provide them in writing after the fact to identify some of those issues in that bill, which would identify barriers to mental health, which would identify vulnerable populations' indeterminate or insufficient capacity, would look for strategies to increase utilization and provide recommendations to improve the coordination of care and services?

Would you be willing to meet with Mr. Tobia? Would you be willing to reply back in writing what you're doing to address those vetoed -- that bill, the things in that bill to address this issue? And what can you talk about here too as well?

OMH COMMISSIONER SULLIVAN: Yes, we'd be very glad to meet with him.

And I think, you know, the Suicide Prevention Task Force, which has been reestablished, it has a whole subgroup that's

going to be working intensely on rural suicide. So I would love to speak with him and to speak with him about his recommendations and make sure that those all get incorporated.

So yes, absolutely, and we will send you in writing all the work that we're doing, yes.

ASSEMBLYMAN PALMESANO: Because I know he has other ideas on how to improve the bill. I mean, I would like to see us advance this bill because I think it lays it out specifically what is -- I just want to make sure that the department is committed to doing this.

I mean, the Governor mentioned this in her veto message. If we have to do it in-house, that's one thing. But I, you know, want to make sure that type of communication is going on. So would like to see what you're doing, in writing, to address those issues in the bill that was mentioned and also some suggested improvements that Mr. Tobia had for the bill. He has a lot

of -- a wealth of experience and knowledge, tragically, that he wants to bring to help and make sure other families don't have to go through this. So hopefully that consultation can happen.

And again, because the rural suicide rate is double that of urban areas, it definitely needs to be a priority, especially with the mental health crisis we have in this state.

OMH COMMISSIONER SULLIVAN: Absolutely. And we definitely thank you so much that -- thank you so much for all the work he's doing and we would be very pleased to meet with him, get his ideas, and be able to help implement some of what he thinks is needed.

So yes, thank you very much for offering that. And thank him. Thank you.

ASSEMBLYMAN PALMESANO: Thank you, Commissioner.

CHAIRMAN PRETLOW: Assemblyman Maher.

ASSEMBLYMAN MAHER: Thank you.

Good morning, Commissioner.

Appreciate you being here.

One of the favorite things I love to do as an Assemblymember is meet with our local students -- could be elementary school age, middle school, high school age. And one thing I try to do is I let them know it is vital to get their feedback. It's not just a nice trip to come up here, but it's their responsibility to advise us and educate us as legislators on what their needs are.

And for the most part, that one issue that always comes up, and they're conscious enough to know that it exists and it's a problem, is increased services for mental health support within our school districts.

My first question is, how are our schools being supported to address mental health issues among children?

OMH COMMISSIONER SULLIVAN: The first thing is that we are able to open up -- for any school that's interested, is to establish a school-based mental health clinic. What that really is is a satellite clinic of a provider in the community. And that means

that services are then provided on-site in the school.

And so that's available to schools. We have talked about this with all the school districts, et cetera.

The other things are a whole host of other -- that's probably the main thing, because if you can have a school-based mental health clinic, that makes a huge difference.

In addition, we have available something called Teen Mental Health First Aid Training, also first aid training for teachers, first aid training for school staff personnel. That helps individuals understand mental health issues and also be able to talk to each other about the critical mental health issues.

So those are available for schools. Schools can call us, we can set that up.

We also have a whole host of safer -- suicide prevention services that we can talk to schools about, trainings that can go forward to schools. So we'd be glad to work with the schools. There's a lot of suicide

prevention services that are available for suicide-safer schools, training teachers, working with students, et cetera.

So the school-based mental health clinics had a whole host of trainings which are available for schools as well.

ASSEMBLYMAN MAHER: If I could then add on -- and I appreciate you really laying out all of those services that are available -- I know it can be very difficult to quantify the success and the impact of some of these programs. Can you speak to how you do that right now? And when we talk about some of these programs, is there a questionnaire that goes out? What exists right now for us to quantify whether or not these programs are successful?

OMH COMMISSIONER SULLIVAN: Yeah, we're gathering data from the school-based mental health clinics as to who they're seeing and the satisfaction of the individuals that they've seen and whether or not the students feel it's been helpful, et cetera.

On the mental health first aid it's a little bit harder to get outcome data, but we do get satisfaction data about whether people felt the training was helpful, whether the impact, the long-term impact -- I don't know that we have data on that specifically for schools. There's national data that this has an impact, but I don't think we have it for schools right now.

ASSEMBLYMAN MAHER: Thank you, Commissioner.

CHAIRMAN PRETLOW: Assemblywoman Chandler-Waterman.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Thank you, Chair. Thank you, Commissioner -- and my colleagues, for great questions.

I appreciate you and your team for coming out to my district. As you know, I'm in Brooklyn, representing East Flatbush, parts of Canarsie, Brownsville, and Crown Heights.

I also appreciate you and your team partnering with our AD 58, my in-district mental health task force, when it comes to

the Black, brown, Caribbean immigrants. We want to ensure peers are at the forefront of the conversations, of course mental health professionals as well, local, cultural, sensitive clubhouses and respite centers -- we're up to 30-days stay -- person-centered, non-police response, wraparound services, more investment in school-based mental health clinics, as you mentioned, ensuring families are prioritized as an intentional part of the plan for recovery.

I also discuss with anyone who will listen that we have a great example of institutional support of persons experiencing emotional crisis, One Brooklyn Health, Brookdale University Medical Center Behavioral Health Clinic, under the CEO, Dr. Scott, and Chief of Psychiatry Hershberger, Dr. Hershberger.

We need more investments like these into these institutions like this in my district.

As you know, we have a broken system that has a lot of disparities. Oftentimes

underserved, underresourced, districts like mine experience worse than other communities. They get a cold, we get a flu. It hits us harder.

So on paper, involuntary commitment may sound like a good idea, but it feels more like a Band-Aid. Our fear is that it could look like mass incarceration, it could look like the new stop-and-frisk, or it could look like unfortunately Daniel Prude, who was killed and died, unfortunately, at the hands of police during a mental health crisis.

However, we need a more sustainable plan. Great news, we have one. It's called the New York State Daniel's Law Task Force Behavioral Health Crisis Response Report, which I know you know about, a million dollars we invested into that. And you include in the community input we had, peers, doctors, professionals.

This report, thanks to you and your team, finished last year, a year early. All of what I have mentioned just now is in Daniel's Law. We need Daniel's Law fully

passed, fully funded. And how is this issue that we need with mental health being addressed with using this report, using Daniel's Law instead of the Band-Aid approach that involuntary commitment may pose?

And as you know, we got over like 3.2 million individuals experiencing a mental health crisis in 2021 and 2022, in the report by New York State Comptroller DiNapoli, in his new report. So how do you envision that this wonderful report that we invested a million dollars in, is used to help?

OMH COMMISSIONER SULLIVAN: Well, thank you. I think it is an excellent report. I think that it provides a resource for, as I said earlier, resource for the policymakers to look at that report and to use it in making their decisions about what of those recommendations that are in the report would be implemented.

So it's a -- I think its goal was to be a resource, and I think it is a solid resource for people to look at in terms of what a behavioral health response to a

behavioral health emergency can be.

CHAIRMAN PRETLOW: Thank you.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Thank you.

CHAIRMAN PRETLOW: Assemblyman Anderson.

ASSEMBLYMAN ANDERSON: Thank you so much, Chair.

And thank you, Commissioner, for being here with us this morning into the afternoon.

I have two brief questions. Hopefully I can get an answer from you on them. I did see in the Executive proposal an investment in mental health first aid for teenagers, and I think that that's so important. When I was first elected I was able to train over 150 constituents and community leaders in mental health first aid, and I know how effective that program was.

So I'm just wondering about the mechanism in which that program, as proposed, would get down to groups and organizations. Is it a grant program, is it a direct allocation to cities? I just want to get a

sense of that.

OMH COMMISSIONER SULLIVAN: Yeah. It's direct money that will go to schools. And the goal here is to work with schools who are interested in us doing this. We can probably do mental health first aid training for almost 5,000 students. And we will be taking requests from schools, going out, doing the mental health first aid training team to team. It's an evidence -- it's been developed very carefully to work just with kids and how kids can talk to each other.

ASSEMBLYMAN ANDERSON: So when you say schools, commissioner, do you mean school districts or do you mean --

OMH COMMISSIONER SULLIVAN: Oh, no, I mean individual schools.

ASSEMBLYMAN ANDERSON: Individual schools.

OMH COMMISSIONER SULLIVAN: Individual high -- yeah, we're hoping -- it's for individuals 9th to 12th grade. So it's mental health first aid for high schools.

ASSEMBLYMAN ANDERSON: Thank you so

much.

My next question for you, Commissioner, is I just wanted to learn a little bit more about the -- and this is the larger executive pot that deals with mental health from the disparate groups, individuals, groups and organizations. The name of the pot of resources is escaping me now, but I know that there was an investment in the barbershop mental health program that I helped get started two budget cycles ago, and it was supposed to go towards the Arthur Ashe Institute.

Can you report out on how that funding has been spent and how successful that program has been in the eyes of your agency? Or if it's a collaboration with you and DOH --

OMH COMMISSIONER SULLIVAN: It's been a collaboration. And I think I can get back to you on that. I'm not as up-to-date because I think it's been through DOH. But we can get back to you on that.

ASSEMBLYMAN ANDERSON: Okay. Thank

you so much, Commissioner. I hope to also invite you out to my district to see some of the work that we're doing, because you can't stay all the way in the 58th, you've got to come to the 31st too.

(Laughter.)

OMH COMMISSIONER SULLIVAN: I'd love to. I'll love to. We will definitely do it.

ASSEMBLYMAN ANDERSON: Thank you so much, Commissioner.

OMH COMMISSIONER SULLIVAN: Thank you. Thank you.

CHAIRWOMAN KRUEGER: Chair Brouk for her three-minute follow-up.

SENATOR BROUK: (Microphone issue.) There we go. I did it earlier.

Thank you, Commissioner. I just wanted to follow up because I think a lot of the discussion that we had throughout this -- and thank you for all of your thoughtful answers. I think they were really helpful and will be for all of our budgetary decisions. But it seems like there is a theme, right, that we are -- while we have

invested, including the $1 billion that the Governor announced a couple of years ago around supportive housing, around SOS teams, ACT teams -- all of this community outreach and building up beds and all of these different things, it seems like we still haven't fully built up and even spent some of the funding that has been allocated.

And so, you know, my final question to you is, when we look at the efficacy, right, when I hear you talk about 884 individuals that SOS teams have helped find permanent housing -- permanent housing, that means they are not jumping back out, it's not a bad discharge and they're going right back out and not having their, you know, basic needs met and potentially, you know, suffering themselves -- they are permanently housed. They have dignity. They are on a road to find employment, perhaps on a road for rehab. Right?

So it tells me that we need to do more with Housing First. We need to do more with getting people the care they need. We need

more community outreach, whether in our New York City subways or in our upstate communities. And so what troubles me is that there's this big change around involuntary commitment, thinking that this is going to somehow solve this, when we haven't even fully implemented some of the things that we have funded.

So big question for you. What do you need to act more swiftly to get those -- I think it was 2,000 supportive housing beds online quicker? What do we need to do and what do you need from us to hurry that up and get that done as quickly as possible so we can serve people in the way that we have seen works really well?

OMH COMMISSIONER SULLIVAN: I think, first of all, just speaking to housing, those 2,000 beds that are not up are capital. And what we do need help with is what was mentioned by Assemblymember Gallagher, is communities accepting these services.

You know, one of the biggest delays are siting for mental health housing. And

our providers are really good at this, but especially in urban areas it's been very difficult to site some of this housing. So we really could use the support of legislators and communities to work with us, because housing -- it benefits communities, it can be beautiful housing. So we do need help with that, because that has delayed and in fact sometimes we have housing out there for years waiting to find a site where we can actually provide the housing.

And again, once you build the housing, you're not stuck with these rent costs going up or the cost of other things. We subsidize and make sure the housing is successful in an ongoing way. So that's one way that could be incredibly, incredibly helpful.

The other is I think again to work with us with communities to --

(Time clock sounds.)

SENATOR BROUK: Get back to me.

(Laughter.)

SENATOR BROUK: Thank you. Thank you.

CHAIRWOMAN KRUEGER: To be continued.

Assembly Chair Simon for her second round.

ASSEMBLYWOMAN SIMON: Thank you.

Plus-one to Senator Brouk's question there. And I appreciate your answer, and I think it's obviously -- we're going to continue to have those conversations.

I have a question sort of a little bit different, which is also the issue of children in need of outpatient behavioral health services through Medicaid. And a recent study showed that only one out of every four kids who need this service are actually receiving them. So the question is, what kinds of new investments in Medicaid rates and workforce are being advanced in this budget to meet that unmet need?

And also, of course, the bigger -- the big issue is also the Medicaid rates not keeping pace with the cost of providing care. So our children, particularly post-COVID, are, you know, suffering greatly. And the number -- the amount of mental health needs for our younger children has increased. I

mean, we've never dealt with it enough, but we need -- now we have even more need for it.

Can you tell me what it is that the state is doing and how it could help get the providers to be able to actually provide these services to children who are in need of them?

OMH COMMISSIONER SULLIVAN: Yeah, I think there's been a -- let me begin with one place where we're making a big investment is something called HealthySteps in pediatricians' offices, which has a mental health worker in a pediatric practice of 1500 or more families. And we've been able to spread this across the state right now so that 191,000 kids are covered, and ultimately over 300,000.

This kind of prevention is really critical because you want to begin early. So first of all there's prevention, there's prevention that happens in pediatricians' offices and then the prevention that happens in schools. And that's where the school-based services come in, in terms of

having those available. And also working, as we've talked about, with mental health first aid with teens.

And then the next level are individuals who need -- so you want to do prevention and then you want to have access to care when it's needed. So by expanding out Certified Community Behavioral Health Centers, we're greatly expanding the access to kids' services. And the good things about Certified Community Behavioral Health Centers, which cover the whole lifespan, do a lot of child work, is they're cost-based. So at the end of the year, if it cost more to serve 2,000 kids than it did the year before, you can be reimbursed for that. So that helps with the reimbursement.

In addition, we have increased rates consistently for child services; increased rates, inpatient side; increased clinic rates for kids. Partial hospitalization rates for kids. And in fact in last year's budget we also increased the number of partial hospital startups. Partial hospitals are kind of

community-based intensive services.

We've increased rates across the board over the last several years for children's services. So that has helped to make the services more available.

And then finally, for the most intensive needs --

(Time clock sounds.)

CHAIRWOMAN KRUEGER: Thank you.

ASSEMBLYWOMAN SIMON: Let me know later.

(Laughter.)

CHAIRWOMAN KRUEGER: You clearly will have follow-up with all the chairs.

One last three minutes for Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

I mentioned before co-occurring disorders and streamlining the three-tiered system. Could you just expand a little more in these next three minutes about how someone can navigate getting all services dealing with a mental health disorder and a substance use disorder?

OMH COMMISSIONER SULLIVAN: Yeah. So the three-tier system is -- the second tier is critical because it says that basically our mental health clinics and our substance use clinics are really able to provide a lot more integrated care and get paid for it than they have been currently -- even without doing anything to change their licenses.

And so that's an educational phenomenon. You can basically bill for opioid treatments, you can bill for alcohol treatment, everything, in a mental health clinic. It's making it clear how you do that, how you can get reimbursed, so the clinics are more open to do it. So that's where the regulations are shifting.

The third tier will be individuals who, for example -- clinics, for example, that would provide the most, most intensive mental health services as well as the most intensive substance use services. Under one license, not having to deal with two agencies, just consistent billing, consistent documentation, making it so much easier for

integrated care.

What we have now often requires some different documentation, requires different ways to bill. We're getting rid of all that and basically, if you're doing integrated care, it won't be as complicated within the individual clinics.

So basically the three-tier system which we're putting forward I think will be really a breath of fresh air for the community.

SENATOR FERNANDEZ: Thank you.

CHAIRWOMAN KRUEGER: All right. Thank you very much, Commissioner. I think we have used up the time we have with you today.

You have more questions to follow up with some of us, so we appreciate it. And we sincerely appreciate the work of your agency. You're hearing frustration from us because it's all not fixed, and mental illness is actually becoming a growing problem in our communities, so we need to keep working together and get the best answers we can.

So thank you very much for your time,

and thank you to all of your agency staff and your contract agencies throughout the state who do amazing work every day. So thank you.

OMH COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN KRUEGER: And any legislators who want to grab the commissioner -- out in the hall, not in this room, so that we can move on to our next panel of patiently waiting commissioners: Dr. Chinazo Cunningham, commissioner of the New York State Office of Addiction Services and Supports, and Acting Commissioner Willow Baer, New York State Office for People With Developmental Disabilities.

(Brief pause.)

CHAIRWOMAN KRUEGER: Good afternoon, everyone. Hi. And is it all right if we go in the order here, OASAS first? Is that okay, Commissioner? Yes, okay.

Just for the tech people behind so they have your name right when they put your screen up, each of you introduce yourselves now.

OASAS COMMISSIONER CUNNINGHAM: I'm

Dr. Chinazo Cunningham, the commissioner of OASAS.

And good afternoon, Senator Krueger, Assemblymember Pretlow, Senator Fernandez, Assemblymember Steck, and distinguished members of the Legislature. My name is Dr. Chinazo Cunningham, the commissioner of the New York State Office of Addiction Services and Supports, and I thank you for the opportunity to present Governor Hochul's fiscal year 2026 Executive Budget and how it supports our work at OASAS on behalf of those who are impacted by addiction.

This is my fourth year presenting the OASAS budget. Over the past three years, New York State experienced both the COVID-19 pandemic and a devastating overdose epidemic. We met these challenges by following our guiding principles of data-driven decision-making, harm reduction, and equity. Through these efforts, we are now seeing positive results. Most importantly, overdose deaths have declined by 17 percent statewide. That's roughly 900 lives saved through our

combined efforts between 2023 and 2024.

We are optimistic about this trend. However, we must remain focused on saving more lives by bringing innovative prevention, treatment, harm reduction, and recovery services to those who need it. Today I'm proud to share some of our 2024 accomplishments and detail how this year's Executive Budget helps us build on our foundation of progress.

From the start, New York has distributed more opioid settlement funds to localities and community-based organizations faster than any other state in the nation. OASAS is responsible for distributing 36 percent of the state's settlement funds -- and does so with efficiency and transparency. A recent report noted that our state received and allocated the largest amount of settlement dollars received nationwide. To date, OASAS has made nearly $400 million available to address substance use disorder and overdoses.

This year's Executive Budget includes

roughly $63 million to help support our continuum of care across the state and in alignment with the Opioid Settlement Fund Advisory Board's recommendations. That includes establishing initiatives to increase medication treatment availability, including expanding access to methadone treatment along with low-threshold buprenorphine treatment; scholarships to support the workforce; youth prevention programs; recovery center and transportation supports; enhanced outreach and engagement; and more.

I'm extremely proud to report that our online portal continues to make free, lifesaving harm reduction supplies available to the public. Thus far, over 250,000 naloxone kits and nearly 22 million fentanyl and xylazine test strips have been distributed from OASAS alone to individuals and organizations across the state.

Just recently, a Poughkeepsie high schooler successfully administered naloxone while at his local barber shop. The teen had ordered the naloxone online through the OASAS

portal after receiving a lesson on how to administer it during his health class.

Our outreach and engagement work has served over 90,000 New Yorkers. In addition, the state now has three Mobile Medication Units up and running. These units bring addiction services, including methadone treatment and other medical care, directly to underserved communities. As Governor Hochul has highlighted, additional funds will help us roll out more units in 2025.

The fiscal year 2026 Executive Budget will allow OASAS to continue these critical initiatives and enhance support of our provider system and the individuals they serve. In all, the proposed OASAS budget contains nearly $1.3 billion, including roughly $190 million for State Operations, $964 million for Aid to Localities, and $94 million for capital projects. It continues opioid stewardship funds that allows OASAS to support harm-reduction services and medication and treatment affordability.

Workforce recruitment and retention remains a priority across the OASAS continuum of services, especially as we strive to increase capacity in our system. To address this challenge, OASAS has made historic investments into the addiction workforce to support and expand a skilled, compassionate network of professionals. This includes a partnership with SUNY and other colleges, universities and community-based organizations, which has resulted in over 1,000 individuals receiving scholarships for addiction training, and more than 80 medical and behavioral health fellows at four medical schools across the state.

The Executive Budget includes $12 million in additional support for a 2.1 percent targeted inflationary increase to provide fiscal relief for service providers, as well as an additional $6.4 million minimum wage increase. This action builds upon OASAS workforce initiatives, including a new Leadership Institute, enhanced peer supports, scholarships and paid internships, and an

online addiction credentialing portal.

Treating individuals with co-occurring substance use and mental health conditions calls for close collaboration between OASAS and the Office of Mental Health. The budget supports ongoing efforts to triple the number of Certified Community Behavioral Health Centers to better address individuals' complex needs -- regardless of their ability to pay. It also includes an additional $3 million to expand support for joint street-outreach activities to connect vulnerable people with needed services.

Further, OASAS and OMH continue to roll out Crisis Stabilization Centers, which provide support, assistance, and urgent access to care. We're also jointly seeking to improve access to services for homeless youth.

A 2022 state law required medication treatment for all substance use disorders in carceral settings. It is no small achievement that all 42 prisons and all 58 jails have implemented all forms of

FDA-approved medication for substance use disorders. We are a national leader in this work, representing the largest such implementation in a state carceral system nationwide.

In the first year of implementation, the number of people who received medication treatment for substance use disorder increased more than five times in prisons and more than three times in jails.

State revenues from casinos and mobile sports betting help empower OASAS prevention efforts to promote and encourage responsible gambling. Our "Take a Pause" public awareness campaign is airing throughout the NFL playoffs and Super Bowl, asking people to examine their betting habits.

Our Problem Gambling Bureau has also worked to eliminate barriers to training; collect and study data on gambling behaviors; and enhance problem gambling prevention, treatment and recovery services.

With the legalization of adult-use cannabis, OASAS is raising awareness for its

responsible use through a new Cannabis Prevention Toolkit that is available in English and Spanish, giving parents and mentors practical tips and guidance on how to talk to teens about the risks of underage cannabis use.

In addition, we're gathering important data from youth about their cannabis behaviors and attitudes, while training providers and schools on the prevention and treatment of cannabis use disorders.

The OASAS continuum of services include programs and supports to help individuals achieve and maintain their personal health and recovery goals -- including new OASAS-certified recovery residence regulations. This represents the first recovery support service to be certified in the state and allows recovery residences to voluntarily apply for OASAS certification.

I urge those who are interested to visit our new Recovery Residences webpage to learn more.

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

As outlined today, the proposed Executive Budget allows OASAS to build on a proven foundation of progress based on an equitable, person-centered, data-driven approach. OASAS will continue providing a full continuum of prevention, treatment, harm reduction, and recovery programming and services, all towards our goal of further reducing overdose deaths, improving lives, and preventing addiction.

We appreciate your ongoing support and look forward to working with you to better serve those in need.

With that, I welcome any questions. Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

And I'm now going to -- no. Sorry, we don't ask questions until we do both

commissioners. So please, Acting Commissioner, introduce yourself.

OPWDD ACTING COMMISSIONER BAER: Thank you.

Good morning, Chairs Krueger and Pretlow, Disability Committee Chairs Fahy and Santabarbara, and other distinguished members of the Legislature. I am Willow Baer, acting commissioner of the New York State Office for People With Developmental Disabilities. Thank you for inviting me to be here today to speak about the historic investments included in Governor Hochul's fiscal year 2026 Executive Budget that benefit people with developmental disabilities, their families, not-for-profit providers, and our vital direct-care workforce.

In my time as acting commissioner, I have had the privilege of traveling around the state to speak with many of our stakeholders, many of you and your constituents. This has allowed me to better understand the needs of people with developmental disabilities and the challenges

that the system faces. I have learned about innovative approaches that many of our providers are working on, and have heard from people with disabilities about what they want, such as improved access to quality healthcare, housing, and employment. I've also seen the importance of prioritizing efforts that enhance our provider network, advance our workforce, and respond to the changing demographics of the state.

I'm excited to highlight several of those proposals included in this year's Executive Budget that respond directly to the requests of people and families, challenges providers have shared, and to what I believe our service system truly needs.

For the fourth year in a row, Governor Hochul has included funding that recognizes the imperative role that our providers and direct support staff play in the lives of people with developmental disabilities across New York State. The fiscal year 2026 Executive Budget includes an ongoing investment of $850 million in recent

rate increases, allowing our not-for-profit service providers to afford the increased cost of doing business and, most importantly, to increase wages for frontline staff.

Additionally, the Executive Budget proposes a 2.1 percent targeted inflationary increase to further address the rising operating costs in our service system.

These investments, especially when combined with Governor Hochul's historic $5 billion proposal to make New York State more affordable, provide incredible support towards the stabilization of our provider network and advancement of our workforce. When added to funding that has been provided since 2022 for cost-of-living increases, rate updates, bonuses, and American Rescue Plan projects, these proposals equal almost $4 billion invested in the developmental disabilities service system to improve recruitment and retention of staff for OPWDD not-for-profit service providers.

Coupled with initiatives like OPWDD's "More Than Work" recruitment campaign, and

collaborations with the National Alliance for Direct Support Professionals as well as the State University of New York to provide certifications, credentialing and college credits that professionalize our workforce, we have been able to improve retention and recruitment in our field, as well as significantly reduce the state's reliance on mandatory overtime for these workers.

While we all understand that increased funding for providers and enhanced wages for our workforce are imperative to this service system's ability to provide quality supports and services, we also recognize that the demographics of our state and the needs of those we serve are continuously changing. Which is why, as an agency, we have prioritized additional efforts to support people by improving access to both certified and non-certified housing, investing in technology advancements for people to live more independently, and reducing the administrative burden on providers, as part of our strategic plan and short-term housing

strategy.

It's also why we are prioritizing the changing needs of an aging population, as well as the complexities of serving people with disabilities and co-occurring mental health diagnoses. And as an agency, we remain committed to efforts that ensure we are meeting the needs of all communities in New York State through our diversity, equity, and inclusion efforts, which include staff training, extensive stakeholder engagement, and strengthening the linguistic and cultural competence of our system at all levels.

The Executive Budget continues investments in new service opportunities to meet the needs of people coming into our system or whose needs have changed with $30 million in new state resources which, when matched by the federal government, can total up to $120 million on a full annual basis.

To further our goal to increase independent housing opportunities for people with developmental disabilities, the proposed

budget also continues the annual $15 million investment for integrated community-based projects for people with I/DD.

Around the state, I have repeatedly heard about the challenges that people with disabilities are facing as they try to meet their basic healthcare needs. Some people wait years for dental care, others can't find a doctor to serve them because the offices are not accessible for physical or sensory needs, and some have simply not received care because doctor's offices do not have the right equipment to meet someone's specialized or mobility needs.

This year's budget includes funding to reduce these gaps in healthcare for people with developmental disabilities. To increase access to health services, a $25 million capital funding investment is proposed in this year's Executive Budget to support the creation of regional disability health clinics at existing Article 28 and Article 16 clinic locations across the state. These grants will be awarded through OPWDD, and

funding will be used to update or expand buildings, equipment, and technology, to increase accessibility and improve the quality of healthcare provided to people with developmental disabilities statewide.

The Governor's proposed budget also calls for a $75 million capital investment in OPWDD's Institute for Basic Research in Developmental Disabilities, or IBR. IBR opened in 1968 as the first large-scale institute in the world designed to conduct basic and clinical research into the causes of developmental disabilities. This important funding for IBR will be used to modernize the institute's infrastructure and expand its capacity to conduct cutting-edge research that will help identify a person's medical and behavioral health needs earlier in life.

Significantly, it would also include an establishment of a genomics core facility to better understand how genetics influence people's developmental disabilities and underlying medical conditions. This will

situate IBR to become a national organization for rare diseases that delivers top-tier diagnostic testing for people with developmental disabilities, and to serve as a nationwide resource.

In addition to increasing access to healthcare, people with developmental disabilities have repeatedly shared with me their interest in meaningful, gainful employment.

We are proud that Governor Hochul signed Executive Order 40, making New York an Employment First State, and has continued her commitment in this year's budget with two proposals that increase tax credits for businesses that hire people with disabilities as well as proposing to make changes to New York's Preferred Source Program permanent.

We must continue to prioritize making sure that people with developmental disabilities have access to competitive employment throughout our communities. At OPWDD, I have prioritized hiring people with

developmental disabilities, ensuring that our agency decision-making is informed by those that our decisions impact most -- and I cannot overstate the benefits that hiring someone with a developmental disability can add to your workplace.

Finally, I would be remiss if I did not highlight the important investment being proposed to commemorate New York State's disability rights history by establishing a Willowbrook Center for Learning on the former state school property. What happened at Willowbrook forever changed the way we provide services and supports for people with disabilities. In fact, the advocacy of people who lived at Willowbrook, and their family members, sparked a nationwide civil rights movement that continues to this day.

The Center for Learning will forever preserve Willowbrook's historic significance by highlighting how far we have come and will serve as a reminder of what we must continue to fight for.

I am proud of the progress that OPWDD

and New York State have made to better meet the needs of those we serve since the closure of Willowbrook. And I also know there is more work to be done, which would not be possible without the incredible support that Governor Hochul and this Legislature have given our service system. Together, in collaboration, as we enact a new state budget, I have no doubt that we can reach our goals of a more person-centered, inclusive, and accessible New York for people with developmental disabilities and their families.

So thank you for allowing me to be here today, and I look forward to the conversation.

CHAIRWOMAN KRUEGER: Thank you very much, both of you.

And our first questioner will be Chair Fernandez.

SENATOR FERNANDEZ: Okay, thank you so much.

Thank you so much, Commissioner. It is great to work with you, and I thank you

for your dedication.

(Off the record.)

SENATOR FERNANDEZ: All right. Well, thank you so much for everything that you do.

I wanted to touch about the opioid settlement funds and transparency. There's been some concerns about the transparency into where the money is going. Would it be feasible to require the localities and state share of the opioid funds not housed in the Opioid Settlement Fund and overseen by OASAS to report to OASAS? And what would you need to make that happen?

OASAS COMMISSIONER CUNNINGHAM: Yes, we're very proud of our really effort to be transparent with the opioid settlement funds, as you said. Of the 36 percent of the state dollars that come through OASAS, we have a website that shows exactly how every dollar is used, where those dollars are going, which organizations are getting funded, what categories of funding they include -- you know, how much the counties get -- et cetera, et cetera.

I think, you know, of the dollars that don't come through OASAS and really come from the Attorney General's office, we are working with them to figure out in terms of reporting how we can get reports from those dollars outside of us.

So we are working with them, and we anticipate, you know, as programs have had time to actually implement those opioid settlement funds, of getting those reports of how those dollars have been used, and then we'd be happy to add that to our website.

SENATOR FERNANDEZ: Okay. Do you have any concerns about what information is made publicly available about the opioid settlement funds, given the hostile federal administration, such as funds being used for syringe exchange programs and other harm-reduction initiatives?

OASAS COMMISSIONER CUNNINGHAM: So a lot of -- so, you know, harm reduction was certainly the top priority of the Opioid Settlement Fund Advisory Board, and that has been a top priority at OASAS as well. And I

think a lot of the harm-reduction efforts have significantly contributed to the reduction in overdose deaths that we've seen, so that 17 percent reduction.

So certainly, you know, continuing to expand naloxone kits, fentanyl test strips, xylazine test strips, doing outreach and engagement, meeting people where they are I think is really part of the important, you know, sort of secret to the sauce.

We also work with our collaborators at the Department of Health. You know, a lot of their work is with the syringe exchange programs, and they do get some of the dollars from the opioid settlement funds to support that work.

So I can't speak specifically about the work that they're doing, but certainly, you know, continuing to expand our work with harm reduction -- and the Governor certainly embraces harm reduction -- is a priority both of the board and of us and, you know, it can be seen how those dollars are used on our tracker for the opioid settlement funds.

SENATOR FERNANDEZ: Okay, yeah, we have a xylazine test strip bill too that we should consider.

But this budget was pleasant to see. There was an increase overall in a lot of items, particularly for IT and system updates, which very happy to hear, because in some of the locations that I've seen it looks like they were still using Windows 95. So to get this upgrade is very much needed.

And very happy to see that the vocational and job placement services, the funding, the 11.4, was kept in. But with the question that comes, when will the procurement be available for organizations concerned about a funding gap?

OASAS COMMISSIONER CUNNINGHAM: Yeah, so we've worked very closely with the organizations that provide vocational services to think about how we can better and more equitably ensure that these vocational services are available to all New Yorkers across the geographic regions and across a whole continuum of services -- so, you know,

with treatment, with recovery services.

And so we have worked with them, and through that we're developing a new model so that we can ensure that there's more equity across the state.

There will be no gap in services, so we will continue to fund. We have been continuing to fund those programs that are currently providing services, and we will up until the point where we have new contracts executed. So we plan to release a new RFP with this new model in the coming months, but the services will not be interrupted. They will continue to have funding up until the new contracts are executed.

SENATOR FERNANDEZ: Very nice.

Regarding recovery services, is it true that the only funding source for recovery services is through the opioid settlement funds?

OASAS COMMISSIONER CUNNINGHAM: So some of the recovery services are also through the state aid as well.

So we enhanced recovery services

through the opioid settlement funds, so all of our recovery centers -- the 31 of them funded throughout the state -- had increases in their budgets to really equalize across the state to make it again more equitable and to really enhance their services. And so that includes, you know, enhancing the peers, people with lived experiences, enhancing their services and who they're collaborating with across the communities, and some of them enhancing their sites where they have their community centers.

So it is a combination of funds from the state as well as the opioid settlement funds.

SENATOR FERNANDEZ: Okay. And when the opioid settlement funds dry up, will the state compensate those funds?

OASAS COMMISSIONER CUNNINGHAM: So, you know, what I would say is that sustainability definitely is an issue that we are aware of, and we need to ensure that there are sustainable funds. And so for that reason, with our opioid settlement funds we

have multiyear initiatives, so that's built into the existing funding. So they are funded for several years at this higher level.

SENATOR FERNANDEZ: Okay. The Executive Budget language allows EMTs and paramedics to administer buprenorphine for emergency treatment. Will OASAS oversee the training of EMTs?

OASAS COMMISSIONER CUNNINGHAM: So the EMTs really don't fall under our purview. They fall under the Department of Health. But we're certainly happy to collaborate with them, as we do in many ways.

You know, we think that this is certainly an important part of just expanding access to medication treatment, because we know medication treatment saves lives.

SENATOR FERNANDEZ: Thank you.

OASAS has street outreach teams that operate, and there is more funding to do more street outreach teams. Is there any concern that these teams will be used to increase the number of people brought in under the

possible proposed involuntary commitment changes?

OASAS COMMISSIONER CUNNINGHAM: So our funding for these outreach teams is really focused on the addiction piece of it and making sure that people have the resources, the education and the linkage to services that they need.

So, you know, we work closely right now with Office of Mental Health already with some of the outreach and engagement teams, and we will continue to enhance that. But it's really bringing our addiction expertise, you know, for example, to some of the OMH outreach teams so that they can -- so that we can better address people who have the co-morbid conditions or the dual diagnosis of mental health and substance use conditions.

But our mental health professionals, you know, are not trained on the specific mental health diagnoses.

SENATOR FERNANDEZ: Okay. This budget also, again, lists a lot of new scheduling that would match what the permanent federal

scheduling is. Has scheduling helped curb overdoses in New York State overall?

OASAS COMMISSIONER CUNNINGHAM: So that's a very difficult question to answer. I mean, we know that the overdose rates are going down, and I'm sure it's multifactorial as to why.

You know, we certainly are, you know, confident that a lot of our harm-reduction efforts and our improved access to treatment has been a big part of that. But in terms of, you know, law enforcement efforts, that's just not something that I can speak to because obviously we're not a law enforcement agency.

So, you know, I think again that this -- it's not a hundred percent clear about why the rates are going down, but certainly I know our efforts are, you know, significantly contributing to that.

SENATOR FERNANDEZ: Okay. Because I just would wonder if there is stats, proof, that show that scheduling and matching at the state level, if we were to have it at the

federal level, why would we need it at the state level? Is that something you can answer?

OASAS COMMISSIONER CUNNINGHAM: Yeah, so I mean I'm not aware of any specific research looking at different scheduling and how that impacts outcomes.

The scheduling, really that issue is under the Department of Health, and so that's actually not under our purview. So I'm just -- I'm just not aware.

SENATOR FERNANDEZ: Okay. Last question. So harm reduction -- thank you again for championing this effort and for what we've seen it do in the state.

Do you think other forms of care such as prevention, treatment and recovery services receive the funding needed to meet the care's needs?

OASAS COMMISSIONER CUNNINGHAM: Yeah, so, you know, certainly we are fully committed to the whole continuum of services. And that's really, you know, a patient-centered, person-centered approach.

Because people need different kind of services at different points in their lives, right? And different people need different kind of services.

And so a lot of our work is really to make sure that the whole continuum is working better together so that prevention services, for example, are incorporated in treatment. Right? Prevention for the children of the parents that are in treatment. Or, you know, that the linkage from treatment to recovery is also there.

So we certainly are investing in our whole continuum of services. And, you know, we're continuing to do that knowing that it's not a linear trajectory, right, that people kind of can bounce around in the whole continuum of services and making sure that we continue to do that and enhance that collaboration better.

SENATOR FERNANDEZ: Okay, thank you.

I probably have to come back, but gambling addiction. I know that there is a stream going to services based on what we

currently have in the state with our casinos and gaming. It's been told to me that we have some of the best gambling services that have been nationally recognized. And --

(Time clock sounds.)

SENATOR FERNANDEZ: Never mind.

(Laughter.)

CHAIRWOMAN KRUEGER: Hold that answer. Assembly.

CHAIRMAN PRETLOW: Hold the answer. Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Hi. Thank you so much for your testimony and your hard work.

I have a couple of questions about -- if you can, Acting Commissioner -- in your testimony you talked about this $75 million investment in the Institute for Basic Research.

OPWDD ACTING COMMISSIONER BAER: Yes.

ASSEMBLYWOMAN SIMON: And which sounds terrific. I guess one of the questions I have is what kind of reporting out has the institute done with regard to issues such as,

you know, the causes of developmental disabilities? You know, over our history we had the rubella epidemic at one point, and then we had -- we've had other things.

What is the current information that you're finding with regard to, you know, causes of developmental disabilities?

OPWDD ACTING COMMISSIONER BAER: So we are very excited about the $75 million investment in IBR.

ASSEMBLYWOMAN SIMON: It's great.

OPWDD ACTING COMMISSIONER BAER: We know that people with developmental disabilities have a very high propensity for co-occurring underlying medical conditions and mental health conditions. And that's really why the Institute on Basic Research was opened in the 1960s, right, to do that in-depth research to provide clinic services and assessments on-site, which they continue to do today, and to really educate the public about developmental disabilities. And all that work has continued.

We've not had a significant investment

in IBR since that time, so this really would be the first significant investment to update our ability to do that research in-laboratory.

But to your question about what data, right, we have a number of research scientists employed at IBR that are continually researching and publishing articles in scientific journals and partnering with other states and national organizations. We certainly can make some of those materials available to you.

ASSEMBLYWOMAN SIMON: Thank you.

OPWDD ACTING COMMISSIONER BAER: There's a lot of really fascinating work going on, particularly with Alzheimer's and how it relates to Down's syndrome -- that's a big focus of their work right now.

ASSEMBLYWOMAN SIMON: Okay, great, thank you. That would be very helpful, because I think there are -- I'm not sure where that information is getting -- and of course, you know, there's also always conversation about causes what out there in

the ozone.

And, you know, having some more information about that also allows providers to provide better information -- even when you look at our schools, where a child may have X disability and have an IEP and the school may not be aware or recognize or want to believe that there's also a medical condition that tends to go along with that presentation, so that they're able to better provide those services.

So I think that could be very helpful to us at various levels.

OPWDD ACTING COMMISSIONER BAER: I think that's so important. We've had genetic testing available through IBR on the limited capacity, and the families that are able to participate in that genetic testing have had just life-changing impacts for really understanding the comorbidities and impacts of medication and treatment. And so really excited to make that more available.

ASSEMBLYWOMAN SIMON: Great. Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Senator Pat Fahy, chair.

SENATOR FAHY: Thank you, Chair.

Thank you, Commissioners.

Just a couple of questions for OASAS and then I'll save mine for OPWDD. And welcome to both of you. Thank you for being here.

I think there's been some indication between both agencies that you are looking to address the children who have dual diagnosis, and wondering what the plan is on that and what the timetable is for providing services for children who may have dual diagnosis, as well as adults.

If you could take that, commissioner with OASAS, Commissioner Cunningham, please.

OASAS COMMISSIONER CUNNINGHAM: Sure. So when we talk about dual diagnoses, a lot of our focus is on those --

SENATOR FAHY: If you could speak up; it's really hard to hear in here. Thank you.

OASAS COMMISSIONER CUNNINGHAM: When you talk about the dual diagnosis, a lot of

our focus has been on those with co-occurring mental health and substance use disorders.

SENATOR FAHY: Yes.

OASAS COMMISSIONER CUNNINGHAM: We work very closely with OMH in many ways. In terms of children specifically, so as OMH is increasing their footprint in schools, we're working with them to ensure, for example, that substance use prevention services are also incorporated in that.

The youth clubhouses, which Dr. Sullivan also talked about, we have many youth clubhouses across the state. We're collaborating with OMH there too to think about how we can do a better job of addressing -- providing services to those with co-morbid disorders in the youth clubhouses.

So those are some examples in which we're working closely with them to address their co-morbid illnesses.

SENATOR FAHY: Thank you. And I'll save the switch for another couple -- I just want to share the comments of Drug and

Alcohol Abuse Chair Fernandez with regard to transparency. I welcome more transparency on some of our funding.

And as somebody who spent five years trying to advocate for change here on one of our OASAS sites, treatment sites -- I know that wasn't authorized under your leadership but it was a very opaque process, and hope we don't repeat that. I think we have addressed it, but when we have sites right in a commercial corridor, right on a street level with everyone else, it's been a very difficult process.

And look forward to continuing to work with you such that we don't have a repeat of that here, which has really harmed the area, let alone I don't think served those in treatment as well as they could have. But thank you for working with us for a better outcome there.

I'm going to switch gears now to Commissioner Baer. Just a few questions. Can you start with what is the waitlist of those who have been certified and on a

waitlist for either a -- one of your-run facilities or one of the nonprofit facilities? We hear a lot about the demand.

OPWDD ACTING COMMISSIONER BAER: Sure. We actually don't have a waitlist in New York State for certified residential opportunities. But what we --

SENATOR FAHY: If you could speak up. It would really help if you could pull that mic -- I'm sorry, it's very difficult here.

OPWDD ACTING COMMISSIONER BAER: No, don't apologize. How's that?

SENATOR FAHY: I'm sorry, not a waitlist?

OPWDD ACTING COMMISSIONER BAER: We don't operate a waitlist in New York State for those services where there are vacancies in the certified residential opportunity continuum.

That usually is because of one of three reasons. Either there's a need for physical plant renovations, there's a lack of staffing -- which is most significant, right -- or we are actively working to match

someone who's seeking residential services with that placement opportunity.

It is a very person-centered process. That provider has to be able to meet the physical needs of that person, the behavioral needs of that person, the health needs. And then that person or their family have the right to say they don't want to be served by that provider or in that part of the state. So that is a very person-centered process of matching those two.

We took a really hard look this year at our certified residential opportunities list and thought about what are those three main obstacles, and how could we address them. And we included that update in our most recent strategic plan.

So on the staffing side, I talked earlier about the seven -- $850 million investment in those providers, which will really go a long way towards helping them staff those vacancies so they can move people in. We've looked at our administrative processes around physical plant reimbursement

and trying to make that a much more efficient process of getting those dollars to providers to make those capital investments faster.

And then on the third side, the investments that this Governor's made in allowing us to update our IT infrastructure, we've started a really robust process of automating our systems, really catching them up to modern day so that we can track who's looking for those opportunities and what all of those opportunities are, so we can do a much more efficient job of matching people to them.

SENATOR FAHY: Okay. Thank you. And as you know, we hear from a lot of parents, especially aging parents, very worried about where their children will end up, or how they will be cared for when they may not be able to.

Can we talk a moment about the pay differential? When we spoke, Commissioner, I know there was a rebasing that I think was put into the budget last year, and I think that has helped with a number of the

facilities. Can you talk about that pay differential that I know was finalized at the end of 2024, and how -- is that helping? The Governor has proposed a 2.1 percent COLA increase. Is the rebasing, is that helping with pay?

And of course the advocates are asking for a 7.8 percent increase. How -- that's quite a difference. Can you address that, please, and let us know if the rebasing has helped with that getting down to the workers and paying especially the DSPs.

OPWDD ACTING COMMISSIONER BAER: Sure. I think it's a really important question.

This Governor and this Legislature have invested $1.3 billion in COLAs and targeted inflationary increases to the OPWDD service system over the last four years. The rebase that you mentioned was our federally required five-year rebase of those services and really getting them caught up to the modern-day cost of doing business.

We know that in the last five years inflation ran pretty rampant. We had a

global pandemic, right, so there were a lot of increased costs that those providers were desperate to have matched in their rates. So that rebase process that we went through, invested $850 million across the state -- that's an average of a 13 percent increase for those providers. That has gone so far to get them caught up to the modern-day doing business. Which then of course is compounded by things like the 2.1 percent inflationary increase to keep them whole and to keep them on the right path.

I've heard from providers that that increase was immediately -- immediately enabled them to increase direct-line wages by 4, 5, 6, 7 dollars an hour in some regions of the state, and has made an immediate impact on their ability to recruit staff, which was exactly what it was intended to do. So we're very excited about that.

SENATOR FAHY: Yes, thank you, commissioner. And if there's a way to get a list of those agencies that did receive that. Because while we've heard that from a couple,

it would be good to have a sense of how many of the providers did feel that impact and how many are passing it on to the workers. It would -- that would help tremendously.

I also need to commend you on the Willowbrook -- the Center for Learning. I missed the ribbon-cutting, but I think that's a wonderful way to preserve it, remind us of the history there, and make sure we're doing the research to prevent that in the future.

Dental care. It is a crisis. You mentioned it. Is there anything that we should be paying attention to here? It is something here in the Capital Region where it's an extraordinary crisis where we've lost four Medicaid dental care providers -- sorry, we had four, we're down to one, which is the Center for Disabled.

Can you talk about other ways to address this particularly for those who are a little harder to serve?

OPWDD ACTING COMMISSIONER BAER: Yeah, dental care is so, so important. Dental and healthcare were some of the first things I

heard about when I stepped into this role and started meeting with families and self-advocates about what they really needed.

We in state operations, where we have the ability to have a little more control over providing those safety-net services, have really tried to focus the last few years on building out our ability to provide dental services in our Article 16 dental clinics in various parts of the state. We're also working now -- we hear all the time that people with pretty significant disabilities are unable to receive dental care because of their sensory concerns and response to being in a dental chair.

So what we're working on finalizing in state operations is a pilot where we could provide mobile anesthesia to dental clinics. So the mobile anesthesia could arrive at the dental clinic and make that patient -- make that patient's appointment that much easier so that they can get that care that they need.

So there are certainly ways that we're

looking at providing expanded access to dental care, and we see that people with disabilities who lack dental care have a lot more behavioral and long-term health outcomes.

SENATOR FAHY: Thank you, and I would love to hear more about that, because it is something that comes up repeatedly.

In the last few seconds, you mentioned the funding -- a funding request for disability clinics. Again, I know our Center for Disabled has one of those clinics. Can you tell us how many more and where those are being proposed for in the budget?

OPWDD ACTING COMMISSIONER BAER: I'm glad you're familiar with the Center for Disability Services. That's exactly the type of clinic that this idea is modeled after, right, is to make that type of really integrated health services available to more people with disabilities throughout the state. We hear that people drive hours to get to places like the Center for Disability Services to receive that healthcare or they

have to receive their pap smears in the hospital, for example.

SENATOR FAHY: We have five seconds. So how many are you proposing?

OPWDD ACTING COMMISSIONER BAER: Up to five.

(Laughter.)

SENATOR FAHY: Thank you. Thank you to both commissioners.

Thank you, Chair.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblymember Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: My questions are for Commissioner Baer. And just before I start, I want to say thank you for everything your department does. We're having this dialogue because I'm an Assemblymember, but before that, I'm a father of a special-needs child. I have a daughter with Down syndrome. Her name is Jojo. And so thank you for everything you do taking care of folks like her.

I know a lot of the folks that are on this committee have connections to folks that have developmental disabilities. So thank you.

I want to inquire about the $850 million investment that was just announced. What's the timeline for that getting out? And what is the sort of assurances it's going to get to all different parts of the state? Because I represent an extraordinarily rural portion of the State of New York.

OPWDD ACTING COMMISSIONER BAER: Great. The $850 million rebase that I mentioned goes to all of our certified residential programs and site-based state programs. So it is a massive swath of our providers in every part of the state. And that's part of our federally required five-year rebase.

We did send a letter to those providers as well, letting them know that our absolute expectation was that that money be used at least in part to increase wages for

front-line staff, to increase them to a living wage, which is what we have seen happening. Those funds are available now. It was paid retroactive to 7/1, which was the effective date of those rates. So we're very excited that providers now have that cash in hand.

ASSEMBLYMAN SEMPOLINSKI: Awesome.

I'm going to ask the same question I asked the commissioner of the Office of Mental Health. We were talking about the 2.1 percent proposed COLA. We call it a COLA or a TII or what have you, but it doesn't match the rate of inflation. And we've had smaller COLAs over the past few years, none of which have quite hit the rate of inflation, so they're not quite truly a COLA. It's still effectively a cut.

Why don't we, just as a matter of standard operating procedure or budgeting, just start with whatever the rate of inflation is and go from there? Why is it always lower and then we have to sort of try and work to catch up?

OPWDD ACTING COMMISSIONER BAER: Well, I certainly defer to the Legislature and the Governor's office in negotiating the language of what that statute requires.

But what I can say is that the 2.1 percent, which is $116 million for my service system, really will help build upon the $850 million investment to make sure that our providers are keeping current and keeping track with inflation at this point.

ASSEMBLYMAN SEMPOLINSKI: Well, I respect that. And certainly 2.1 is better than zero. But when inflation is significantly higher than that, it's just less of a hit, as opposed to keeping people even.

And I would imagine, since we have to do this sort of negotiation every year, that for providers it provides a situation where there's certainly a lack of certainty as to what they're going to be able to pay folks. And it's herky-jerky for what they have to do to plan.

My last question is, as I mentioned, I

represent an extraordinarily rural area of the state. For whatever particular agency we're dealing with, it's always difficult to access systems. For folks in rural areas, how good of a job are we doing in making sure that they're getting their services near where they live as opposed to having to go to other parts of the state?

OPWDD ACTING COMMISSIONER BAER: And that's why OPWDD is split into regional offices, right, so we can really make sure that we're keeping track on a regional basis of what the needs are for people that live in those communities, and to develop networks of providers to support them where they live in those regions.

I know that the more rural regions we certainly have robust provider networks in places where they are needed. I know that we continue to work on things like enhancing transportation and access to telehealth and, you know, more innovative ways to deliver those services to those communities.

ASSEMBLYMAN SEMPOLINSKI: Well, I'd

ask you to obviously continue to do that. And again, thank you to yourself and your department for the work you do.

OPWDD ACTING COMMISSIONER BAER: Thank you.

CHAIRWOMAN KRUEGER: Oh, okay. Are you done? I don't want to cut anyone off. You still have a little time.

ASSEMBLYMAN SEMPOLINSKI: I'm good, thank you.

CHAIRWOMAN KRUEGER: Okay, thank you.

Next is Senator Weber, ranker.

Oh, okay, Senator Oberacker.

SENATOR OBERACKER: There we go.

One of my maladies is I am color-blind, and I've been told that with my choice of tie today. So bear with me on that, Commissioner.

(Laughter.)

SENATOR OBERACKER: Good to see you in Albany. Commissioner Baer, good to see you as well. Thank you.

I'll start off where I kind of left off with Commissioner Sullivan. We in

New York I think have a supply of decommissioned DOT -- DOT? DOC, excuse me -- Department of Corrections facilities in a lot of the areas up here, and two of which I'd like to kind of point out here in my district.

One is in South Kortright in Delaware, it was the old Allen facility. And in Fallsburg we just had a closing for one of our correctional facilities. I think we are missing the opportunity to utilize those facilities for the needs and wants for longer-term, 90-day-plus, looking at treatments for that.

So I would encourage us, as we start to formulate a plan again on how to move forward, that we would really look at considering those areas.

The facility in Delhi I think is strategically located. It's within the transportation hub of Delhi, which is the county seat, so it takes that transportation equation out of it. I think we could definitely look at that.

Commissioner, I had some folks in my office yesterday, and one of the issues they brought up which I thought was not only interesting but I wasn't aware of, is as someone is starting to transition out of treatment, IDs are a big concern and almost a roadblock. They don't -- they can't get any of the other services that they need because they don't have their Social Security card, they don't have their birth certificate.

So we maybe should look at some way of having a verification or, more appropriately, something that we could offer that would allow them to get an ID and then, you know, proceed on. It was something I wasn't aware of, and I'm -- you're nodding, so I'm sure you are. But just wanted to bring it up, that in the ruralness of my district, it's a big -- it's a huge issue.

School-based health, a huge supporter of school-based health. I think we ought to partner with school-based health and look at seeing where we, from the Office of Addiction Services, how we can partner with them and

help them facilitate more of them in the schools. I think if we focus in there, we are focusing in on a way of looking at harm reduction in a new way.

To dovetail with that, are you familiar with the one-box concept? It's an AED-style box that is for overdose. And what it has, basically it looks like an AED, and it has -- you open it up, it has a flip-down screen, it will actually walk you through the process of administering Narcan.

One of my goals in my district where I have over 65 school districts is to put one in every one of those schools. So we're talking, again, I think a plan for harm reduction that we can get behind.

You know, we have some really great programs. Sullivan County has Hope, Not Handcuffs. It works. And it is taking a way of changing the paradigm as to those that are suffering from substance use disorder.

In there was probably a couple of questions, but I'm just trying to make you aware that we've really got some interesting

things going on in the 51st Senate District. I would love an opportunity to invite you to tour with me, as Commissioner Sullivan has agreed to as well, and show you that I have a plan, I think, to address the issues and a true partnership I think can be had.

So with that, I'll yield back my 55 seconds. But thank you both for the work that you do. It does not go unnoticed or unappreciated. Thank you.

OASAS COMMISSIONER CUNNINGHAM: Thank you.

OPWDD ACTING COMMISSIONER BAER: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Steck.

ASSEMBLYMAN STECK: Thank you, Mr. Chairman.

My questions are all for the commissioner of OASAS.

The Governor has repeatedly said that all of the opioid settlement funds have been, quote, made available. This budget is

reappropriating more than 290 million, or more than 60 percent of the 500 million received. Do you have any kind of timetable as to when these -- over what length of time these funds will be made available to providers?

OASAS COMMISSIONER CUNNINGHAM: Yeah, thank you for that question.

I mean, as I mentioned earlier, we are actually leading the country in terms of the amount of dollars --

ASSEMBLYMAN STECK: I'd like to ask for the timetable. I heard that statement before. I have a limited time. We need to stick to the questions. Thank you.

OASAS COMMISSIONER CUNNINGHAM: Thank you.

So we just announced, just recently in this past week, another initiative, and we continue to announce initiatives as we're moving forward with the opioid settlement funds. So, you know, we are continuing it, and that information is all -- everything is on our website. So the minute that we have a

new RFP, that is made available there.

ASSEMBLYMAN STECK: So in answer to my question, as you sit here now you don't know what the timetable is, over how many years you intend to release those funds to providers, is that correct?

OASAS COMMISSIONER CUNNINGHAM: I mean, we are continuing to constantly release money as we move --

ASSEMBLYMAN STECK: You've answered my question. Thank you.

So you mentioned in your original statement problem gambling. One of the things that we've been approached about is the issue of problems with addiction to sports betting, particularly among young men. Our office contacted OASAS about that. My legislative director represents to me that the response was "We're not doing anything in that area." We'd certainly appreciate to know what if anything is being done in that area.

OASAS COMMISSIONER CUNNINGHAM: Yes, we have a robust response to problem

gambling. In fact, we've developed a problem gambling bureau with staff dedicated to really addressing --

ASSEMBLYMAN STECK: Sports betting in particular.

OASAS COMMISSIONER CUNNINGHAM: Including sports betting.

So we have public awareness announcements that are airing during the NFL playoffs, during the Super Bowl, so people can do self-assessments, so they can look at their own behaviors, so they can be linked then to services. So that's one kind of example.

We're working, you know, with schools as well. We are doing -- all of our prevention providers are working in communities and schools and do education around problem gambling. We've increased our treatment capacity in problem gambling and our workforce who gets trained in problem gambling. We're also collecting a lot of data and doing surveys, working with the Gaming Commission and the New York Council on

Problem Gambling.

So there are many, many efforts to really understand exactly what's happening behavior-wise, and to have a targeted approach and increase the capacity in our system.

ASSEMBLYMAN STECK: Have you undertaken any initiatives specifically with respect to kratom?

OASAS COMMISSIONER CUNNINGHAM: So there is very little evidence about the role of kratom in addiction. As you know, I'm a researcher, and so this is an area that I'm, you know, very familiar with.

What we do know is that medications like methadone and buprenorphine have decades of research showing their effectiveness. And we know that we need to really improve access to that treatment that reduces the risk of overdose death by 50 percent. So our focus is on the tried-and-true treatment that we know from decades of research works.

ASSEMBLYMAN STECK: So there's been representations made that kratom does some of

the same, similar things. I know that's unsubstantiated. I was more inquiring about the proliferation of legal sales of various kratom products throughout the state. I'm wondering just if you have any insight into that.

OASAS COMMISSIONER CUNNINGHAM: I mean, we hear on occasion anecdotes, but we don't have data that's systematic about the sale of kratom.

ASSEMBLYMAN STECK: Okay, thank you.

And then it has also been represented to me that alcohol actually causes more deaths than opioids. Has the OASAS undertaken any new initiatives with respect to alcoholism?

OASAS COMMISSIONER CUNNINGHAM: So we also are absolutely, you know, concerned about alcohol, and obviously there are policies that increase the possibility of, you know, getting alcohol. And so this is something that we are working on internally about getting a better understanding, working with the State Liquor Authority in terms of

what's happening across the state and ensuring that we are, you know, doing more prevention with youth and ensuring that our treatment programs are -- you know, have the capacity and are providing the best treatment. Particularly medication treatment is an area that we're also focused on with alcohol use disorder.

ASSEMBLYMAN STECK: So in many states, particularly Appalachian states, crystal meth is a giant problem. We were -- of course parts of New York State could be considered Appalachia, and one of those counties reached out to us that they have a very bad problem with crystal meth.

I'm wondering if the department has -- or the agency has undertaken any new initiatives with respect to that substance.

OASAS COMMISSIONER CUNNINGHAM: We recently published actually an addiction data bulletin that takes a deep dive into the role of stimulants in New York State. And as you may know, the role of stimulants is associated with 50 percent of overdose

deaths. So this is an area that we are closely watching.

Unfortunately the treatment options for stimulant use disorder are not great. This is something we're discussing, you know, the possibility of piloting across the state some new initiatives. But unfortunately the treatment options are not great. But we want to make sure that people still know they're at risk for overdose, so making sure that they have naloxone and they know -- you know, they're informed about the role of fentanyl getting in either the methamphetamine or the cocaine.

ASSEMBLYMAN STECK: So I think you had a comment in your remarks about marijuana. How do you regard the tremendous increase in the THC content of marijuana that has been occurring in terms of the growers are now able to cross-breed and so forth? Do you feel that that increase in the THC content is especially harmful to our residents?

OASAS COMMISSIONER CUNNINGHAM: So, you know, we work with the Office of Cannabis

Management and certainly talk to them about prevention efforts and our concerns, especially for underage youth.

We also, you know, in our prevention work do a lot on cannabis toolkits. Part of that is the discussion about THC and the role for parents and caregivers to talk to teens, and then also working with schools around this.

So we are trying to provide education so people can make, you know, educated decisions and taking a harm-reduction approach to reduce the risk of developing problems associated with cannabis.

ASSEMBLYMAN STECK: So medically is it fair to say that there is such a thing as cannabis use disorder and cannabis-induced psychosis?

OASAS COMMISSIONER CUNNINGHAM: Yes.

ASSEMBLYMAN STECK: Okay, thank you.

I have trouble convincing some of my colleagues of that.

But in any event, the 24-hour stabilization centers, where do the folks go

after they've been stabilized for 24 hours? As you know, I've been skeptical of this because we passed legislation allowing hospitals to hold for 72 hours. And, okay, they're there for 24 hours, then what happens?

OASAS COMMISSIONER CUNNINGHAM: I mean, we have a full continuum of services, as you know, so people can go from the crisis stabilization centers to inpatient centers to stabilization, you know, residential programs and the whole way through.

So we do, you know, have availability across the continuum in those settings to be able to make those warm hand-offs. A lot of the crisis stabilization programs are still not yet up and running, but will be in the coming months.

ASSEMBLYMAN STECK: So unfortunately of course there's no requirement -- they get stabilized, and they can go out and do whatever they wish. Isn't that correct?

OASAS COMMISSIONER CUNNINGHAM: Yes. We have a voluntary treatment system.

ASSEMBLYMAN STECK: Right. Okay.

So then there's 42 million allocated for prisons for treatment, only 177,000 for county jails. What's the explanation of the disparity?

OASAS COMMISSIONER CUNNINGHAM: The 42 million for prisons, I'm not sure if you're saying that that's through DOCCS or --

ASSEMBLYMAN STECK: That is in the budget. It's an addition for prisons for treatment in prisons. But only 177,000 for counties. And we can understand if you're not familiar with that, but --

OASAS COMMISSIONER CUNNINGHAM: I mean, if it's in somebody else's budget, you know, I can't really speak to that.

But I can tell you we -- I'm proud of the work we're doing in jails and prisons. We are -- you know, they're offering every form of FDA-approved medication in all of the 42 prisons and 58 jails. We work very closely with them. And we do provide support, particularly for the medication costs for all of the jails.

So that is work that we are doing, and that's actually coming out of those opioid settlement funds.

ASSEMBLYMAN STECK: So the mobile medication units is a good idea. Are the reports we see that some counties refuse to let them be sited there -- do you have any comment on that?

OASAS COMMISSIONER CUNNINGHAM: Yes, stigma is a huge issue in the field of addiction. And we'd love to work with you and communities to get life-saving treatment in those communities.

ASSEMBLYMAN STECK: We'd be happy to legislate on the issue so they can be received.

CHAIRWOMAN KRUEGER: Thank you.

Senator Shelley Mayer.

SENATOR MAYER: Good morning. Thank you both.

And Commissioner Baer, questions for you.

One is you cited the 850 million. I think that is as a result of last year's

legislative initiative to apply a COLA or some kind of inflationary index to the not-for-profit community. Am I right?

OPWDD ACTING COMMISSIONER BAER: There was a COLA in last year's budget. The $850 million rebase is separate from that. There was, I think, $400 million in last year's financial plan to support the rebase, with an additional investment made this year when we really looked at the cost of doing business over that five-year period.

SENATOR MAYER: And is that 850 directed exclusively at the not-for-profit community that provides these services?

OPWDD ACTING COMMISSIONER BAER: Yes, the $850 million is only for our nonprofits.

SENATOR MAYER: In your testimony you refer to the development of regional disability clinics. I take it that's different from -- I assume it is -- from your regional field offices?

Can you -- what are these regional disability clinics, and where are they going to be located?

OPWDD ACTING COMMISSIONER BAER: So the idea behind the regional disability health clinic proposal is a capital funding program that would be run through OPWDD. So we would take existing Article 28 and Article 16 clinic providers that specialize in providing healthcare to people with intellectual and developmental disabilities, and we would provide those grant funds on top of their current operating rates. So that they can expand waiting rooms, buy accessible equipment, right? Increase their ability to provide those services, those healthcare services to people with disabilities.

SENATOR MAYER: Okay. With respect to the regional field offices, I think you know in my district I've had complaints that there's no one there, no one answers the phone. They're really not of much help to people who are seeking the assistance of the department.

Are they fully staffed? Are people in the office every day? And what is the status of these regional field offices?

OPWDD ACTING COMMISSIONER BAER: We've been very lucky this last year to really be as staffed up I think as we need to be. We have personnel, in-person staff at all of our regional field offices.

Certainly if there's an issue that you're experiencing in your region, I'm happy to talk offline with you about that. People really need to be working with their care managers at this point. So those are there through the care coordination organizations. Their care managers are really the ones doing that day-to-day work on developing someone's life plan and connecting them to services.

So -- always should start through their care manager. But we absolutely have people working in all of our regional offices, as well as a 24-hour call center.

SENATOR MAYER: Okay. Lastly, those that first are in the OPWDD system and then have a mental health episode, we found have less coordination than when they start in the OMH world and then get into yours.

That's been a problem in my community

with inpatient psych hospitals that have experienced this. Do you have a plan to sort of improve that?

OPWDD ACTING COMMISSIONER BAER: Yeah, we've been working very closely with the Office of Mental Health, particularly over the last year, to really close those gaps and to share our expertise between OMH-licensed facilities --

(Time clock sounds.)

OPWDD ACTING COMMISSIONER BAER: We can --

SENATOR MAYER: Okay, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblymember Brown.

ASSEMBLYMAN KEITH BROWN: Thank you, Chair.

Good -- I don't know what -- good afternoon, Commissioner. How are you today?

I'm going to start off by saying appreciate the statistics of the drop in overdose deaths. We're seeing the same thing

in Suffolk County. We met with our medical examiner a couple of weeks ago, and she attributed it to the fact of the effectiveness of Narcan administration.

So -- we know we still have a lot of work to do, though.

So I appreciate in your remarks you mentioned a recognition of cannabis use disorder. And I see, you know, trying to get the word out in connection with the cannabis prevention toolkit, but I'd also ask if you could include CHS, cannabinoid hyperemesis syndrome, which is very prevalent -- I mean, the fact that kids are using high-potency marijuana and causing psychosis, as one of my colleagues alluded to.

But also parents, you know, should understand what some of the symptoms are. You know, if the child is vomiting uncontrollably or taking very long hot showers, there's a reason for it, and it's probably because they're dabbing marijuana or smoking high-potency, and the issues that relate to that.

So I would ask that as something you can include.

Just delving right into some of the big issues. We heard Commissioner Sullivan testify earlier about the co-licensure and the three tier levels. From what we're hearing from the providers, it's causing a lot of problems. And the reason being is because as people will need to move hopefully through those tiers, you know, and have less and less treatment, it doesn't allow for that to happen.

So we're hearing back that it's very cumbersome and difficult to deal with the three-tiered system. So maybe there's some way to streamline that, if you want to comment.

OASAS COMMISSIONER CUNNINGHAM: So the three-tiered system is something we're actually working on. It doesn't exist right now. And part of the reason why we're working on it is to address exactly the problem that you're saying, that the difficulties that providers have now between

the two systems.

So I think, you know, the goal is once we have that three-tiered system in place, that will reduce those barriers and challenges.

ASSEMBLYMAN KEITH BROWN: Great. Thank you.

And then regarding the Opioid Settlement Fund, just wondering what specific plans there are to address and maybe do an RFA to develop competency and access to integrated treatment and support.

OASAS COMMISSIONER CUNNINGHAM: Yeah, so certainly in terms of integrated treatment that is an overarching theme that we've heard from the Opioid Settlement Fund Advisory Board is important. And we've changed our procurement process there. We've also worked very closely with OMH to make sure that they also have access to these dollars, their clinics.

So that work is ongoing. And, you know, in addition to the licensing there's many other ways in which we're working

together. We're doing training so the scholarships that we have, for example, for addiction providers also can go to the OMH providers and is going to the OMH providers.

So, you know, so from top to bottom, really, around the workforce, around the programming, the licensing, prevention in schools -- there is a lot of work with OMH to better integrate our services.

ASSEMBLYMAN KEITH BROWN: Okay.

So along those lines, we're increasing the funding for the CCBHC uncompensated care pool. Is there a way to increase it commensurate with the increase in CCBHCs and enable providers to help underinsured and uninsured folks?

OASAS COMMISSIONER CUNNINGHAM: That is the whole goal, is really to address those -- those dollars for the uncompensated pool are really to focus on those who are uninsured or underinsured. And so, you know, that is still fairly new, but we're working with providers to ensure that those dollars go to cover that population.

ASSEMBLYMAN KEITH BROWN: Okay.

Switching gears, so one of the problems with bail reform was that individuals who have substance use disorder, it takes a longer period of time for them to get treatment because now there's no arraignment, necessarily. Right?

So for individuals who are specifically arrested on DWI, there's currently self-reporting screening. But would you support mental health assessment to provide treatment for co-occurring disorders to help people get treatment faster?

OASAS COMMISSIONER CUNNINGHAM: Absolutely. And we work, you know, with the criminal justice system in many ways, and the courts, to be able to do a better job of identifying and then getting the services that people need.

ASSEMBLYMAN KEITH BROWN: Okay. Real quick, because I only have a few seconds left. Individuals charged with possession of controlled substances, would you support a method of getting desk appearance tickets,

get them into treatment, and then if they fail out of treatment, then the desk appearance ticket would be turned over to the court system?

OASAS COMMISSIONER CUNNINGHAM: We're not a criminal justice organization, but we're happy to partner with them to make sure that people who do touch that system get the best services that they need.

ASSEMBLYMAN KEITH BROWN: Excellent. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Helming.

SENATOR HELMING: Thank you, Senator Krueger.

I walked in from session, so I did not hear your testimony. But what I walked into hearing was somebody was questioning about the availability of services in our rural communities. As someone who represents a rural area, I'm concerned, because a part of the response I heard was that we have robust provider systems in place.

I'm going to tell you, based on the

calls I get from my constituents, that is absolutely not the case. Parents will call all the time about the lengthy waits to get their children services, delays because of insurance issues, and so much more.

That's my comment. Now I'll go to my question. I also -- just continuing my comment, I believe you will hear testimony later, if you stick around, from a parent who will tell you about the tragedy that occurred in his family because of a lack of availability of services because of delays.

But on to my question. The State Prevention Agenda for 2019-2024 prioritizes preventing substance use disorder, yet it seems like our opioid-related deaths continue to increase. Since 2015 it's my understanding that New York State has ranked in the top five in the nation year after year.

As you know, and I think we can all agree on, our counties are on the frontline of addressing this public health crisis, and yet I'm hearing from the local departments

that they don't have access to the realtime data that's reported to the state. And how helpful it would be for them when they're addressing how to prevent this, how to do better, if they had access to this data.

So my question is, do local health departments have direct access to realtime state data on opioid-related deaths?

OASAS COMMISSIONER CUNNINGHAM: Yes, so I just want to clarify that the overdose death rate has gone down by 17 percent in New York State, and so that's the first time we've seen this decrease in many years.

And we may have the largest number of people who have died, but in terms of -- just because of our size, but the rate is about in the middle of the rest of the states.

SENATOR HELMING: I appreciate that clarification.

Do our local county health departments and others have access to the state's realtime data?

OASAS COMMISSIONER CUNNINGHAM: So that's a question for the Department of

Health. We don't have authority with those county departments of health.

SENATOR HELMING: Okay, so you wouldn't know if in this budget there is anything to amend County Law 677 to formally designate local health officials as representatives of the State Commissioner of Health so that they have access to this data?

OASAS COMMISSIONER CUNNINGHAM: So that's not in Mental Hygiene Law, and I can't really speak to the Public Health Law.

SENATOR HELMING: Would it help if our local health departments had access to realtime data to address --

OASAS COMMISSIONER CUNNINGHAM: Absolutely. Absolutely.

SENATOR HELMING: Okay, I appreciate that.

How about, then -- maybe this is for health as well -- does the budget include an increase in the reimbursement rates for county coroners or medical examiners? DOH?

OASAS COMMISSIONER CUNNINGHAM: So that's a question for DOH.

SENATOR HELMING: Okay. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Santabarbara, 10 minutes.

ASSEMBLYMAN SANTABARBARA: Thank you, Mr. Chair.

Thank you both for being here. Thank you for your testimony. Most of my questions will be for Acting Commissioner Baer, in relation to my committee.

I do want to talk about -- circle back to the investment being made for nonprofit providers. It's a major investment. But the question for OPWDD, I guess, is how do we ensure this money actually translates into DSP salary increases? Because in the past we have seen it go to other things, in administrative costs and other items.

And a follow-up question to that: Should we include budget language mandating that a percentage go directly to DSP wages, and is that something you would support?

And would you also support requiring

midyear reporting for nonprofits to track how these funds are actually being used, including salary increases and new hires?

OPWDD ACTING COMMISSIONER BAER: Thank you. So the $850 million goes, as we've said, to our certified residential and site-based providers.

The majority of the costs of running those nonprofit organizations is their frontline staff, so absolutely the expectation is that the majority of that investment will make its way to those frontline workers. And we made that clear in the letter, as I said, to those providers.

And I have already seen that happening. I had no doubt that our providers would do that, and it's been happening immediately as they receive that cash. And I've seen improvements immediately in terms of recruitment for those providers. So we're very excited about that.

There was language in the COLA statute last year that directed that a certain percentage of the COLA go to frontline staff.

That is not in the 2.1 percent targeted inflationary increase this year. But again, our providers use the bulk of all of their funding to pay for staff. It's their single biggest expense.

While it's not required, we at OPWDD also do collect information from each of our providers about how they utilize that funding, and we track year over year how that funding in the COLAs and the targeted inflationary increases are used to increase wages and by what percent. So we are able to collect and report out on that information.

ASSEMBLYMAN SANTABARBARA: Great. And that information's available to all of us?

OPWDD ACTING COMMISSIONER BAER: Yes. We can make that available for you, absolutely.

ASSEMBLYMAN SANTABARBARA: I want to move on to self-direction budgets. This has been a topic of discussion I know in my community, and some advocates have been talking about this.

I guess the question is, will the

budgets be adjusted to cover rising provider costs? And I think we discussed a little bit of this earlier. OPWDD actively encourages self-directed individuals to purchase certified services from providers, but these services are costing more and self-direction budgets are not increasing to cover these costs. And the concern is that if it doesn't change, we could -- individuals could lose services while traditional service users see their funding increase.

So the question I have today is, is there -- do you have that same concern, seeing increasing provider rates without increasing self-direction budgets to match? And is there a plan to prevent individuals from losing services because of these rising costs? And would you support a policy to ensure that these budgets are adjusted whenever we see these rate increases?

OPWDD ACTING COMMISSIONER BAER: So every time that we get a targeted inflationary increase or a cost-of-living adjustment in the budget, those percentage

increases are also applied to the budgets within the self-directed model.

So they absolutely increase each year by the same percent that the other providers get in terms of that inflationary increase. And that definitely is helpful to keep them current with the cost of providing that care.

We currently are working with a consultant to look at our self-direction model in totality. That provider -- or that consultant, rather, is looking at how self-direction is working in New York State, how it's working in other states, to make some recommendations about how we might look to redesign self-direction in a future waiver amendment. So we look forward to those recommendations.

It is a pretty young service model in New York State, and it's had a massive explosion in terms of enrollment. So we're very excited that so many people have availed themselves to the flexibilities of self-direction and always at ways to improve it, and to make sure that it's really a

sustainable model of care going forward.

ASSEMBLYMAN SANTABARBARA: Okay, thank you for that answer.

I do want to move on, with the time I have left, to circle back to the housing shortage that we seem to be experiencing. The first question is, is there still a survey going on as to what the housing crisis is and where we need more services and where we need more inventory?

I hear from families, many families in my district that are waiting for housing options for sometimes years.

There seems to be a gap between the two main housing options: The group homes, with limited availability, long waitlists, and closures seem to be happening faster than openings; and then housing supplements only for those that are capable of independent living, with minimal financial support. And this is kind of leaving people out of options on what to do when they need housing.

What is the timeline on addressing the housing shortage? Is that survey still going

on, and what is the timeline?

OPWDD ACTING COMMISSIONER BAER: Yes, so we are always surveying network adequacy, looking at people that are looking for certified residential opportunities within the system and making sure that we're meeting that increasing need.

I think the survey that you reference is about our capacity management system. So this is our investment we've been able to make in our IT infrastructure to really capture, in an IT platform, sort of a modern-day platform, where those vacancies are and what types of services are available in those vacancies, as well as whether there's actual staff. Right? You have to have staff to be able to make use of the vacancy.

So the process that we're rolling out now, which will take a year, right, to roll out, to upload all of those profiles into our system of what those vacancies look like so that we can more easily match them with people in the community.

Right now we have a very cumbersome sort of paper matching process, which is very person-centered but can take a lot of time to make sure that somebody's needs are matched in those opportunities.

So this really will go a long way towards enhancing and creating a lot of efficiency with some of that customer experience part of the matching process. So hopefully in a year I'll have some really good news about how much faster that process is happening.

ASSEMBLYMAN SANTABARBARA: Just as a follow-up to that, are there plans for other housing models? Particularly, there's been discussion of non-certified supportive housing; we talked about this a little bit briefly beforehand as well.

Are there any plans to look into that, or is that an option?

OPWDD ACTING COMMISSIONER BAER: So this year's budget continues a $15 million investment in those integrated supportive housing projects that we work on. We match

those funds with HCR to open supportive integrated apartments in the community for people with I/DD.

We've opened 900 of those so far through funding that this Legislature has supported over the last several years. So that is one example of non-certified housing.

We also spend about $70 million a year, as you reference, on housing subsidies to support people with disabilities to live either in one of those supportive housing or in any other affordable housing that they find in New York State, to support them to live as integrated as possible.

Our newest service this year, which I want to make sure I don't forget to mention, is home enabling supports. This is a new waiver service only available for people who live in non-certified housing. And that's adaptive equipment, remote monitoring, other technology -- telehealth capacity -- to help people live more independently instead of needing to move into that certified system.

So a lot of work happening on both

sides, absolutely.

ASSEMBLYMAN SANTABARBARA: Okay. Thank you for that answer.

With the time I have left, I just want to talk about crisis response -- just as a follow-up to a previous question -- for nonverbal individuals in particular.

There's -- current models rely on outlines, verbal deescalation, and traditional interventions, but it doesn't work for nonverbal individuals with developmental disabilities. Has there been discussion on how to address this gap, I guess, in services?

OPWDD ACTING COMMISSIONER BAER: Yeah, it's such a good question. Most of our interventions and therapeutic habilitative services work for people who articulate verbally and those who do not. But there certainly is an increasing number of people who don't articulate verbally, and that's certainly a form of communication that we're looking a lot at now, about how to better meet the needs of those people, both the ways

that you mentioned and creating community and peer supports for that part of the community.

ASSEMBLYMAN SANTABARBARA: All right. Just with the time I have left, so you would support the creation of specifically trained people for crisis intervention that are trained specifically for nonverbal?

OPWDD ACTING COMMISSIONER BAER: Absolutely support the need to make sure that those folks are trained and meeting the needs of everyone, including our nonverbal.

ASSEMBLYMAN SANTABARBARA: Okay. And hopefully we can see something in the budget to reflect that. I certainly would like to see more investment in this area, just to address this issue that is still out there.

Okay, thank you.

OPWDD ACTING COMMISSIONER BAER: Thank you.

Can I use 30 seconds of your time to thank you as a family member, and for all of the rich advocacy that you do for our service system. The family members of people with disabilities are so important to this system,

to make sure that we understand what the needs are. And I thank you for your advocacy.

ASSEMBLYMAN SANTABARBARA: Thank you. Thank you for being here.

All set, Mr. Chair.

CHAIRWOMAN KRUEGER: Sorry. I'm focused on lunch at the moment. How rude of me.

Next is Senator Mayer -- no, Senator Mayer went.

Senator Persaud, excuse me.

SENATOR PERSAUD: Good afternoon, both commissioners.

My question is about OPWDD. You know, I'm sitting here and I just got this letter from C4SD talking, you know -- and their challenges that you were talking about. And so we have to look at that.

But I wanted to talk particularly about the mandatory overtime that you were talking about. We're hearing that there's an abuse of mandatory overtime across the system. There are workers who are required

to work two-and-a-half shifts, which is not what we want. It's a hazard when that happens because they are not able to give the residents the service the way they should.

What are we doing to decrease mandatory overtime? What are we doing to get the workforce to the level that it should be? What are we doing?

OPWDD ACTING COMMISSIONER BAER: So in our state-operated facilities, which I think is what you're asking about, we've had a lot of luck this year in particular in terms of recruitment. We hired 3,000 new state-operated employees into our facilities, which is more than what we saw pre-pandemic.

So we've come a long way in terms of offering competitive wages and recruiting staff to our state-operated facilities.

We brought overtime down this year by 24 percent, which is monumental, and that is as a result of that recruitment and retention that we've been able to build into state operations, as well as the work that we've really done to partner with our union

representatives in terms of creating that open communication and relationship in the state-operated workforce.

SENATOR PERSAUD: But it's happening in the residences that are under your guidance also -- you know, the voluntary -- why is that? Who is overseeing that the workforce there is working, you know, overtime that they should not be? We cannot have people working to take care of our most vulnerable population, working 18 hours. That's not -- that's not -- there's something wrong with that.

Who is looking into that so that we curb that? And why are these operators being allowed to get away with it?

OPWDD ACTING COMMISSIONER BAER: I agree, it's very important to keep an eye on. We want work/life balance. We want people taking care of people with disabilities and working with people with disabilities who are not working three shifts in a row, are not tired, right, or not at their best.

You know, in any human service

organization when you rely on staff to provide health and safety minimums, unfortunately sometimes there is the need to keep staff for a second shift. I think it was definitely more pervasive in our state-operated programs, and now that is way down. Anecdotally, I'm not sure that on the nonprofit side they have quite the issue that we did in state operations. But certainly something that management's required to keep an eye on and to make sure that staff is fit to serve.

SENATOR PERSAUD: We'll contact your office and give you some complaints.

OPWDD ACTING COMMISSIONER BAER: Okay.

SENATOR PERSAUD: Thank you.

OPWDD ACTING COMMISSIONER BAER: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Giglio.

ASSEMBLYWOMAN GIGLIO: Yes, good afternoon. And thank you, both of you, for

what you do.

And, Acting Commissioner, I really appreciate you coming to Long Island and visiting some of our medically fragile homes and seeing what the needs are there, and hopefully going to be working together with DOH in the future to make sure that the needs of those individuals have been met.

When people with behavioral needs are transitioning into new homes, it's essential that the staff working with them are properly trained and prepared to handle any behaviors that may arise. This can significantly reduce the need for law enforcement intervention.

Properly trained workers can deescalate situations, understand triggers, and provide the right support to individuals during challenging moments. Effective communication, proactive strategies, and a trauma-informed approach can help maintain safety and prevent situations from escalating to the point where law enforcement may need to be called.

Collaboration with mental health professionals, social workers, and the individual's family, including the previous home that the person was in, and that collaboration before they transition into a new home to make sure that everyone's on the same page, is crucial for a smooth transition and minimizing behavior-related issues. Preparing the environment to be calm, structured, and predictable also contributes to preventing behaviors from escalating.

What other steps do you think are crucial to ensure these individuals are supported during transitions? And does OPWDD need funding for staffing to ensure a smooth transition with suitable trained employees in the homes that can address these behavioral needs?

OPWDD ACTING COMMISSIONER BAER: Thank you. I think you hit so many of the important pieces of maintaining continuity for people, and that collaboration as people look to transition from one service setting to another. We see this particularly with

our young adults who are aging out of our residential schools.

Which is why it takes two to three years of planning on our part, ahead of time, to really match those young people aging out of residential schools to ensure that the provider that is offering them an opportunity in their residence understands who that young person is, is prepared to meet the behavioral needs. Right?

It's an age range that is probably the hardest to serve in any system, and it's someone that you're getting at their sort of strongest and most behaviorally challenging, right. So that continuity is so important, and that communication.

ASSEMBLYWOMAN GIGLIO: It is, and especially when a new group home is being formed and it doesn't have any residents in the home, that that home needs to be prepared and OPWDD needs that oversight to make sure that they are prepared to take in those people with behavioral needs and to communicate with the home that they're coming

from to make sure that if there are protocols, they're met.

And also if law enforcement is called, if you're not able to deescalate. And law enforcement is called a lot into group homes to come and help or restrain. And that is really very challenging, not only for the resident, the person that has the behavioral need, but also for law enforcement. And I think that, you know, we really need to make sure the people in the homes are trained and that papers are going with them and law enforcement knows what they're walking into if they're expected to go into a situation like that.

So I'd love to work with you on that.

And then my next question is, you know, the COLA -- and we're not calling it a COLA anymore, I guess. In the Governor's budget we're calling it a 2.1 percent inflationary increase. They're still behind. You know, the rebates were great. The not-for-profits are still behind, eight years behind, in the funding levels that they need

to be up to in order to maintain and to provide proper care.

So I think we really need to push for at least a 5 percent increase in the COLA, or the inflationary cost. Because as the costs go up and the wages go up, so does the capital that they need in order to run the home.

So when it comes to the capital funding and the 15 million, will these ones be used for both state-operated and community-based facilities, not-for-profits?

OPWDD ACTING COMMISSIONER BAER: So the $15 million I think you're referring to is for our integrated supportive housing projects, so those are independent apartments for people who can live independently with a little bit of additional support in the community.

ASSEMBLYWOMAN GIGLIO: Is there any funding for housing for DSPs or affordability of housing for DSPs in rural areas?

OPWDD ACTING COMMISSIONER BAER: There is not a particular investment in this year's

budget for housing for DSPs. But the Governor has made a $25 billion proposal to create affordable housing statewide. It's part of the Pro-Housing Communities initiative, which I think will greatly benefit DSPs as well as people with disabilities looking for affordable housing.

ASSEMBLYWOMAN GIGLIO: Can we prioritize DSPs in rural areas for these affordable housing projects? Can we push for that?

OPWDD ACTING COMMISSIONER BAER: That's not my program.

ASSEMBLYWOMAN GIGLIO: Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

We have -- is Senator Weber back? No.

Okay. Senator Rolison, did you go yet? No. Senator Rolison.

SENATOR ROLISON: Thank you, Madam Chair.

This question is for Commissioner Cunningham. I see that in one of the briefing papers that I got there was

additional money for street outreach in this year's proposed Executive Budget. Can you just give me a brief understanding of that and how that money goes out and the process in which it is distributed, and also what the makeup of the teams are, to your knowledge.

OASAS COMMISSIONER CUNNINGHAM: Yes. So that $3 million is to continue to enhance and expand our street outreach teams, and particularly focus on those with co-occurring disorders, so mental health and substance use disorders.

So we're working with OMH to really think about how to best target that to make sure that, for example, some of their existing teams we add the addiction expertise to that, in addition to expanding.

So a lot of this is going to be targeted, you know, based on kind of where the need is in various communities. And that really builds on an extensive, you know, programming that we have on street outreach and engagement, which we're investing over $30 million in.

SENATOR ROLISON: So as a former mayor, I am a huge proponent of street outreach teams and the work that they do -- you know, meeting people where they are. Of course, right? And the -- I had mentioned to Dr. Sullivan the SOS team, which is operating now in my district, the 39th, which has been very, very beneficial to many people. I just actually got a text message from the local outreach team coordinator, who said they're getting ready to place six individuals in housing, because that's part of that program, is a housing component.

And so when you're looking at that and the group is looking at that, do you have the ability to structure these RFPs, or however they're going to be done, to have that coordinated team with housing, with OASAS' help, with OPWDD -- because I'm seeing, you know, in the communities that I represent, more individuals with certain types of disabilities that are on the street -- may not be homeless, but they're on the street in wheelchairs, in walkers, and they've got, you

know, different types of challenges.

Because to me, when you have that wraparound approach, you're getting the best for your money and so is the individual that could be receiving the outreach.

OASAS COMMISSIONER CUNNINGHAM: Yes. I mean, this is exactly the goal. And so, you know, we're working with OMH now to figure out the details there.

SENATOR ROLISON: Good. Thank you.

OASAS COMMISSIONER CUNNINGHAM: Yes.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Ra.

ASSEMBLYMAN RA: Good afternoon.

Commissioner Cunningham, I want to just follow up on my colleague's questions about kratom. Just in terms of do you know of data within the department or instances where that is an individual's primary substance of use?

OASAS COMMISSIONER CUNNINGHAM: We do collect that information. I'd have to go back and look specifically at the details

about the numbers.

I can tell you if -- the number's quite low. You know, the vast majority of people come into our system for either alcohol use disorder or opioid use disorder.

ASSEMBLYMAN RA: Okay. And I know I found some of the statistics on the website, so I would assume it would be under the "all others" category if there were instances?

OASAS COMMISSIONER CUNNINGHAM: That's correct, yeah.

ASSEMBLYMAN RA: Okay. I wanted to move over to Acting Commissioner Baer.

Good to see you again. Thank you for the conversation a few weeks ago.

An issue that keeps coming up when I talk to both colleagues who deal with this personally and advocacy groups, people trying to get services for their children, is the issue of private-duty care, private-duty nursing. You know, just their inability to find people that can work with their loved ones.

You know, they're approved for it,

they're -- you know. If the staffing or the individuals were there, they would be able to get, you know, all these hours, and they just can't find anybody.

And I know there's a couple of pieces of legislation with regard to this and trying to -- you know, we're trying to work through how we deal with the federal side, Medicaid, all of these different things. But if you can tell me a little bit about, you know, what the agency is doing to try to address that issue.

OPWDD ACTING COMMISSIONER BAER: So I can't really speak to private-duty nursing, which would fall under the Department of Health.

What I can say is we've been able to increase rates of pay for nursing staff to support our certified residential facilities both through the nonprofit rate rebase and at the state level, and have had marginal success with recruiting that nursing staff. It certainly is an issue shared across systems and something that I know

Commissioner McDonald is looking at at the Department of Health as well.

ASSEMBLYMAN RA: And I know one of the things we spoke about a few weeks ago was housing for individuals with disabilities, and trying to maybe get a little more creative.

Down on Long Island, you know, our former colleague Missy Miller, who's now on the town board there, is trying to come up with some innovative ways to address what is one of the largest concerns that parents have if they have an adult with disabilities, which is "What's going to happen when I'm gone?" And they're trying to, you know, be proactive in planning for that.

So I want to again thank your staff for engaging with us on this issue to try to address that particular issue. I don't really have a question with regard to that.

The last thing I do have a question with regard to: I've had a number of people ask me about trying to take new measures to make sure residents are safe when they're in

group homes. And, I mean, there are people who want, you know, some type of cameras. And I understand that, you know, there's privacy issues, there's issues with the workforce, all of that.

But is that something that the agency is looking at?

OPWDD ACTING COMMISSIONER BAER: At cameras specifically?

ASSEMBLYMAN RA: Yeah. Yes. Or other measures in terms of safety for the residents.

OPWDD ACTING COMMISSIONER BAER: Sure. I mean, we prioritize safety of residents, the folks that live through our residential system first and foremost, right? We've got a 24-hour incident management unit that responds immediately to incidents, allegations of abuse and neglect, to make sure that corrective actions are taken. We make trainings available to providers all year.

Just earlier -- late last month we offered a training with two national experts

for all of our providers on the top 5 preventable illnesses and causes of death in the population, right?

So we -- absolutely, safety is a top priority. The issue of cameras I have heard family members talk about the idea of cameras being installed for surveillance purposes. I mean, as a family member I certainly emphasize with wanting to make sure that your loved one is safe at all times when they're not in your care.

Federal guidelines are pretty clear about the right to privacy. These are not transitional settings like a psychiatric hospital. These are people's homes.

We'll talk more offline.

ASSEMBLYMAN RA: Sure.

CHAIRWOMAN KRUEGER: Sorry. Thank you very much.

Senator Canzoneri-Fitzpatrick, ranker, five minutes.

SENATOR CANZONERI-FITZPATRICK: Thank you, Chair.

Thank you both for being here. My

question first is for Commissioner Cunningham.

I understand that the budget supports, you know, a large increase to triple the number of Certified Community Behavioral Health Clinics. And I support that. And that, in addition, crisis stabilization centers are going to be increased and looking forward to the one opening in Nassau County, my hometown.

One of my questions, though, which I believe was asked but I'm not sure it was asked with great detail, is that if we are increasing the fund for the uncompensated care pool, if that's going to be increased commensurate with the number of facilities we're opening, or else you're going to have multiple centers competing for the same pool of funds.

So is there enough funding there to support the increase in these centers?

OASAS COMMISSIONER CUNNINGHAM: So that's a question that we're discussing with OMH. And it's certainly an issue that

continues to come up, and we want to make sure that we are supporting that care for those with -- uninsured, underinsured.

SENATOR CANZONERI-FITZPATRICK: Okay, great.

And for Commissioner Baer, my question: Nonprofit provider agencies serving the intellectual and developmental disabilities communities have a vacancy rate of almost 17 percent, from what I've been told, with an annual turnover rate of over 35 percent of our DSPs. I am concerned about that in the fact of the proposed COLA increase of only 2.1 percent compared to inflation of 2.9. And our advocates are asking for 7.8. And there's a big gap there to fill.

So my question is, how should we be better addressing these vacancy rates and is this 2.1 percent COLA increase, do you think that's going to help these rates that I'm mentioning because I really -- as I said earlier, a 7.8 percent increase is probably more appropriate.

So I'd like to know what your thoughts are on that.

OPWDD ACTING COMMISSIONER BAER: So if we're talking about staff vacancy, I think all of the things we talked about with the rate rebase -- I don't want to keep coming back to an $850 million investment. It's a significant investment. It is a huge part of the solution. I understand it doesn't solve all of the problems. Right?

OPWDD has also partnered with our providers in a number of other ways to try to facilitate the retention and recruitment of staff. We had a $10 million investment through the National Alliance of Direct Support Professionals to create a credentialing program, and we've partnered with 41 of our nonprofit agencies to make that credential and the stipend that comes with that available to their staff. That's been very successful.

We also have a $50 million contract through the State University of New York to provide microcredentialing and college

credits, which are funded through that grant for DSPs to go back to school and get up to 12 hours of college credits along with the microcredential that comes along with that.

So things like that to really professionalize the career of being a direct support professional. I go to those graduations and talk to those DSPs and it really has gone a long way to making those DSPs feel valued and professional and supported in those workplaces. So thinking about how to support our providers from all angles. I talked about our strategic plan a little bit and ways that we're coming up with to try to get other capital funding to providers faster and to reduce some of the administrative burdens that we hear complaints about as well.

SENATOR CANZONERI-FITZPATRICK: Well, thank you for that. I do think, though, that the COLA increase is certainly an important piece of what you've just said. I agree that those other pieces are part of the package, but if you can't pay your own bills, it's

very difficult.

In addition to those challenges that we've talked about, there are increased costs facing provider agencies in order to be in compliance with the state's environmental and efficiency laws and regulations as part of the CLCPA. Does the Executive Budget include funding that reflects these increased costs to assist these agencies with these costs so that they aren't forced to choose between complying with new mandates versus adequately funding their workforce?

OPWDD ACTING COMMISSIONER BAER: So what's included in our budget is the 2.1 percent targeted inflationary increase to help with increased costs for things like that, right?

We also provide property funding and capital to providers as they look to renovate their physical plant in terms of compliance with the Climate Act. I'm not aware of any specific funding in this year's budget to support the nonprofits.

SENATOR CANZONERI-FITZPATRICK: And

then I know that the capital budget -- the Executive Budget recommends an appropriation for capital funding that's been increased. And my question is, how are we going to use that capital --

(Time clock sounds.)

SENATOR CANZONERI-FITZPATRICK: All right, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Burdick, three minutes.

ASSEMBLYMAN BURDICK: Thank you.

And thank you, Commissioner. This is of course to the commissioner of OPWDD.

Among the people in the disability community with whom I work is the senior vice president of the New York State Arc. She tells me that there are an estimated 5,000 to 7,000 on waiting lists for group homes, and many in the Mid-Hudson region.

I would appreciate your getting back to us on how the lists are maintained, the number of vacant group homes, where they are

located, and your agency's plan for getting them reopened. So not looking for an answer now on that.

Another one that I'm not looking for an answer now on, but wanted to get it on the record, is we've been looking at the model for integrated housing that the United Way of Northern New Jersey has been involved in. They've established, over the last decade, 44 housing communities supporting adults with autism and other neurodiversities, veterans, seniors, and working families.

Senator Harckham and I toured one of the communities in Florham Park two years ago, discussed it with your predecessor and her staff, and I don't believe that anyone from OPWDD has had a chance to visit the site, though they've had plans to do so.

We recognize that Jersey has a different waiver than New York, but we think that it appears that the model could be adapted and still be compliant with New York, and we'd appreciate your getting back to us on the status for visiting the site and

reviewing the model.

Now the next question it would be helpful to get an answer to. There are two vacant group homes in Westchester County. One is in my district in North Salem and has been vacant for over five years. Let's assume that there is a responsible provider who meets OPWDD requirements and has the staff to do so to operate them. How can we get these reopened, and who can we work with on your staff to do so?

OPWDD ACTING COMMISSIONER BAER: So it sounds like you're asking about a vacant state-operated program. We operate about 1300 facilities statewide. And so where those programs are operating out of can change based on the availability of staff. When we identify unused facilities, which is what it sounds like you're asking about, happy to engage about better utilization of that space.

Our properties would have to go through a DASNY or OGS process, but certainly happy to look at making better use of

underutilized state space. A provider looking to open additional capacity would meet with our regional office to see what the need for services are in that area, and there's a process for that.

So happy to talk offline about the particular situation.

ASSEMBLYMAN BURDICK: Great. Thank you so much.

CHAIRWOMAN KRUEGER: Senator Ashby.

SENATOR ASHBY: Thank you, Madam Chair.

Commissioner Baer, Commissioner Cunningham, thank you for being here. Good to see you both.

Commissioner Cunningham, the Times Union has done extensive reporting on lower enrollment in drug courts following changes to bail and discovery laws. How are you responding to that? And would you be supportive of legislation that --

CHAIRWOMAN KRUEGER: I'm sorry, Senator Ashby, can you speak up or pull that a little closer to you? We're having trouble

hearing you.

SENATOR ASHBY: Will you put more time on my clock?

(Laughter.)

CHAIRWOMAN KRUEGER: No, it's okay.

SENATOR ASHBY: You heard that.

(Laughter.)

SENATOR ASHBY: So the Times Union has done extensive reporting on lower enrollment in drug courts following changes to bail and discovery laws. How are you responding to that? And would you be supportive of legislation that allows lower-level defendants to be remanded so they can receive supervised treatment and detox?

OASAS COMMISSIONER CUNNINGHAM: So we work very closely with many of the agencies that deal with the criminal justice system, and the courts in particular. So we are working with the overdose intervention courts, making sure that we have peers, people with lived experience in those settings, to help identify substance use and then link those individuals to services.

So I think, you know, we're of course very happy to continue to build on that partnership, but we have a pretty extensive partnership with many of the jails, the prisons, the court system, to make sure our individuals get the best treatment possible.

SENATOR ASHBY: But with the reduction of the enrollment that we've seen in those courts, do you think that we're failing to adequately reach out to those who need the help who may be lower-level offenders?

OASAS COMMISSIONER CUNNINGHAM: I mean, we really use the harm-reduction approach by investing in outreach and engagement teams and really trying to make treatment more accessible for individuals. And so there's a -- you know, investing, you know, over $30 million in that work to reach -- to go out and reach those who may not necessarily come to us, but to really reach them where they are, and all throughout the community.

SENATOR ASHBY: Thank you.

Commissioner Baer, our wheelchair

repair process in New York State is in need of revision, to say the least. Do you -- would you or the Executive be open to reforms, including waiving prior authorization for repairs, right to repair laws, and requiring repairs to be completed in a timely manner?

OPWDD ACTING COMMISSIONER BAER: I appreciate the focus on the need for wheelchair repair. I know that there's a proposal in this year's budget around durable medical equipment and wheelchair repair. Unfortunately, that's through the Department of Health, so it's not my place to weigh in.

SENATOR ASHBY: Given the population that you work with, do you see this as an issue among the population that you're serving?

OPWDD ACTING COMMISSIONER BAER: I certainly appreciate the focus in this year's budget in making sure that there's a better process to repair wheelchairs, absolutely.

We had a self-advocate that was supposed to be here with us today who was

unable to join us because of wheelchair issues in her home.

SENATOR ASHBY: I will take that as a yes, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Gallagher.

ASSEMBLYWOMAN GALLAGHER: Hi. Thank you so much, Commissioners, for coming out today.

I have a question for each of you, so I'm going to talk quickly but loudly so that we can get through both.

So for Commissioner Baer, I've been hearing -- I think this is not necessarily your wheelhouse, but I think your opinion's really going to matter on it. I've been hearing a lot about CDPAP from my constituents. I'm deeply concerned about the speed of the proposed transition and the general thrust towards a single financial intermediary.

My question for you is whether you

think seven weeks is enough time for people with serious mental and physical disabilities to make this transition.

OPWDD ACTING COMMISSIONER BAER: So I can't opine about the time of the transition. We do have 9,000 people in the OPWDD system who are also receiving healthcare services through the CDPAP, and I know that our care managers who work with those individuals are working to help them make that transition as quickly as possible.

ASSEMBLYWOMAN GALLAGHER: Okay. That's good to hear. I still am not sure if you think that that's really enough time, though.

OPWDD ACTING COMMISSIONER BAER: I don't oversee that program so I can't speak to how complicated it is to make that transition.

ASSEMBLYWOMAN GALLAGHER: Rats. Okay.

So for my other question for Commissioner Cunningham, I was heartened to see the 53 million proposed COLA for behavioral health workers in this year's

Executive Budget. Can you talk about how much this actually translates to individual workers? Because I know there's a crisis of retention in many of the facilities that we rely on.

OASAS COMMISSIONER CUNNINGHAM: Yes. So the targeted inflationary increase will -- is $12 million in our system, plus the increase in minimum wage is another 6 million. And I think, you know, it is important because there are many other things that we're doing to also support the workforce. You know, we have many, many scholarships, over a thousand people have gotten scholarships. Right? We're doing paid internships.

So we're really trying to bring more people into the field and to retain them when they come in the field.

ASSEMBLYWOMAN GALLAGHER: That's great. And regarding some of the people out in the field, how many inspectors do you have going to different facilities to make sure people are keeping up with the oversight on

behavioral health facilities? And how many would be ideal for you?

OASAS COMMISSIONER CUNNINGHAM: So we work -- so the Justice Center really does a lot of the inspections when there are issues or reports. And we work with them, but they really have oversight over those incidents. And then we have our -- you know, our sort of regional offices that work with our programs if there's any questions or issues that they need to work through.

ASSEMBLYWOMAN GALLAGHER: Okay. So there's no one that does kind of like pop-up inspections or anything like that?

OASAS COMMISSIONER CUNNINGHAM: I mean, our regional office works with the programs and will go and do site visits. But I think when there are reports of incidents, that's handled by the Justice Center.

ASSEMBLYWOMAN GALLAGHER: Okay. Thank you.

OASAS COMMISSIONER CUNNINGHAM: Sure.

CHAIRWOMAN KRUEGER: Okay.

Senator Tom O'Mara. Ranker, five

minutes.

SENATOR O'MARA: Thank you.

Good afternoon. Thank you both for being with us today.

To Commissioner Baer on the -- just to follow up on a lot of my colleagues' comments on the direct service professionals' increase in the budget being quite woeful. That's not even keeping up with inflation. I know inflation's been cited as being 2.9 percent, but actually the New York area inflation is 4.3 percent. New York area core inflation is 4.7 percent over the past 12 months.

Just the increase to the minimum wage again this year going up, it's 3.3 percent. More than a percent higher than what you're offering to direct service professionals. The minimum wage in New York State just over the past six years has gone up about 25 percent. The pace of cost-of-living adjustments for DSPs is nowhere near that.

How are our service providers, agencies, supposed to keep up staffing? We're having group homes closed all over the

place because of the lack of ability to hire people, when they can work minimum wage at a fast-food place with a much more reliable schedule, much less demanding work. Why are we not keeping pace when your own increases for state OPWDD workers have gone up at a much faster rate than DSPs? How can you justify that in this budget?

OPWDD ACTING COMMISSIONER BAER: So I think it's important to remember that the 2.1 percent targeted inflationary increase this year is compounded on the last three concurrent years of providing an inflationary increase to providers. Along with the $850 million investment, the millions of dollars on bonuses and ARPA-funded projects, it's almost $4 billion across my service system in the last four years, which has really been an incredible investment for this field to get them caught up to modern-day costs.

The rate enhancement alone increased our providers by 13 percent statewide. So while it is absolutely important to stay

current with the cost of inflation so that the cost of doing business is possible for those providers, you have to remember that we're incrementally catching people up to what was years of underinvestment in a prior administration.

SENATOR O'MARA: Well, I don't see that we're catching people up. We're losing ground to the minimum wage increase, with the increases that have been given. So how can we continue to lose ground to the annual minimum wage increases and expect our agencies to be able to provide the staffing for these facilities?

OPWDD ACTING COMMISSIONER BAER: Our budget also includes a $38 million investment to keep providers caught up to minimum wage increases as well. So that's baked into the overall enhancement for the service system.

SENATOR O'MARA: I think we need to do better for our DSPs and these agencies, and hopefully this Legislature will do that in the final budget here.

Thank you.

OPWDD ACTING COMMISSIONER BAER: Thank you.

CHAIRWOMAN KRUEGER: Assemblymember.

CHAIRMAN PRETLOW: Assemblyman Epstein.

ASSEMBLYMAN EPSTEIN: Thank you, Chair, and thank you both for being here.

Really I just wanted to -- Commissioner Baer, I just wanted to -- you know, I know we talked a lot about the COLA, so I just want to up-one that we really need to talk about the workforce. I just want to focus on that for a second.

But could I ask you, there are two bills that I had passed last year on that. In the infinite wisdom of the Governor, she vetoed, I guess with the urging of the agency really one established to look at and evaluate how we can streamline requirements for applications through OPWDD as well as other agencies. Because what we've heard from a lot of constituents is I apply for one agency, I have to reapply for a second agency. It takes me a year for Agency 1, it

takes me another year for Agency 2 and 3. And so there's no streamlining going on, so you have a lot of frustrated New Yorkers who are just trying to get care and support.

I'm wondering what the logic is to not having a process that's streamlined and why we are not doing more to help regular New Yorkers who need help.

OPWDD ACTING COMMISSIONER BAER: So I think our system is entirely different than OTDA's system, which is entirely different from OASAS's system, right? And that is a historical product of running those siloed agencies.

What I can say is we have come a long way towards integrating that data communication talking to one another. Our care coordination organizations which we launched just a few years ago, right, are responsible for not just focusing on someone's I/DD needs, but to also integrate their physical health, behavioral health, specialty health.

And so we in New York are growing a

lot in the space of integrating that information. The Governor's new office on innovation and efficiency is certainly focusing on reducing wait times in New York State and enhancing the customer experience for New Yorkers. I think that touches a lot on what you're getting at.

ASSEMBLYMAN EPSTEIN: Yeah, so I have to say that, you know, unfortunately -- I appreciate what you're saying. But to the public at large, they don't see it, and they're frustrated.

And the idea of just like there's a simple way to do it, just to come together and have an official process with an outcome, with an easy way to resolve that, that we heard directly from a hearing from constituents. And unfortunately, through whatever urging from the agencies, the Governor made her decision to veto.

Another issue is on hiring of people with disabilities, employment for people with disabilities. I'm wondering how your agency tracks, you know, how successful we are,

ensuring that our procurement and operations that we're ensuring people with disabilities get those employment jobs that we're talking about.

OPWDD ACTING COMMISSIONER BAER: Yeah, it's such a great question.

We provide a continuum of employment services all the way through someone who needs just a little bit of vocational training --

ASSEMBLYMAN EPSTEIN: I mean, in government jobs, how do we know how we're doing as government to ensure that people with disabilities are getting government jobs?

OPWDD ACTING COMMISSIONER BAER: Government jobs.

ASSEMBLYMAN EPSTEIN: Government jobs. Like you. Like us. Like all of us.

(Laughter.)

ASSEMBLYMAN EPSTEIN: How do we ensure we do a better job getting those people with disabilities internship opportunities, supervision -- because we're not doing a good

job. And we're not even tracking it, so we don't even know what's happening.

OPWDD ACTING COMMISSIONER BAER: It's so important. We had a pilot in New York City that was very successful --

(Time clock sounds.)

OPWDD ACTING COMMISSIONER BAER: Oh, happy to talk offline about it.

ASSEMBLYMAN EPSTEIN: Thank you.

OPWDD ACTING COMMISSIONER BAER: A lot of exciting work there.

CHAIRWOMAN KRUEGER: Okay, I think I'm the last Senator except for one quick follow-up afterwards.

So you were just -- I'm sorry, Commissioner -- sorry. This is for OPWDD, Commissioner Baer.

So my colleague just asked you about group homes closing. We heard in an earlier testimony how difficult it is to site programs. And we know we have demand. So why are we having group homes closing in New York State? And was that an accurate statement that was made?

OPWDD ACTING COMMISSIONER BAER: So I think in a service system this size there's always growth and movement within the system. On the state side, which I think is what the question was about, it was temporarily suspending programs and state operations, which we do when we can't meet a staffing need in a certain area of the state.

So we don't close the capacity to serve people, we move that program to a different location and maintain the capacity to serve people in a different space.

CHAIRWOMAN KRUEGER: So if I have family members in an OPWDD contracted site or a state site, and you close the site that my family member's in and move it somewhere else in the state because, quote, you didn't have adequate staff, isn't that an enormous problem?

OPWDD ACTING COMMISSIONER BAER: Yes, and it almost never happens in the state side that we have programs where people are living that we need to move.

When we have programs in the nonprofit

side that the nonprofit can no longer run, we do a lot of work in our regional office and with our teams to match that provider with a new nonprofit provider who has the staffing capacity to take over that program in place, to cause as little disruption as possible to the people that are using those services.

CHAIRWOMAN KRUEGER: So would it be more accurate to describe it as one not-for-profit might no longer be running that site, but it continues and remains open under another not-for-profit's umbrella?

OPWDD ACTING COMMISSIONER BAER: That is absolutely the goal when one nonprofit can no longer run a program, absolutely.

CHAIRWOMAN KRUEGER: And how often doesn't that happen and you actually end up closing a site where people have been?

OPWDD ACTING COMMISSIONER BAER: I don't have that information off the top of my head. Absolutely everything goes into avoiding a situation like the one you're describing.

CHAIRWOMAN KRUEGER: If you could just

follow up with us on whether there are actual, you know, losses of existing sites. Because I feel like we all would agree that's not what we should be doing at this moment in history --

OPWDD ACTING COMMISSIONER BAER: Yeah, absolutely.

CHAIRWOMAN KRUEGER: -- losing sites that have been there and have people living there and family members in a geographic area dependent on their family member's continuing to get services, you know, not seven hours from where they live.

OPWDD ACTING COMMISSIONER BAER: A hundred percent.

CHAIRWOMAN KRUEGER: That's it for me. Back to the Assembly.

CHAIRMAN PRETLOW: Assemblyman Eachus.

ASSEMBLYMAN EACHUS: Thank you, Chair.

Thank you, Commissioners, for being here.

First for Commissioner Cunningham, a suggestion. I have a wonderful wife who happens to own an adult-use cannabis license

and shop. She would love to do anything and everything she can to reduce the risk of, you know, the use of -- by, you know, youth. So it just occurred to me right now, produce posters, I will have her put it right on the exit door about the proper storage and the risks of youth using this product. I'll be glad to do that. And if necessary, I will call OCM and make them mandate that those posters go up on those doors.

OASAS COMMISSIONER CUNNINGHAM: We'd love to partner with you.

ASSEMBLYMAN EACHUS: Okay.

For Commissioner Baer, you and your department sailed way up here for me (gesturing above head). Just a couple of days ago I called you and you were in a meeting, but you called me immediately back. And I so appreciated that. And we talked a little bit about what I would make reference to today.

But more importantly, you right away said, when we completed our call, "Can I call Commissioner Sullivan for you?" Which means

that you more than have your two departments in the same building, you actually talk with one another, which is a wonderful thing.

But as you know and you may have heard, I have a very grave concern with what I call a dual diagnosis, but my dual diagnosis is mental health and OPWDD. It's a smaller perhaps population than what many people refer to. And so what I would like to do -- there's nothing going to be answered today, but what I'd like to do is request a report on the programs where you are integrated with OMH, and a little description of those programs.

And then the final thing I would like to do, as my colleague Gallagher referenced, I know that FIs are under the Health Department and CDPAP is under that. But if you have received any comments -- because I'm getting comments from all over the place; I want to collect them all together. If you receive any comments from your particular groups, independents or otherwise, please pass those on to us.

OPWDD ACTING COMMISSIONER BAER: Okay. I'm happy to provide a report on those OMH projects. We have done such exciting work. You're right, that I absolutely talk to Commissioner Cunningham all the time. They have been incredible partners with the funding they've received the last couple of years to create a lot of capacity to serve those dual-diagnosed individuals.

ASSEMBLYMAN EACHUS: Commissioner Sullivan, right?

OPWDD ACTING COMMISSIONER BAER: Absolutely. What did I say?

ASSEMBLYMAN EACHUS: Cunningham.

(Laughter.)

OPWDD ACTING COMMISSIONER BAER: Thank you for knowing what I meant.

(Laughter.)

ASSEMBLYMAN EACHUS: Thank you.

CHAIRMAN PRETLOW: Assemblyman Maher.

ASSEMBLYMAN MAHER: Thank you.

This is for Commissioner Cunningham. How are you?

OASAS COMMISSIONER CUNNINGHAM: Good.

ASSEMBLYMAN MAHER: So what I love to do when I'm at these public hearings is I talk to individuals from my district that are in recovery, people that have experienced this firsthand but also are now in the field and are serving. And I view that as something that is very common, and I think it's amazing.

And I'm not going to continue to talk about some of the pay issues. Obviously I think that's a bipartisan support that we have here today.

I do want to talk about some insurance issues. So I have heard from some of these individuals that there are insurance issues that only cover maybe 14, 21 days of care. When it comes to the shortfalls from the insurance side, have you seen that? What has been the reaction? And what has your department been doing to kind of combat that?

OASAS COMMISSIONER CUNNINGHAM: Yes. I mean, so definitely a lot of insurance issues are under the Department of Health and not under us. But we certainly know that

there are challenges.

So we have an ombudsman program called CHAMP that we definitely get those complaints and, if there are issues, work with individuals to work through what those issues are. And then, you know, certainly work across the state agencies to be able to address them.

ASSEMBLYMAN MAHER: I appreciate that.

Another issue that comes up from, again, the folks that are on the ground are talking about some of the documentation that's needed within a 24-hour period, and that there are actually issues where some individuals aren't getting the help needed because they need a little more flexibility in getting that paperwork.

Can you speak to how those issues come up and what's being done about it?

OASAS COMMISSIONER CUNNINGHAM: Yeah, that's an area that we are definitely interested in continuing to work on, because we don't want that to be the barrier. We want to really improve access to services and

reduce those barriers.

And so we've actually worked to make sure that people know that a lot of times we don't necessarily need that before people can be admitted, but that can be part of the admitting process. So we are working with our programs to really try and reduce that barrier.

ASSEMBLYMAN MAHER: Okay. And is that something that's administrative within your purview, or is that something that also needs legislation?

OASAS COMMISSIONER CUNNINGHAM: Most of that I think is regulatory, and I think it's clarifying in terms of the regulations.

ASSEMBLYMAN MAHER: Okay. Another issue that I'm hearing on the ground is that there are some handicap accessibility issues with some of the areas that actually provide the services, and that can also be a deterrent in some cases.

Have you seen that? And what are some of those things that we're doing about that?

OASAS COMMISSIONER CUNNINGHAM: Yeah.

So certainly the people that we serve are now older and living with more chronic illnesses, including physical illnesses. And so this is an area that we are actually trying to understand a little bit more about that change in the population, and then determine really what the -- you know, how prevalent is that issue and then what the needs are.

So that is an area we're actively looking into more.

ASSEMBLYMAN MAHER: Is it about collecting information? Have you put something out to say, hey, is there anyone that has this issue? We'd like to quantify it so then we can then put the ask to the Legislature?

OASAS COMMISSIONER CUNNINGHAM: It is, so we're -- yes.

ASSEMBLYMAN MAHER: Okay. Thank you.

CHAIRMAN PRETLOW: Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Yes. My question is for Commissioner Baer.

Commissioner, 30 years ago I was a

direct care worker working with our most vulnerable population. So I'm coming at that from -- I saw firsthand how those direct support professionals impact the quality of care and quality of life of our most vulnerable New Yorkers.

So I just want to start with -- before I go there, let me say 2.1 is woefully inadequate. I've been through the campaigns for the #bFair2DirectCare -- we go through this, it's like a dog-and-pony show every year. But then the Governor proposes a quarter-trillion-dollar budget, $19 billion more proposed than last year, doesn't blink an eye at providing $700 million for the Hollywood film tax credit to subsidize Hollywood elites, but here we are with our most vulnerable New Yorkers and the direct support professionals who care for them leaving because they can't afford this job.

So on that process, this is two years ago, there was a FOIL request that showed there were 4500 individuals on the residential waitlist. The Western New York

region that I represent, just the Arc chapters alone, from a report six months ago, had closed down 90 residential beds over the past two years.

We have a workforce crisis for our direct support professionals, and that's impacting the quality of care and quality of our most vulnerable New Yorkers. Budgeting is about priorities. The Hollywood elite or our most vulnerable New Yorkers? It doesn't make sense to me.

So my question to you is, is the differential between the minimum wage and what our nonprofit agencies like our Arcs are currently funded to pay, is that adequate enough, in your opinion and Governor Hochul's opinion, is that adequate enough for them to compete in the local labor market for the talented and dedicated workers that we require to be direct support professionals and provide this care?

OPWDD ACTING COMMISSIONER BAER: First of all, thank you so much for your service as a direct support professional. Very

completely agree, lifeblood of what we do.

I believe that at this point in time with the 13 percent increase we offered effective July 1st, compounded with the last three years of COLAs and this year's targeted inflationary increase and investments in minimum wage, that our providers largely are at this point situated to provide a competitive wage. I think that that is drastically impacted by the most recent investment, which was the reason we made that investment.

And I have certainly heard from providers that they are now offering up to $26 an hour competitively to their region.

ASSEMBLYMAN PALMESANO: For non-for-profits.

OPWDD ACTING COMMISSIONER BAER: For not-for-profits.

ASSEMBLYMAN PALMESANO: On that front -- because as I mentioned, 91 beds over the past two years have closed in my region -- can you provide a list to us, not just for across the state, not just for the

not-for-profits, but also the state beds and others so we could have a list of how many have closed over the past few years?

Because this is a workforce issue. So I'd like you to provide that, and I appreciate you answering my question.

OPWDD ACTING COMMISSIONER BAER: Sure, we can get you information about vacancies throughout the system.

(Time clock sounds.)

ASSEMBLYMAN PALMESANO: Thank you.

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Thank you.

Thank you for being here, Commissioners.

Most of the questions I think are for Commissioner Cunningham.

I was -- I really appreciate the incredible amount of opioid settlement funds Nassau County has received. And I was just wondering, do you track by county how much of their allocation has been used and how it's been used?

OASAS COMMISSIONER CUNNINGHAM: Yes. So our Opioid Settlement Fund tracker website has all of the county information in terms of how much each county has received, what their plan has been. And we are now collecting the reports, their annual reports, and then we'll put that as well in terms of what -- you know, do they spend it on prevention, treatment, recovery, et cetera. All of that information's on our website.

ASSEMBLYWOMAN GRIFFIN: Okay. And if a county hasn't spent down their allocation, is there any time frame that -- like if the county hasn't used a great portion or doesn't have a plan for it, is there any timeline that would be problematic, like that it would get clawed back or something?

OASAS COMMISSIONER CUNNINGHAM: No. So the opioid settlement funds are for 18 years.

ASSEMBLYWOMAN GRIFFIN: Oh, good.

OASAS COMMISSIONER CUNNINGHAM: But the dollar amount decreases substantially. And so the counties can use -- spend their

money according to the agreements.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you very much.

And another thing I've heard from many families that are -- they have a child or a partner or someone in the family that's struggling with addiction, and I've heard oftentimes through the years that they don't find that there's enough support -- like they -- there's a lot of decisions they have to make. Some families have a family member -- I spoke to someone recently -- that has been involved in some issues legally, and, you know, there's -- a lot of people just don't know where to turn. Should they be paying for it, should they not?

Like there's a lot of things that come up, and they -- they're operating under the stress of having a family member, and so they're also suffering. But some of these -- a lot of them say they don't have enough support to advise them.

And I just wondered, is this anything you hear or would address, or are there any

programs that really focus in on the family?

OASAS COMMISSIONER CUNNINGHAM: Yeah, I think particular for young people, this is an area definitely of focus, is making sure that the family members are part of the whole -- of the services that they receive. And so that is woven into a lot of our services that really focus on adolescents.

ASSEMBLYWOMAN GRIFFIN: Okay. And is there any information that you could provide that tells me or tells me in Nassau County what services are available in that area?

OASAS COMMISSIONER CUNNINGHAM: Absolutely. We can get you a list.

ASSEMBLYWOMAN GRIFFIN: Terrific. Thank you.

And the final question, really quickly, is another area of support that has been expressed to me is that someone's in recovery and now they're looking to work, they're looking for housing, they often don't have enough support. They don't have the transportation to get to work, maybe they're having trouble finding a job. Is that

something you could send me some information on?

OASAS COMMISSIONER CUNNINGHAM: Sure.

ASSEMBLYWOMAN GRIFFIN: Okay, thank you.

CHAIRWOMAN KRUEGER: Okay. To close out the last three minutes, Senator Fernandez.

CHAIRMAN PRETLOW: Your last three minutes.

CHAIRWOMAN KRUEGER: The last three minutes of the Senate, excuse me.

SENATOR FERNANDEZ: Thank you so much.

Okay, for Commissioner Cunningham, just to follow back with the gambling addiction services, you mentioned a lot of the outreach being done. Do you see a need for more, given iGaming has started -- or sports betting? Do you see a need for more outreach, more funding, what?

OASAS COMMISSIONER CUNNINGHAM: Yes. I mean, I think, you know, we're continuing to expand our services and build the capacity for treatment and prevention in our system.

Certainly, you know, additional dollars to make sure that we can reach the people and target individuals who are at risk, you know, would be -- yes, would be helpful.

SENATOR FERNANDEZ: Okay. And last question for you.

Very happy again about the numbers showing that overdoses went down in New York State, but they still remain a little high in Black and brown communities. What are we doing to reach those demographics?

OASAS COMMISSIONER CUNNINGHAM: Yes, absolutely. I mean, you know, for this reason we would really use a data-driven approach to make sure that we're reaching those who are at highest risk, and a targeted approach.

And so when we put out, you know, our RFPs and our investments, we're ensuring that those communities who are at highest risk, you know, do have the availability to get those investment dollars. And so this is, for example, looking at, you know, expanding

medication treatment, expanding our outreach and engagement initiatives.

So it is absolutely with a data-driven approach for those communities who are at highest risk.

SENATOR FERNANDEZ: Okay. I would hope that includes language access too, which I know we do.

So thank you so much, Commissioner.

For our other commissioner, last year the Legislature included language that required at least 1.7 percent of the COLA go directly to worker wages to address the pattern of agencies redirecting funds for workers to other operating expenses. Why has the agency yet to produce guidance as required in statute?

And without this guidance, what are you doing to ensure that agencies are ensuring funds are going to workers?

OPWDD ACTING COMMISSIONER BAER: So like I said, we require of our providers an attestation about how they spend those funds, and they specifically tell us each year the

percent of increase to direct support professionals as well as to other title series like their clinicians and their administrative staff.

So we do collect that information. Staffing for our providers is by and large the highest -- the majority of their costs. So when you get a cost-of-living increase as a nonprofit, you have to use that, right, for all of your increased costs of doing business, not just direct care salaries. But for us that is the majority of their costs.

So we do see that most of that money, with or without that 1.7 percent directed language last year, goes towards wages of direct care staff.

SENATOR FERNANDEZ: All right, thank you. Thank you. All done.

CHAIRMAN PRETLOW: Assemblyman Steck for a three-minute follow-up.

ASSEMBLYMAN STECK: If I can get my mic.

So the street outreach teams, could you explain what they are and where they are

being located?

OASAS COMMISSIONER CUNNINGHAM: Sure.

So we have street outreach teams really across the entire state, in urban areas and rural areas. We just came out with a new RFP that will fund $31 million more of continuing this work.

So they work, you know, in parks, on streets, under bridges. They provide harm-reduction education and materials. They link people to services and some of them start treatment right there in the community.

ASSEMBLYMAN STECK: So the 3 million in the budget is an expansion of that program?

OASAS COMMISSIONER CUNNINGHAM: Exactly. And really targeting those with co-occurring mental health and substance use disorders.

ASSEMBLYMAN STECK: And then another question is you're familiar with the SAPIS, or Substance Abuse Prevention and Intervention Specialists?

OASAS COMMISSIONER CUNNINGHAM: Yes.

ASSEMBLYMAN STECK: So is there any particular reason why that program is currently located only in the City of New York and not in other parts of the state?

OASAS COMMISSIONER CUNNINGHAM: I think it's historical, and I think it's also the interests of the school districts.

We certainly want to be in as many schools as possible, and I think schools have competing demands. And so, you know, the substance use prevention may or may not be part of their priority.

But we would love to partner with schools, more schools, and have more of a footprint in schools.

ASSEMBLYMAN STECK: So with respect to SAPIS, it is a program that's funded partially by the state and partially by the city. The idea would be that if a local school district wanted to participate, they'd have to fund 50 or whatever the percent of the program is in order to get one of the SAPIS individuals in the schools.

Is that something you could support?

OASAS COMMISSIONER CUNNINGHAM: I mean, I think -- we support prevention in schools in a lot of different ways. And so I think it would really just depend on the specific school district.

But, you know, often our prevention providers go into schools, we work with the communities around the schools. So I think there's really a variety of ways in which this can be done to really partner with the schools.

ASSEMBLYMAN STECK: I don't have anything further.

CHAIRMAN PRETLOW: Senator Fahy for a follow-up three minutes.

SENATOR FAHY: Thank you.

Thank you again, Commissioners. And these are just a couple of more questions for Commissioner Baer.

The -- you already had a little bit of a discussion about the certified residential homes that have closed. Do you have a list of how many have closed in the last 12 months? And is there a breakout between

which ones are state-operated and which are the nonprofits?

OPWDD ACTING COMMISSIONER BAER: I don't have a list like that.

SENATOR FAHY: How many have there been?

OPWDD ACTING COMMISSIONER BAER: I don't have that information with me. Happy to talk offline about the various reasons that some of those transitions happened and what they look like.

SENATOR FAHY: Okay. I appreciate that, thank you. I wasn't sure if I'd missed the number or if you had mentioned it.

The waiting list that we talked about the last time, I since got a couple of texts saying, Wait, there is a waiting list. So can -- and then of course we hear a lot from the hospitals where there are at times individuals, those with disabilities and other high needs who may be, quote, unquote, stuck in a hospital waiting for a placement.

Can you clarify what is defined as a waiting list and what is not, and why have we

heard of incidences of people who literally can't be placed out of hospitals? And we certainly hear it here, let alone around the state. So I'm not clear on how we define waiting lists, because others have certainly mentioned that they've been waiting and that only those who are coming out of ER rooms, or where a parent may have died, get what's I guess an emergency placement. So can you clarify that for us, please?

OPWDD ACTING COMMISSIONER BAER: Yeah, certainly hear the concern about people who end up hospitalized and hospitalized for a lot longer than they should be. We never want anyone to be hospitalized unnecessarily, and we never want to take up capacity in the hospital system.

So we regionally have crisis mitigation liaisons that work with regional hospitals to make sure we are aware when there is someone with OPWDD eligibility looking for a certified residential opportunity in our system, and have a lot of communication with hospitals about what the

needs are that that individual needs so that we can match them with a provider in the community.

The list that people refer to is our certified residential opportunity list, so it's not a waitlist. But we do track people who are looking for certified residential opportunities in the system, and that list of people changes every day as people move in, move out, move between the system.

SENATOR FAHY: So how many are often on that tracking list that we don't call a waiting list?

OPWDD ACTING COMMISSIONER BAER: I don't know that number, what it looks like today, but happy to follow up with you.

SENATOR FAHY: Okay. I would appreciate that. Because certainly it is of concern. Certainly we want to do all we can to address it.

Thank you so much, Commissioner.

Thank you, Chair.

CHAIRMAN PRETLOW: Assemblyman Santabarbara for follow-up, three minutes.

ASSEMBLYMAN SANTABARBARA: Thank you, Mr. Chair.

I just had a couple of follow-up questions for Commissioner Baer.

I guess I would like to see that list as well, just to follow up on what Senator Fahy just said. In particular, people that are aging out of the system -- my son has been -- it's been a few years to find a place, and we haven't found one just yet.

But whatever that is, I'd like to have some idea of how many people are on it and how many people are actually waiting, because I do hear similar concerns as the Senator did as well.

But I did also want to address some questions from service providers regarding the OPWDD regulations that are somewhat outdated, requiring MDs to actually sign off on all orders for prescriptions or forms that are needed for medical services.

The reality is a lot of people use physician extenders nowadays, and there's a shortage of MDs in this particular field. So

the question is, is there anything being done to update regulations to closely reflect the medical model used today to treat individuals in the system in clinical settings, and accounting for the fact that most providers use physician's assistants and nursing practitioners, not exactly doctors? It seems that the regulations should reflect the current model. So just maybe your comments on that.

OPWDD ACTING COMMISSIONER BAER: Yeah, I can't say that I'm completely familiar with the regulatory issue you raise specifically, but we do have a workgroup that meets regularly with stakeholders like our provider community to talk about where our regulations and our administrative processes might need some updating to provide some relief or just to catch us up to what the modern-day world looks like.

So we're always open to hearing from providers about ways that we can implement those changes to make those things easier.

ASSEMBLYMAN SANTABARBARA: In this

particular case it seems like, you know, the Center for Disability Services and organizations like that would just streamline and make their process a little easier to get services quicker.

I did want to follow up also on the career pathways for DSPs. We had a little bit of a discussion on that. I know there's been some investments made, and it seems like it's something that's very -- people are very receptive to and like a lot. And the system at Liberty Arc, which is in Amsterdam in my district, they had received some federal funding.

But particularly I wanted to ask about supporting some investments in our SUNY schools and creating actual career pathways and things that people could get on a path to get a degree and get advancement opportunities and so on. I think it would be great for retention and recruitment as well.

Just your thoughts on supporting maybe additional funding, or is there something in place already that's underway?

OPWDD ACTING COMMISSIONER BAER: Yeah, I think the program that -- the Arc that you mentioned is our NADSP credentialing program that they've partnered with us to make available to their staff.

It has been a very successful program. We're sort of the leading state in the nation in terms of having DSPs run through that program. We're really very proud of that.

We also have the $50 million investment through SUNY to create microcredentialing and credits. That's also been very successful.

ASSEMBLYMAN SANTABARBARA: Okay, thank you.

CHAIRWOMAN KRUEGER: Okay. So surprise, more Senators.

Senator Weber, three minutes.

SENATOR WEBER: Thank you. Thank you, Chairwoman.

Hello, Commissioner, it's great to see you again. I know we had a great talk the other day.

CHAIRWOMAN KRUEGER: He's a ranker, so

he gets five minutes. I apologize.

SENATOR WEBER: Thank you.

Commissioner, for the last couple of years my office has heard from many self-direction families noting difficulties in accessing benefits for community classes. And, you know, it seems like some fiscal intermediaries are not paying for those classes even through many of those classes were covered in the past or covered for other people, and meets all the criteria.

I just wanted to, you know, bring that to your attention. And I'm not sure if there's anything your department is working on on that right now.

OPWDD ACTING COMMISSIONER BAER: I'm definitely familiar with the issues surrounding community classes. This is one example of something someone can purchase with a self-directed budget. We're very proud of our self-direction program, which provides a lot of flexibilities to individuals and families to purchase their own services.

One of those things that they can purchase is called a community class, which is something you or I could go and take, like an aerobics class -- if you're into that, Senator -- and then be reimbursed with Medicaid funding for that class. So it really does provide a lot of flexibility for folks who are enrolled in self-direction to explore things that they're interested in and expand their skills.

Because it is federally funded, it comes with rules around how to approve that line item. So it can't be a community class that would otherwise need to be -- that duplicates a certified program like a day program. And it also needs to be genuinely integrated and open to the community. So it can't be a class, for example, that's developed just for people with autism.

So I know that there's a sense of frustration that that limits what people can spend those funds on, but there are literally endless thousands of classes throughout the state that people could purchase with that

line item. And again, it's only one type of service available through self-direction.

SENATOR WEBER: Okay, thank you.

And just one other question. And again, our office has heard from many people in self-direction that they'd like to see a deputy commissioner dedicated to self-direction. I'm sure you've probably heard that as well. Any thoughts to that? And any -- you know, anything that we can expect on that as well?

OPWDD ACTING COMMISSIONER BAER: I am familiar with that advocacy. I've talked to a lot of parents about this perceived need that we need a whole deputy commissioner for self-direction.

We have tons of full-time staff committed to the self-directed model, reviewing budgets and facilitating self-direction for the 35,000 people statewide that are enrolled in that program. It doesn't, in my mind, add anything to the function of that program to add yet another state administrator.

SENATOR WEBER: Okay, thank you.

And thank you, Chairwoman.

CHAIRWOMAN KRUEGER: Thank you.

So Senators seem to be multiplying, so now we have Senator John Liu for three minutes, and then closing will be one more Senator after him. Yes.

SENATOR LIU: Thank you, Madam Chair.

And thank you, Commissioners.

I only get three minutes because I don't rank. But I appreciate the both of you being here, and it's been a long time.

My question is for Commissioner Cunningham. I know in your testimony you talked about trying to address some of the problem gambling issues. My question for you is it's been several years since we've established new casinos upstate. Has OASAS looked at any potential problems related to gambling addiction that have arisen from the establishment of those casinos?

OASAS COMMISSIONER CUNNINGHAM: So, I mean, we -- so we are constantly looking at the data in terms of problem gambling.

You know, I don't know that we can attribute it to any specific locations. But we have a robust data collection statewide among young people about their gambling behaviors, and we're looking at, you know, the number of calls to the helpline, the number of people who are accessing treatment and asking for help.

And so, you know, we're using data to certainly guide our approach that's a targeted approach and to ensure that we have the capacity in our system to address the need.

SENATOR LIU: It seems like -- it seems like, based on your testimony, that it's kind of like it's being treated as a potential problem, as opposed to a real problem. And the data collection is not necessarily related to the casinos themselves, but more sports betting, online betting, et cetera.

So is there a plan to look at what's -- look at the impact of casinos themselves?

OASAS COMMISSIONER CUNNINGHAM: I mean, yes, so we're looking at both, the online sports betting and, you know, gambling behaviors in general.

So, I mean -- and again, we are monitoring what comes in for the calls, the reasons why, so how much is sports betting, how much is, you know, gambling at tables, how much is lotto, et cetera.

So we do -- we do break it down, and we can provide that specific information.

SENATOR LIU: And is there any kind of, you know, perhaps for lack of better terminology, culturally and linguistically capable monitoring of this situation, maybe working with community-based organizations to help with that?

OASAS COMMISSIONER CUNNINGHAM: We absolutely do. And we do work in different languages and understand there are definitely different cultural issues around gambling and what --

(Overtalk.)

SENATOR LIU: So has OASAS identified

cultural disparities with regard to gambling addiction in different communities?

OASAS COMMISSIONER CUNNINGHAM: We're looking at that now. And we're working with specific communities to make sure to enhance the services that are culturally relevant, yes.

SENATOR LIU: How long does it take to look at this data and come to some kind of conclusion or lack of conclusion?

OASAS COMMISSIONER CUNNINGHAM: Yeah, I mean, we're constantly looking at the data. But I think --

SENATOR LIU: So no conclusions as of yet.

OASAS COMMISSIONER CUNNINGHAM: Off the top of my head, for specific communities, I don't have that. But we can certainly take that back and look in more detail.

SENATOR LIU: Thank you.

CHAIRWOMAN KRUEGER: Senator Bynoe.

SENATOR BYNOE: Thank you, Madam Chair.

Good afternoon, Commissioners.

My question is for Commissioner Cunningham, and it's kind of piggybacking off of Judy Griffin's question regarding the opioid settlements.

So how involved is the department in reviewing those plans? Do you have to approve them? Are they accompanied with a spending plan?

OASAS COMMISSIONER CUNNINGHAM: Yes. So for the legal requirements, we had to approve all of the planned spending for the opioid settlement funds for every county. That's part of our regional abatement.

So some of the counties get money directly from the Attorney General's office; that's not under our purview.

So we have that information actually on our website, of the planned spending, and we are collecting the information on the actual spending now. And, you know, once we have that information, we will also include that on our website for each county.

SENATOR BYNOE: I appreciate that. Because I'd like to flag -- I'm not sure that

any of these plans that are on your website or that you have approved are falling into this category, but I'm going to use Nassau County for an example.

Nassau County has settlement money -- and it might not be your money, but I'm flagging this for you to look at. Nassau County has spent only about 10 to 15 percent of the funds that they received, the $90 million. They are accruing interest on that money, sitting on that money, not utilizing it and putting it out there where people are struggling with addiction. They're -- they're actually making money on it.

And so that's a challenge that we find back home in Nassau County, and I'd like to make sure that any of the state-mandated plans are not being utilized in that same fashion.

OASAS COMMISSIONER CUNNINGHAM: The plans that we approved were for the counties that we give money to. That does not include the counties on Long Island or New York City.

But we are talking with the Attorney General's office about the reporting to us for how those dollars are used.

But, you know, we are accountable for 36 percent of the opioid settlement funds that come to the state. That does not include New York City or Long Island counties.

SENATOR BYNOE: No, I'm aware of that. But I'm just trying to flag you to make sure that those that did receive money from your efforts, from the efforts of the AG's office, that they're spending that money according to the plan. Because what we've found is that families are still struggling and Nassau County is benefiting by gaining interest on the money to the tune of over $3 million.

Thank you.

CHAIRWOMAN KRUEGER: (Mic off; inaudible) -- with staff and continue to go out there and work for us. We need all of you. Thank you.

OPWDD ACTING COMMISSIONER BAER: Thank you for your time.

CHAIRWOMAN KRUEGER: And with that, I'm going to call up the last government panel, the New York State Justice Center for the Protection of People With Special Needs, Maria Lisi-Murray, executive director.

Good afternoon.

ACTING EX. DIR. LISI-MURRAY: Good afternoon. Are you able to hear me okay?

CHAIRWOMAN KRUEGER: Yes.

ACTING EX. DIR. LISI-MURRAY: Excellent.

Good afternoon, Chairs Fahy, Brouk, Krueger, Santabarbara, Simon, and Pretlow, as well as to your distinguished colleagues of the Senate and Assembly.

My name is Maria Lisi-Murray, and I am the acting executive director of the New York State Justice Center for the Protection of People With Special Needs.

Thank you for the opportunity to testify regarding Governor Hochul's fiscal year 2026 Executive Budget proposal.

I also want to extend my sincere thanks to Governor Hochul for her continued

commitment to funding the only agency in the country mandated to both protect vulnerable populations and ensure the workforce has the tools to prevent future abuse.

When the Justice Center was established over a decade ago, the state ushered in the strongest protections in the nation against abuse, neglect, and mistreatment. With each passing year, our agency continues its vital mission of protecting vulnerable populations receiving services from six state agencies. Our agency is unique in that most of our staff have not only worked in settings under our jurisdiction, but also have a family member in care.

Over the last year, the Justice Center substantiated nearly 4,000 cases, holding subjects responsible for egregious conduct. We prevented over 300 violent criminals from reentering the workforce. And over the last decade, we have barred over 1,000 of the worst offenders from working with vulnerable populations.

In March, I was elevated to acting executive director. With that change, I can draw from my previous experience to improve our operations. This includes my nearly seven years on the City of Binghamton police force, including my time as a patrol officer and investigator on the special investigations unit; more than 2 decades as a litigator, in both the private and public sectors, including three years in the Attorney General's office and more than five years as a chief risk officer with the Department of Motor Vehicles; and, most recently, my time in a similar role here at the Justice Center.

During the last year, under my leadership, the agency focused on three main growth areas: Improving the quality and efficiency of service, strengthening current and forging new community partnerships, and expanding our abuse-prevention efforts.

To meet our first goal, we have developed ways to close cases faster and get quality staff back to work quicker through process improvements.

While our primary duty is to serve and protect individuals under our jurisdiction, we understand the tremendous burdens placed on the state's direct care workforce. That is why we have prioritized evidence introduced early in an investigation that exonerates one or more staff members implicated in a Justice Center case.

We have also placed increased attention on our ability to find a facility responsible for an act of abuse or neglect, rather than the individual. Known as a "Category 4" finding, this oversight function allows the Justice Center to address systemic issues at a provider, holding them accountable for inadequate care that could be putting individuals at risk.

To satisfy our second goal, engaging with new and existing stakeholders, the Justice Center reached beyond its typical audience to connect with first responders, a group that frequently interacts with vulnerable populations in the field.

As a former City of Binghamton police

officer, I know that law enforcement and first responders play an important part in promoting the safety of vulnerable people. However, these interactions present unique challenges for emergency response professionals and require specialized training to improve outcomes.

Leveraging more than a decade of experience working with individuals with special needs, the Justice Center developed and launched an expanded portfolio of courses to train attendees on respectful communications, forensic interviewing skills, and investigative best practices.

In 2024, we presented to over 200 participants, including members of the New York State Park Police Recruit Academy, the Bronx District Attorney's office, and several city and county police and sheriff's departments.

Agency staff also continued several initiatives to support our longstanding stakeholders. We participated in nearly 70 outreach events, advised hundreds of

individuals and families throughout the course of investigations, held roundtable discussions with our sister agencies, and shared the Justice Center's story.

And to address our third goal, expanding our abuse-prevention efforts, more than a decade of data has afforded us the opportunity to educate our workforce and close critical gaps in care.

For example, in response to our data showing an increase in choking incidents at residential facilities, we created a toolkit that outlines best practices for adhering to food safety care plans.

My time heading the agency's quality-control efforts underscores the need for a holistic approach to proactively use the information we collect in our investigations to prevent future abuse and neglect.

On the regulatory front, the agency engaged in two rulemakings: One to foster inclusivity by adopting gender-neutral terminology in our regulations, and the

second to codify the use of remote meeting platforms for our Surrogate Decision-Making Committee hearings, which supports the nearly 800 hearings conducted last year. These hearings make critical and speedy medical decisions for individuals who lack the ability to make these decisions themselves.

As I touched on earlier, this work is very personal to the staff at the Justice Center. Let me tell you why. Approximately 40 percent of our nearly 500 employees have a family member receiving services from programs under our jurisdiction. That means our staff, they have a stake in the game. They want justice for victims of abuse or neglect just like the families we serve.

At face value, we can summarize our work in just a few words -- investigation, education, and action. But to the more than 1 million New Yorkers under our watchful eye, this agency means so much more. To the parent of a child with Down syndrome, the Justice Center provides peace of mind that your child will be protected even after

you're gone. To the service recipient enrolled in a substance-use program, our agency is a welcomed safety net and a fierce advocate for justice. And to the providers under our jurisdiction, we are a vital resource that offers education and training to create safer programs.

This is why we will continue our important work and are grateful to the Governor for once again investing in the protections of our state's most vulnerable populations.

Thank you for your time, and I'm happy to answer any questions.

CHAIRWOMAN KRUEGER: (Mic off.)

SENATOR FERNANDEZ: Hi. Very quickly, is it true that the Justice Center does not have jurisdiction over recovery programs?

ACTING EX. DIR. LISI-MURRAY: I'm sorry, it's a little hard to hear.

SENATOR FERNANDEZ: Is it true that the Justice Center does not have jurisdiction over recovery programs?

ACTING EX. DIR. LISI-MURRAY: With

respect to Justice Center jurisdiction over recovery programs, are you speaking to the question that was offered up to Dr. Chinazo earlier, Dr. Cunningham?

SENATOR FERNANDEZ: I missed it, I'm sorry.

ACTING EX. DIR. LISI-MURRAY: Oh, okay. We have -- we do have jurisdiction over certain OASAS-based programs, if that's the question that you're asking.

And when individuals report abuse or neglect in those programs, we do have the ability to come in, conduct an investigation. They are conducted to conclusion, substantiated or unsubstantiated. In either case, whether substantiated or unsubstantiated, the Justice Center does have the ability to utilize what we call our CAP program, our Corrective Action Plan program, so the provider provides us with a corrective action plan and we audit against that to ensure that any issues or concerns, gaps, are being appropriately corrected.

SENATOR FERNANDEZ: Okay. Because

it's been my experience that some recovery centers have been denied help from the Justice Center.

So I wanted to know if you were aware of that, because I do know that some OASAS-covered programs do have jurisdiction by the Justice Center. But please know that there are recovery centers that do not that could use it.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Thank you very much.

And thank you for your testimony and for your work and for meeting with me earlier this session.

I have a couple of very quick questions to ask you. And one is, you know, I appreciate this Category 4 investigation that you're doing. I am curious, how many of those investigations have you done? What are

the kinds of systemic issues that a provider -- and then when it comes to sort of holding them accountable for inadequate care, what are those remedies? What are the penalties, if any, to that provider? And how do we remedy that situation for the people who have been the victims of this inadequate care?

ACTING EX. DIR. LISI-MURRAY: Thank you for that question.

So we receive approximately 90,000 complaints of abuse and neglect through our call center each year. Of those 90,000, approximately 11,000 boil down to abuse and neglect investigations. With respect to Category 4 findings, our statistics are they are at about 5 percent of our abuse and neglect investigation workload.

It's a new eye, quite frankly, the Justice Center has taken towards being sensitive to the workforce situation, being sensitive to sometimes individuals are asked to work multiple shifts back-to-back. If I can offer an example of what a Category 4

might look like, you might have an individual who's worked multiple shifts, is asked to transport an individual receiving services some ways away to a doctor's appointment, they indicate they're tired, they don't want to, told to do it anyway, and ultimately there's some sort of car crash, they fell asleep at the wheel -- that could in fact be a type of Category 4 finding.

Because it's looking at the incident holistically, in the totality of the circumstances, beyond the individual, you know, who is being blamed. Because is it really their fault, or are we looking at more systemic issues like lack of workforce, being asked to work repeatedly, not being able to turn down an instruction to drive someone if they're too tired.

ASSEMBLYWOMAN SIMON: Thank you.

Another question I have, which I use an example in my experience that is not relevant to your agency, but supported housing facilities, right. I must have five within three blocks of my house, right. So

I'm pretty familiar with the programs. And, you know, it seems to me that one of the key issues is good management. And particularly where you may have an issue with staffing, et cetera, et cetera, good management is even more important.

What if anything does your agency do to help with that situation? So in other words if part of this problem is that it's just not good management, how do you address that issue?

ACTING EX. DIR. LISI-MURRAY: Well, we don't have a role with respect to supporting housing. That would be outside of --

ASSEMBLYWOMAN SIMON: Well, that's what I said, it wasn't really the right example. But it could be in your situation as well.

ACTING EX. DIR. LISI-MURRAY: Absolutely. And it would go back to the CAP audits, you know, that I referenced earlier. These are our opportunity for the Justice Center to come in, or the provider will provide us with their plan for making

improvements. We can identify issues such as, like I said, staffing issues, issues of inadequate training, whatever those issues may be that are systemic to the facility or the provider. We go back in and we ensure that the remedial actions are being taken and that the provider is adhering to the corrective actions that they committed to implementing.

ASSEMBLYWOMAN SIMON: Great. Thank you. I appreciate that very much.

Thank you. I'm done.

CHAIRWOMAN KRUEGER: (Mic off; inaudible.)

SENATOR FAHY: Sorry, the mics are still hard to get on. Thank you.

Thank you for being with us, Director, and thank you for your testimony.

Can I just pick up very briefly on the Category 4? And was there some impetus for this? And is it data-driven in terms of sites where you have seen repeated problems? Can you just explain what the impetus was and what you're hoping to achieve here?

ACTING EX. DIR. LISI-MURRAY: Absolutely.

So under my leadership, one of the things that I felt was really critical to the agency was taking the data that we receive, using that to drive data, you know, data-driven decisions. I think it's really important that we're not relying on anecdotal evidence but in fact the data that we see.

You know, it's no secret that there are, you know, concerns with the workforce. We know firsthand people, you know, are working longer hours and being put under more pressure. These individuals are doing a very, very hard job. And, you know, we felt that it was important to take the totality of the circumstances into consideration in this regard and, in essence, identify what are the actual causal factors to this outcome that's problematic.

SENATOR FAHY: Okay, thank you.

ACTING EX. DIR. LISI-MURRAY: Thank you.

SENATOR FAHY: And in terms of your

regular cases -- and obviously, we appreciate what you do. As you can imagine, especially when the Justice Center was first launched, we used to hear about a whole host of concerns. And one of the concerns that I continue to hear about and I think we spoke about this last year, is the timeliness of the investigations. And, you know, how difficult that is. We've heard all afternoon about the pay of many workers in our facilities and how difficult that is.

And there are times, because of an allegation that may be a very old one or a long, longstanding employee who is faced with an allegation and they are removed and not paid, they're off the payroll for months and months and months at a time because of an investigation.

And again, while we all recognize the importance of being vigilant, there are some dire circumstances to the individual, especially if they are recused from any of those allegations.

Can you talk about the timeliness and

what the procedures are in our facilities. Does somebody actually have to be removed completely from the facility, or at times can they remain on a payroll? Can you just talk about what levels that is and, again, a focus on the timeliness?

ACTING EX. DIR. LISI-MURRAY: Certainly. So back to the timeliness issue, one of the things -- you know, when I started in this position I wanted to look at ways that we could expedite, move our investigations through without reducing quality, obviously.

So we took a look at our intake. We operate a 24/7 call center where we receive the 90,000 calls each year. And part of that unit has what we call 3BDR, three-business-day review model. These individuals, when there's a call with respect to abuse and neglect, they begin the process immediately of collecting whatever typical documents you might have -- care plans, policies -- and they begin to put the case together and identify the plan moving forward in order to

help expedite the actual investigation process and weed out those that should not be going through a full investigation process.

So that has been step one. Step two, that we implemented what we call "early unsubstantiation of cases," and this operates through our investigations unit.

Our investigators will take cases where we have maybe multiple subjects accused of abuse and neglect and if we can look at the evidence that's been collected right in the front of the investigation, oftentimes we find there are individuals who we can quickly exonerate -- they weren't working that day, it's not a question of did they do it or not, but they were -- just in no way, shape, could be responsible for this. And we now sever those people off and drop them from the investigation in order to return them back to work in a more timely fashion.

And then again, in terms of moving through investigations in a timely fashion, the Category 4 findings we believe does help do that. We help to get people back to work

if we're not focused on the individual and we're more focused on the systemic issue within the facility, because that's the thing that needs to be fixed, right?

And then with respect to putting people out of work that really falls to the employer, the provider, the employer of that individual. The only time the Justice Center, you know, truly mandates somebody being removed from work completely is if they're put on our staff exclusion list, and then they can't work with any of the vulnerable populations.

So, you know, there's always safety to be concerned about, there's always safety care plans can be implemented. There may be other ways around it that I can't speak to that, you know, would need to be addressed by the provider community. But we don't instruct people to be taken out of work unless they fall on our staff exclusion list.

SENATOR FAHY: Thank you. And I look forward to hearing more as you roll out the Category 4 to see, you know, whether that

helps to really target some of the more routinely problematic sites and if it helps to really target some of your work.

And I think we still have some implementation work in terms of some of the providers and the homes on this staff exclusion list and whether people are off-payroll or not. It just seems like there still is, given the calls that we receive about individuals who -- in a number of cases where it was not substantiated.

So I appreciate your fresh look at this and trying some new ideas. And thank you again for your testimony.

Thank you, Chair.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: Thank you, Chairman.

So one thing you said in your testimony intrigued me; I want to sort of dig in a little bit on that. You had indicated,

all right, we've been doing this 10 years and now we sort of see patterns, and you indicated choking incidents were up. I would think 10 years in is sort of a good time to sort of go back and say what's working, what's not working, what are we seeing more of, what are we not seeing more of, what problems did we solve, what are new problems we didn't anticipate.

Are there any other patterns that are sort of like that that you could point to as far as the type of incident or the type of victim or a geographic pattern? Anything like that, now that you have 10 years of data?

ACTING EX. DIR. LISI-MURRAY: Absolutely. So historically we've looked at this data and then identified areas where we felt training should be improved. Like I talked about the choking and the food, you know, safety care plans.

We've had -- we've looked at wheelchair securement, developed toolkits for that. We've looked at issues with respect to

inappropriate boundaries. We developed toolkits for that. These are on our website so anybody can look at them. But we have always felt, you know, that at the Justice Center that having this data affords us the ability to identify, you know, areas where people may be having -- we may be seeing more reports or people maybe need more training or there should be some clarification. That's where we want to dig in.

I really want to focus, in my year ahead, on preventative measures, utilizing our data to instruct us on where prevention can make a difference.

ASSEMBLYMAN SEMPOLINSKI: What would be sort of the biggest difference in the type of investigations you're doing today compared to when you started? What would be the biggest change over that time?

ACTING EX. DIR. LISI-MURRAY: Well, I've been at the agency for about a year and a half total at this point, so --

(Laughter.)

ASSEMBLYMAN SEMPOLINSKI: If we go

over the life of the agency, maybe not your tenure, if you have that --

ACTING EX. DIR. LISI-MURRAY: I do think, though, that the big new fresh look, so to speak, is Category 4. The Justice Center, you know, is charged with protecting the health, safety and dignity of vulnerable populations, but we're also charged with, you know, supporting our direct care workforce.

And that's where I see, at least in one aspect, we can make a real difference and that we can provide the tools and the training and, you know, give the workforce -- you know, at least from our perspective -- the things, you know, that they should be thinking about and have front of mind as they care for our state's most vulnerable people.

ASSEMBLYMAN SEMPOLINSKI: Well, thank you very much for what your organization does, and as a special-needs parent I really appreciate it.

I'm all set.

CHAIRWOMAN KRUEGER: Excuse me. We have Senator Canzoneri-Fitzpatrick.

SENATOR CANZONERI-FITZPATRICK: Thank you, Madam Chair.

Thank you so much for being here today and for testifying.

In your testimony you mentioned developing and launching best practice training courses which had over 200 participants. I was wondering if you could expand on how that is organized. Is this across the state? Do you have interested departments contact you, or do you contact them? And just how that training is going about.

ACTING EX. DIR. LISI-MURRAY: Thank you for that question. This is one of the new initiatives that I've implemented as soon as I came into the acting executive director role.

Based upon my background in law enforcement investigations, I have always felt there was a gap in terms of this training and understanding. And our first responders -- you know, EMS, fire, police -- they need the tools in order to do better,

and in order to recognize that sometimes approaching a situation with a law enforcement or a criminality lens isn't the right way to go. Right?

So we implemented what we call our mandated reporter trainings. Those are done remotely via Webex. Individual agencies or any first responder agency can sign up for it. It's free. And then they get renewed training, renewed understanding of what their responsibilities are as a mandated reporter, because they are a real vital source of reporting and information to the Justice Center.

The other area of training that we are building out and we've got additional training scheduled for the upcoming year is in our forensic interviewing training or we call it our FIVP. This is the training when you have an individual who cannot articulate themselves verbally, this is the training that allows first responders or any investigator to engage with that person effectively.

So it's a unique training. It's something that our -- you know, within our expertise that I think brings something different to the first responder and investigator's world.

SENATOR CANZONERI-FITZPATRICK: So what type of feedback are you getting from those who are participating? Do we need to expand this? Should it be mandatory? What other suggestions might you have to improve this?

ACTING EX. DIR. LISI-MURRAY: We've had excellent feedback. I mean, it's fairly new in this regard. But as I said, we've had over 200, you know, folks respond to the training, and it literally was only rolled out a few months ago.

So I think it's very important to understand that first responders want this information. They want the tools. They want to do better. You know, I have definitely leveraged my experience and relationships in the law enforcement and first responder world to make sure that people understand and have

awareness of what it is that we can offer.

And, you know, crimes against individuals with special needs who can't speak for themselves or can't articulate themselves, they're a much harder case to successfully bring to trial. And we -- you know, we want to ensure that people, you know, who do wrong are brought to justice. And if we can help in that way, we're happy to do so.

SENATOR CANZONERI-FITZPATRICK: Well, thank you for your efforts, because hopefully what you're doing is preventing them from -- the incidents from ever occurring. And I do know of a couple of families that have dealt with these types of incidents, and it's so traumatic.

So thank you for your efforts, and I have nothing further.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Steck?

ASSEMBLYMAN STECK: None.

CHAIRMAN PRETLOW: Assemblyman Ra?

Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Okay, thank you, Mr. Chair.

Thank you for your testimony. Thank you for being here.

I wanted to just ask about a few different areas, mainly with how are we ensuring that individuals with disabilities, particularly nonverbal individuals, have input on things that -- reports and things that happen and some of the policies that the Justice Center has implemented? How are we getting that input, and how are we making an effort to include nonverbal individuals?

ACTING EX. DIR. LISI-MURRAY: Sure.

So with respect to input to the Justice Center, I'm sure you're aware we have an advisory council that we meet with regularly. These are individuals who work in the provider field. We have self-advocates on our advisory council.

And they are -- you know, they are the boots-on-the-ground folks who bring us back the information in terms of what their

concerns are and what they're seeing day to day.

With respect to the nonverbal community, you know, we do have a training, it's a forensic interview training that I was talking about earlier which allows first responders or investigators to be able to, you know, utilize skills in forensic interviewing to communicate effectively with nonverbal individuals.

So we do have an expertise in that area that we are bringing to training and, you know, trying to roll out to the broader population of first responders.

ASSEMBLYMAN SANTABARBARA: And mentioning first responders, that's a good segue to the next question, I guess.

There has been a bill circulating about mandatory 911 reporting when something happens at one of these facilities. And I think that bill was amended and I think it ended up with some informational materials that are now posted or supposed to be posted in certain areas.

But what's your opinion on that, on mandatory requiring for a 911 call if something happens? Especially if it's a nonverbal situation where you're not exactly sure what happened. Is that something the Justice Center supports?

ACTING EX. DIR. LISI-MURRAY: Well, the Justice Center is not an emergency response or a first responder agency.

ASSEMBLYMAN SANTABARBARA: I understand.

ACTING EX. DIR. LISI-MURRAY: Our call center operators, there's a -- you know, they have a script, and one of the first questions that they ask is does 911 -- has 911 been called? Is this an emergency?

There are other ways to submit a report. We have a web report so it doesn't have to be verbal. But to the extent, you know, pending legislation, I -- you know, I really wouldn't want to comment on that. But we would not be -- the Justice Center would not really be positioned as a first responder agency, given what we do. The vast majority

of our reports are non-emergent, they are after -- you know, after some time has passed.

ASSEMBLYMAN SANTABARBARA: And in terms of funding and resources, staffing, do you have the resources and the staffing available to do -- to investigate all the cases that are being reported?

ACTING EX. DIR. LISI-MURRAY: At this time we are sufficiently resourced to do, you know, and complete our mission. We thank the Governor once again for supporting protections for vulnerable New Yorkers.

ASSEMBLYMAN SANTABARBARA: And are there training programs for DSPs as well to prevent this neglect and abuse? Are they in place? And is there anything else we need to do to bolden those programs?

ACTING EX. DIR. LISI-MURRAY: Absolutely. We have an entire unit that's dedicated to prevention efforts. Our prevention efforts and toolkits and guidance, it's on our website, so it's publicly available for anyone to look at. We take it

very -- we take training very, very seriously. We feel that giving direct service providers the information and the guidance and the best practices is an effective way to prevent abuse and neglect.

ASSEMBLYMAN SANTABARBARA: I guess with the system in place, can you just walk me through like if -- once an incident is reported, could you just walk me through the process of what happens next and what are the following steps and what is the follow-up from the Justice Center?

ACTING EX. DIR. LISI-MURRAY: Sure, absolutely. So if our office of incident management receives a call and there's an allegation of abuse or neglect, it will go through the process. Typically it will go through this three-business-day review process and the documentation will be requested upfront. So like care plans, you know, what specific diagnoses might be relevant to the individual who is, you know, the victim.

And that information is collected

upfront, and then a plan is prepared in order to move forward. We identify who the witnesses would be, we identify who the subject might -- would be, and we -- obviously we go out, our investigations team would go out on-site and talk to these people individually and, you know, begin the process of collecting evidence to determine whether we can substantiate an abuse or neglect finding against, you know, the subject.

So once somebody is -- you know, you go through the process, assuming they are substantiated, is the term we use, they do have a right to request an appeal from that. We have an internal team of attorneys that will review the appeal, go through all the evidence, make sure that there is sufficient evidence in order to move the matter forward to a hearing. And ultimately any subject accused of abuse or neglect has the right to an administrative hearing.

ASSEMBLYMAN SANTABARBARA: And who has access to those documents? The caregivers and parents, are they able to access the

reports?

ACTING EX. DIR. LISI-MURRAY: Yeah, and it depends. There is an investigative summary report that gets prepared, and yes, parents can access it.

We have privacy protections in our statute that prevent certain people from seeing certain things. If there's a specific ask that you want or you think you need to see, we can certainly have a discussion offline on that topic. But we're always trying to balance those two competing interests.

ASSEMBLYMAN SANTABARBARA: In addition to that, I guess the other question is that process you just described, how long does that typically take? How long does it take to get information back on what happened?

ACTING EX. DIR. LISI-MURRAY: You know, it depends --

ASSEMBLYMAN SANTABARBARA: Or to get an answer either, the determination of what -- what the situation actually was.

ACTING EX. DIR. LISI-MURRAY: Sure. I

mean, it can depend wildly. Like if we have an incident where there's criminal conduct and we're in contact with the district attorney's office, it would not be unusual to be asked to hold our administrative case while they complete the criminal case.

That being said, we work in parallel, it's not like we don't -- we continue working our administrative side. But we collaborate, we help ensure that whatever evidence is useful to a district attorney to obtain a criminal conviction, that we're helping to sort of package the case for them in order to ensure their success on the criminal side also.

ASSEMBLYMAN SANTABARBARA: And you mentioned substantiated versus nonsubstantiated. How many cases -- do you have an estimate of how many cases come your way, either month or year, and how many of them do end up being substantiated versus not?

ACTING EX. DIR. LISI-MURRAY: Sure. So each year we have approximately 11,000

abuse and neglect cases that we investigate. We substantiate approximately 40 percent of those each year.

ASSEMBLYMAN SANTABARBARA: And most of the ones I've heard of have been reported by someone else in the facility. In your opinion, are there barriers to that, people reporting the cases actually having the mechanism or the opportunity to report something if they see something?

ACTING EX. DIR. LISI-MURRAY: Yeah, barriers to reporting are completely unacceptable. That is something we make very, very clear. There can be no retaliation. There has to be a clear reporting line. People are mandated reporters and we expect them to, you know, make the reports if they see something that they believe is an abuse or neglect situation.

ASSEMBLYMAN SANTABARBARA: Okay, thank you for your answers and your testimony today.

ACTING EX. DIR. LISI-MURRAY: Thank

you.

ASSEMBLYMAN SANTABARBARA: That's all I have, Mr. Chair.

CHAIRWOMAN KRUEGER: I'm just double-checking. I don't have any more Senators on my list. Am I missing any of you? No.

Assembly, it's yours.

CHAIRMAN PRETLOW: Assemblywoman Giglio.

ASSEMBLYWOMAN GIGLIO: Thank you.

So as a follow-up to what my -- the chair on the committee said, so out of all the complaints that the Justice Center gets, how many of those actually rise to the Justice Center doing an internal investigation instead of the agency?

ACTING EX. DIR. LISI-MURRAY: Yes, thank you for that question.

ASSEMBLYWOMAN GIGLIO: What percentage.

ACTING EX. DIR. LISI-MURRAY: Yup.

So the Justice Center retains approximately 40 percent of the cases of

alleged abuse and neglect that come through. These are typically the most egregious, most troublesome cases. And we have about 60 percent that get sent back to the oversight agencies in order to do their own investigation.

That being said, please understand that when we send those back to them to do an investigation, we have a guidance document in terms of what we expect, what our agency requirements and controls would be. And then when the investigation is complete, they always come back to the Justice Center at the end, and we do a final review and we -- if we're unhappy with an investigation, we can always send it back.

But we have the last say in terms of whether that investigation is properly done and complete.

ASSEMBLYWOMAN GIGLIO: Okay. And then you had said that you work in parallel with the district attorney's office. What about cooperation with local police? Do you think that an investigation from the Justice Center

should be automatic? When there is a police or an ambulance or somebody's hospitalized, do you think that that should just automatically be something that the Justice Center investigates?

And how do you track and analyze data on cases involving people with disabilities to identify systemic issues?

ACTING EX. DIR. LISI-MURRAY: So, you know, we -- one of the reasons that we've rolled out this first responder initiative and this first responder training, reminding them of their obligations as a mandated reporter, is because they are a critical reporting source for the Justice Center.

So yes, these individuals who may respond to a scene or may have -- you know, be taking someone to the hospital and they suspect abuse and neglect in that situation, yes, we would want them to call us. So that's really kind of been the crux of, you know, why we're rolling out this -- why we're rolling out our training and outreach efforts to first responders.

With respect to -- can you just remind me of your second question?

ASSEMBLYWOMAN GIGLIO: Yeah, I mean, back to the first question, because I do have a couple of minutes left.

But so when police or when emergency -- because this was a question I asked of the commissioner earlier, is, you know, you're getting a call you have people that are in the house -- these are minimum wage employees that are dealing with people that are disabled that cannot speak for themselves and cannot stand up for themselves. So you're depending on, you know, someone in the house to just say, okay, I'd better call an ambulance or I'd better call the police.

And then when they come, don't you think that that should warrant an investigation as to whether or not the people in the house are properly trained?

ACTING EX. DIR. LISI-MURRAY: Well, I think that the key to warranting the Justice Center involvement is if that first

responder believes there's some evidence of abuse or neglect.

ASSEMBLYWOMAN GIGLIO: Yeah, but with discovery laws and litigation and everything else, first responders are going to be reluctant to actually follow up on a complaint. I think that it should be automatic.

And then the second question was, how does the Justice Center track and analyze data on cases involving people with disabilities to identify systemic issues?

So this is happening over and over again in this house -- is it the workers? Is it the -- you know, the behavioral needs of the people that are in the house? Or, you know, what triggers like the Justice Center to say, Hey, we might have a problem here in this house?

ACTING EX. DIR. LISI-MURRAY: Sure, absolutely. So we do have the ability to track individuals who may come up in our data as somebody who's a victim, you know, who's shown up repeatedly.

If we see a situation like that in our data -- and we do track that data -- we have the ability to send out our quality and audit teams. We can do an unannounced site visit. We can -- you know, we have the power to do that. If we feel that there is some situation going on at a provider that's problematic, we will utilize that resource and, you know --

ASSEMBLYWOMAN GIGLIO: Thank you. I think you'd get a better picture if all reports of police going to a house and an ambulance going to a house and all hospitalizations -- I think you'd get a better picture if that was automatically reported.

ACTING EX. DIR. LISI-MURRAY: Mm-hmm. Fair enough.

ASSEMBLYWOMAN GIGLIO: Thank you.

CHAIRMAN PRETLOW: Assemblyman Berger.

ASSEMBLYMAN BERGER: Hello.

ACTING EX. DIR. LISI-MURRAY: Hi.

ASSEMBLYMAN BERGER: It's my understanding that a provider employee at an

OPWDD-funded agency, they often work for multiple agencies. And currently if they work for Provider A, they have to go through fingerprinting and a criminal background check, and if they also want to work for a second agency, which happens often enough, they have to go through the whole -- you know, the cost and the background check, you know, a second, third time. That comes with the additional extra cost, delay in employment and delay in services.

Has a registry or central registry or some sort of other modernization effort been considered? And do you believe a registry would alleviate those workforce challenges?

ACTING EX. DIR. LISI-MURRAY: Sure. So let me just start with saying our criminal background check and our staff exclusion list checks, those really are our first line of defense in terms of protecting vulnerable persons.

You know, it sounds like what you're talking about would have multiple like moving parts and we would need to work with our, you

know, sister agencies to determine what something like that could ultimately look like. So, you know, I hope I've answered your question. But if I haven't, please let me know.

ASSEMBLYMAN BERGER: No, that's good. Thank you. That's it.

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Thank you for being here today.

I just first want to congratulate you on the incredible work you and the Justice Center are doing. I appreciate your approach and the accomplishments made with protecting and serving this very vulnerable population.

I wondered when -- I appreciated the focus on the systemic issues that are reoccurring. And what I wondered, when did you -- when did that start, that focus on looking at the facility as more responsible?

ACTING EX. DIR. LISI-MURRAY: Well, the impetus for looking at this started

closer in time to when I started at the Justice Center.

This is the first year where I think we've had actual data where we can, you know, talk about having 5 percent over the course of 2024 as, you know, being our Category 4 findings.

It is an area -- because, you know, I come from a background of quality -- you know, internal audit quality, internal controls background. Like I see this as really an area that is going to help drive improvements in quality, prevention, and ultimately then protection.

ASSEMBLYWOMAN GRIFFIN: Yeah, which is really what we need.

ACTING EX. DIR. LISI-MURRAY: Yes.

ASSEMBLYWOMAN GRIFFIN: Is there -- like if you were a family and you were considering different options of where you would be having someone served either daily or a live-in, is there any public listing or anything they can access? Because -- so like they wouldn't choose one of these places that

has some investigations, serious investigations against it, or serious findings.

ACTING EX. DIR. LISI-MURRAY: Thank you for that.

Yes, there -- to my knowledge, there is no sort of score card, I think is what you're asking about.

ASSEMBLYWOMAN GRIFFIN: Mm-hmm, yes.

ACTING EX. DIR. LISI-MURRAY: There's nothing of that type currently that I'm aware of.

ASSEMBLYWOMAN GRIFFIN: And do you think there should be?

ACTING EX. DIR. LISI-MURRAY: I think that that would require, again, probably legislation and it would certainly require working with sister SOAs. There's a lot of -- a lot of data and maybe some privacy concerns.

But, you know, if there's a proposal that will protect vulnerable people, you know, we'd like to be part of that conversation.

ASSEMBLYWOMAN GRIFFIN: Right, thank you.

And one final question is, is -- there seems like you have a lot of -- must have a decent budget because you're getting a lot accomplished, and even with the training of first responders. Is your budget adequate for what you're trying to accomplish, and with your new focus on the training of first responders?

ACTING EX. DIR. LISI-MURRAY: Yes. So our budget as it stands, you know, is sufficient. We're pleased to be resourced. We're pleased with the Governor's investment in protecting New York's most vulnerable populations.

We're very fortunate in that the -- you know, the trainings that we are rolling out for law enforcement, the vast majority can be done online, you know, via Webex. And that makes things a lot more cost-effective.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you very much.

ACTING EX. DIR. LISI-MURRAY: Yes,

thank you.

CHAIRMAN PRETLOW: Assemblyman Maher.

ASSEMBLYMAN MAHER: Thank you very much.

I have gotten a lot of feedback, and I think you've talked at length about some of the items and some of the practices and training that's involved to really take ownership over the fact that there can be harm potentially done with some of these investigations. I really appreciate that.

I will say that some of the feedback that I continue to get -- and it's a work in progress, I'm sure -- is the same phrase: It's as though folks are presumed guilty and not innocent. And that's a sentiment that hopefully, with a lot of the things you discussed, can change over time.

One question I wanted to ask you is there's a really interesting model, I want to say in the State of Texas -- I'm going to have it emailed as well -- where they use individuals with different experiences, 30, 20 years in the field, to supplement some of

the initial information that's brought in as more of an evidence-based approach.

Would you be open to utilizing that model or something similar to make sure that some of these investigations before they get too far, some of the very easy, low-hanging fruit, folks can come and just make sure that we get to that evidence-based approach instead?

ACTING EX. DIR. LISI-MURRAY: You know, it's interesting because, you know, I talked earlier about our 3BDR, three-business-day process. That is part of -- you know, it sounds like it might -- I'm not familiar with that report. If you'd like to send it, I would be very happy to read it.

ASSEMBLYMAN MAHER: Sure.

ACTING EX. DIR. LISI-MURRAY: But, you know, this is the first instance when we get something that comes in through our intake unit, these folks identify, you know, what are the typical documents you're going to need, what are the typical -- you know, what

would we need to support an investigation.

There are always documents that are, you know, routine, like care plans, you know, medical orders, that sort of thing. So we know right out of the gate what we need to look at, at least to get a handle on what the investigation may look like.

That also allows us to create a plan internally. And when it goes to investigations, it streamlines it. It makes it -- it makes it quicker.

And that dovetails on the other item I talked about with respect to this early evidence, you know, review and this process of being able to take an investigation that may have multiple potential subjects. And if we can, you know, basically drop those individuals from the investigation at the front end, we try to do that immediately so they can get right back to work.

ASSEMBLYMAN MAHER: I did hear you mention that. And I've been very impressed with some of the things that you've said, and they've been in -- you know, contradicting to

some of the other items that I've heard.

So what I'd love to do is have a close relationship with your office and as I receive some of this information on models that work in other states, would love to pass that along.

ACTING EX. DIR. LISI-MURRAY: Excellent. Thank you. Appreciate it.

ASSEMBLYMAN MAHER: Thank you.

CHAIRWOMAN KRUEGER: Just double-checking. Anyone else for this commissioner? Director, sorry.

All right, hearing from no one, I'm going to thank you very much for your participation today. And you're welcome to take your leave and continue your work.

And we are going to move on to our first non-governmental invitee panel. We're calling you Panel B. So New York State Conference of Local Mental Hygiene Directors, Mental Health Association of New York State, the National Alliance on Mental Illness-New York State, if you would all like to come and take your seats.

And now for the remainder of this hearing, everyone should remember the rules have now changed to three minutes for each testifier and three minutes for each legislative questioner. Being a chair or a ranker no longer gets you extra time, or a second bite at the apple, so we will all learn to be very, very concise.

And I see three groups on my list, and yet four people. So let's have you each introduce yourself so the communications people upstairs know how to describe you when you do go on camera.

Hi. Why don't you just introduce yourself.

MS. DAVID: Introduce but not start.

CHAIRWOMAN KRUEGER: Yes.

MS. DAVID: Courtney David, executive director, New York State Conference of Local Mental Hygiene Directors.

CHAIRWOMAN KRUEGER: Thank you.

Hi.

MR. McLAUGHLIN: Nathan McLaughlin, executive director, NAMI-New York State.

MS. NECHES: Julie LeClair Neches. I'm a board member of NAMI-New York State, psychologist, and mother of somebody with a mental illness.

MR. LIEBMAN: Glenn Liebman --

CHAIRWOMAN KRUEGER: Which group are you with, I'm sorry?

MS. NECHES: I'm with --

MR. McLAUGHLIN: The same organization.

MS. NECHES: -- the same organization, the NAMI-New York State group. We're going together.

CHAIRWOMAN KRUEGER: Thank you.

Okay?

MR. LIEBMAN: I'm Glenn Liebman, CEO of Mental Health Association in New York State.

CHAIRWOMAN KRUEGER: Okay. So we go back to this side of the table. You have three minutes, the two of you together have three minutes, and then the final, for three minutes. Thank you.

MS. DAVID: Thank you.

Good afternoon. Again, I'm

Courtney David. I'm the executive director of the New York State Conference of Local Mental Hygiene Directors. The conference consists of the directors of community services for the 57 counties and City of New York. Thank you for the opportunity to testify today regarding the proposed Executive Budget and our priorities to improve the mental hygiene systems locally.

First, we must reform the state's competency restoration process. For the last several years the conference has been advocating to implement these reforms, and it is time to finally overhaul the archaic statute that governs the process for determining a defendant competent to stand trial.

In fiscal year '21, the state shifted 100 percent of the cost of competency restoration onto the counties. The per diem rate for one individual in a state-operated forensic facility is approximately $1300 per day. Over the last four years, this policy

action has diverted hundreds of millions of dollars away from counties and their local systems of care.

For example, Warren County, with a population of 65,000, has experienced a 10,000 percent increase in cost -- 14,000 was 2019; 2024 was 1.6 million. In many counties these costs are now exceeding the property tax cap.

Restoration services do not replace appropriate treatment and supports, which in many cases has led to repeated cycles of incarceration. More individuals deemed incompetent to stand trial are being sent to state forensic facilities, and many have been in restoration for periods of three, six, or even 10 years. The DCS has also received little to no clinical information or timelines for discharge.

I want to thank you, Senator Brouk, for your ongoing support by carrying our bill, which includes the reforms necessary to address this issue.

We are also asking your support for a

20 percent administrative state aid increase to sustain county-based single point of access programs. SPOA programs are vital local supports which link individuals and families to needed services, especially those with histories of homelessness and criminal justice involvement.

SPOA coordinators make referrals to treatment and supports, provide care coordination, and work with clients to help navigate complex systems. In many cases they serve as an advocate for individuals and their families.

Despite increasing responsibilities, state funding for these programs has remained stagnant and many rural counties struggle to retain full-time coordinator positions.

We also request the inclusion of a provision outlined in Addendum 1 of my written testimony to require the sharing of clinical records under AOT orders with the county directors. A 2011 legal case known as the Miguel M decision has at times restricted their ability to obtain these records,

particularly in New York City.

We strongly support the Governor's enhancements to AOT programs and inclusion of 16.5 million to assist counties with this process. However, the final budget must include our suggested amendment to ensure the appropriate coordinated care is available to support these individuals.

Thank you for your time and consideration. I look forward to working with you and your staff this budget cycle.

MR. McLAUGHLIN: Good afternoon. Thank you for the opportunity to provide testimony. Again, my name is Nathan McLaughlin. I'm the executive director for the National Alliance on Mental Illness, the New York State Chapter.

The issues we'll be testifying on today have long impacted myself and my family as a parent of a child with mental illness. With me today is NAMI-New York State board member Julie LeClair Neches, who will also share a piece of her story.

You know, our message today is really

about progress and collaboration with both the Executive and the Legislature. As you'll read in our testimony, we're really looking at our three legislative priorities this year, which is fighting for people like Alix and Nicole, some of the most vulnerable New Yorkers living with serious mental illness. Also breaking down barriers, building bridges, and increasing access to mental health services for all New Yorkers who need them. And, of course, addressing the youth mental health crisis.

There are two issues that we would like to see improvement on, which is the 2.1 percent increase and the prescriber-prevails issue we'd like to have another look at.

But I hand my time over to Julie LeClair Neches.

MS. NECHES: Okay. So I already said who I am, so I'll just get started.

So my daughter Alix was diagnosed with bipolar disorder her freshman year of college. And I was called onto the campus,

and I actually lived in the infirmary in the parent room while she was in the psychiatric unit. It was a little like the movie Freaky Friday: I was living the campus life, but she wasn't leading my life.

And while she was on the psych unit she e-mailed the entire freshman class at Dartmouth and got stigmatized, so she ended up transferring to NYU. And while she was there, she did great, and she advocated for others with a mental illness.

And I'm also so honored that Governor Kathy Hochul told my daughter Alix's story at the State of the State so that she could still make a difference. And it's like my daughter, who was advocating for those with a mental illness, was still advocating from up in heaven.

And my daughter ended up having an issue when she transferred to NYU when my dad died. And she ended up needing the services that Governor Kathy Hochul is prioritizing, and they really helped her.

And even though my daughter did not

make it and passed away at age 25, some wonderful things happened. NYU posthumously gave her a college degree. And also, at the funeral, all these people I didn't know came up to me and said they were on psych wards with my daughter and she had uplifted them while she was on the psych ward and made a difference even while she was in a manic episode.

And one person who couldn't come to the funeral went to the gravesite, read my daughter Alix a seven-page letter, said she wouldn't be in med school if it wasn't for my daughter, and that she was going to name her first child after her.

And so I want to thank you for letting me give Alix a voice, and she is still advocating right now. So thank you.

MR. LIEBMAN: That was -- that was incredible.

My name's Glenn Liebman. I'm the CEO of the Mental Health Association in New York State. I've been CEO for over 20 years now, and I've had the privilege of testifying all

these past 20 years.

So our organization has 26 affiliates in 52 counties throughout New York State. We provide community-based mental health -- we're a community-based mental health organization; we provide services on the ground.

I just want to welcome Assemblymember Simon as our new chair. Thank you.

And I also want to acknowledge Aileen Gunther, who was our former Mental Hygiene chair in the Assembly. Aileen was a really strong advocate and a really good friend. And, you know, we wish her luck.

And we also want to recognize -- we're so glad that Senator Brouk is back as the Mental Hygiene chair as well.

So we have extensive testimony, which I'm obviously not going to read, but it's largely based on workforce, our response to Kendra's Law -- we have a 10-point plan -- behavioral health parity, youth and teen

mental health first aid, mental health training for teachers -- thank you, Senator Fernandez, for your support for that bill -- mental health in colleges, first responder peer support, prescriber prevails, and equal payments for adult home residents.

I'm going to just -- given my brief time, I'm going to talk about workforce. And almost all of you articulated it so well, much better than I could, about the challenges that we have. We have a 30 percent turnover rate on a yearly basis. Yesterday a woman spoke at our press conference about how her son had 11 case managers in 10 years. How do you develop a therapeutic relationship if someone leaves after 10 months?

Now, Governor Hochul has been the best Governor we've ever had in terms of her commitment to workforce. She's provided more than the last four governors combined. But as we all say, it's still not enough.

We are advocating for a 7.8 percent increase, which is based on how funding over

the past four years did not meet the consumer price index. This year she has proposed adding 2.1 percent. It's a start. But for someone like my son, who is a direct care worker who makes $30,000 a year, that amounts to $12 more a week. That's hardly a recruitment tool.

Our people are mission-driven -- that's why they take these positions. But mission-driven doesn't put food on the table. We can't keep up with salaries in the for-profit companies like Amazon and Walmart, and fast food. We can't keep up with the state workforce either.

For equivalent jobs, they pay higher salaries. And we just found this out a few months ago -- their benefit package is 65.5 percent of the state workforce. Ours is capped at 27 percent. When a state worker retires, they receive a nice pension. When a non-for-profit worker retires, they receive a nice handshake.

So that's really where we are in terms of the funding for this program. And we

really urge your continued support to move from a 2.1 percent to a 7.8 percent. These people are doing the most incredible work in our community, and we need to support them. And anything we can do to, you know, respond to that support is really important.

And including, Senator Brouk, your bill about capping CPI with COLA is something we would love to see happen. And we're obviously advocating for that.

So thank you.

CHAIRWOMAN KRUEGER: Thank you.

Surprise guest, will you say your name once more for our tech people? Because we don't have it in writing anywhere.

MS. NECHES: Me?

CHAIRWOMAN KRUEGER: Yes.

MS. NECHES: Okay. So I am Julie LeClair Neches, N-E-C-H-E-S. Julie LeClair Neches.

CHAIRWOMAN KRUEGER: Thank you very much. It's just so that our tech people know what to put on the screen and in the record. Thank you.

MS. NECHES: All right. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And our first questioner is Senator Samra Brouk, chair.

SENATOR BROUK: Thank you so much, and thank you all.

Julie, it's really nice to see you again. Now we've become fast friends as you've been here advocating. And your story -- I don't think anyone will forget.

And thank you, obviously, to our partners that we do this work with.

I do want to talk about two quick things. One is, you know, when you shared that part of your story, Julie, around the power that Alix had on her peers, it really, I think for all of us, shows why we talk so much about peer support, because there's nothing more powerful than someone who can understand what you are going through.

And so I just -- it's not a question, but it's more of an urging of folks to think about that and how powerful that is. I mean, I had chills hearing it.

And these individuals who are doing this work, you know, professionally also deserve, you know, living wages and the support they need, because what they do is powerful and can't be replicated.

So I want to thank you for putting such a fine point and just for your courage to stand here and be helping others with your story.

And then I want to talk about workforce. You know, it's come up a lot. And there's one thing that I wanted to point to. So obviously the Governor has the 2.1 percent inflationary increase. You know -- I guess, Glenn, I'll bring this to you. Do you have thoughts on how you would want -- I think you gave 7.8 percent as --

MR. LIEBMAN: Mm-hmm.

SENATOR BROUK: Okay. So do you have any thoughts on -- you know, I know we've talked in the past about splitting carveouts. Is there a sense of what you want that percentage to look like? Because this isn't technically a COLA that the Governor has put

in, right?

MR. LIEBMAN: Correct.

SENATOR BROUK: The language is different. So I just want to be very clear on what it is you think you need to be successful, keep that 30 percent turnover from getting even higher.

MR. LIEBMAN: Sure. And I appreciate that, Senator, and thank you for your support.

What we're looking for with the 7.8 is simply what used to be a COLA -- whatever we're calling it now -- but what a COLA did in the past was it provided the flexibility. So when the Governor puts out the 2.1 percent, there's flexibility there.

So for agencies, yes, the priority is workforce. But for agencies that have concerns and issues about the rising cost of healthcare or oil or gas or whatever they need to run their business, they can use that COLA for that as well.

So we envision great flexibility within that 7.8 if we do get there. We

envision it COLA-like in terms of the flexibility of it.

SENATOR BROUK: So if we -- thank you. If we're able to get my bill -- thank you for mentioning it -- to actually tie these things to inflation, what will you do with all your free time when you don't have to do fight for a COLA every year?

(Laughter.)

SENATOR BROUK: Seventeen seconds to tell us.

MR. LIEBMAN: Oh, that's not -- look at those 12 pages. That's not an issue. You know -- you've been chair for several years. You know it's never an issue.

SENATOR BROUK: All right. Thank you so much. I appreciate it.

MR. LIEBMAN: Sure.

CHAIRWOMAN KRUEGER: Sorry.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Thank you.

Thank you. You know, I have to

apologize. I was watching you gesticulate, and it's because I was looking at the closed captions. Because the acoustics aren't great in this room, so I was wondering what you were doing. So anyway, I apologize.

So I have a couple of questions for you. And so, you know, one question I have for NAMI is, you know, some of the issues that we face when we look -- are looking at AOTs and involuntary commitment that, of course, there are people who, from time to time, need that, right? But a real concern about expanding some of these notions that -- as if that was really the problem, right?

Sometimes the problem is that there's a determination to release somebody before they're quite ready, or there's no place for them to go to transition. And so they end up then getting off their meds or they end up back in a very difficult set of circumstances.

And so I was glad to see that you're advocating for, you know, holistic care, and in that I would also include families,

support for families and helping families figure out how to help and how not to further engender some of the issues with -- inter-families that could just exacerbate things, for example, without knowing.

What is your view on that?

MR. McLAUGHLIN: So I strongly support, you know, these holistic or what we call natural support systems, right? And I think NAMI is kind of uniquely situated -- not uniquely, but we're situated to address that, right?

We provide programs such as Family-to-Family that addresses that need directly. We can train families to support one another, which I think really supports what we're calling enhancements of AOT versus expansions.

ASSEMBLYWOMAN SIMON: Could you say that again?

MR. McLAUGHLIN: Sure. Which we call enhancements of AOT -- versus expansion, right -- which is looking at some very detailed parts of AOT that we talk about in

our testimony.

But I strongly believe that these are all parts of the overall puzzle, you know, and with family support in there that NAMI-New York State can really help provide through our own programming.

ASSEMBLYWOMAN SIMON: Yeah. I guess one of the issues that I see with the -- the way there is -- and this is why we have these hearings and a process, is what has been upheld for in-patient circumstances doesn't translate as well to the initial referral.

Thank you. I've run out of time.

CHAIRWOMAN KRUEGER: Thank you.

Any Senators? Just checking. Oh, yes, thank you. Senator Canzoneri-Fitzpatrick, ranker, five minutes. Oh, I'm sorry. I take that back. I forgot my own rules. Everyone only gets three minutes. We're on that stage of the hearing.

SENATOR CANZONERI-FITZPATRICK: Thank you, Madam Chair.

Thank you all for the work that you're doing. As was stated, I'm the ranking member

on Mental Health for the Senate, and I'm really very passionate about this.

And thank you for sharing your story about your daughter, the most personal of situations that you've gone through. And I appreciate that you're sharing that, because that does help other people out there that are suffering.

I wanted to always encourage people to go into this field because of the workforce retention issues that we've talked about. And as we've mentioned, the 7.8 percent increase would be a lot better than where we are right now.

But one of the other things that I have advocated for is student loan forgiveness, other programs to encourage people to go into this field, with the idea that if you go in and serve in a community-based center in an underserved area, whatever the criteria are, that we would then help people with the tuition and loan forgiveness. You know, give that incentive for people to go into this field.

So my question is, are there gaps that you're seeing that a loan forgiveness program would help and specific job titles or other things that you could see where a program like that might offer some help to improve?

MR. LIEBMAN: Sure. I'll start, I guess, and then -- thank you.

That's a very good question. And by the way, I loved your advocacy on the 7.8, thank you, when we initially spoke of it.

SENATOR CANZONERI-FITZPATRICK: Thank you.

MR. LIEBMAN: I think where we're missing -- obviously, you know, we have an issue with clinical -- being able to hire clinical staff, we know that.

But another issue we have is we have an issue with paraprofessionals and peers as well. And, in the other fields, in OPWDD and OASAS, they have stronger sort of mentoring programs, the beginning of mentoring programs. And I know that the Office of Mental Health is moving forward with their paraprofessional program and their licensure

around it, but I think that that is an area where we're really lacking.

Young people are coming out of high school -- they might not want to get a college degree, but they want to get into the field. My son's a prime example of that. He went into the OASAS field because he was able to become a CASAC. They don't have those kinds of options. They're going to get those options, hopefully, at some point, but they don't have those options now in mental health.

SENATOR CANZONERI-FITZPATRICK: Okay. Well, certainly I think it's important for you to tell us how we can help you legislatively to strengthen the workforce, because people are so important to the work that you're doing, and we do recognize that. So thank you all for being here.

That's all I have, Madam Chair.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblymember Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: Thank you, Chairman.

So hi, everybody. I'm Joe Sempolinski. I'm a new Assemblymember. I'm the ranking Republican on the Mental Health Committee, so I'm looking forward to working with all of you.

I guess we'll try and do the quick three-minute version here.

To Mr. Liebman, I would also want to raise my voice on the COLA situation. I brought that up to both the commissioner of Mental Health and the commissioner of OPWDD earlier today.

Why don't we just start with inflation. If you're below inflation, you can call it all sorts of nice terminology, whatever you want to call it, but it's not really a COLA, it's really a cut. It's just how -- it's maybe a little bit less of a cut than we've had from other governors, so.

And then to Julie, thank you so much for sharing your daughter's story. And I know she's happy watching you speak on her

behalf today. So thank you for being here.

And then to Ms. David -- I want to dig a little bit in the two minutes I've got -- did you say a 10,000 percent increase for Warren County? And the reason I point it out is the places -- I do not represent Warren County, but I represent places that are very similar to Warren County as far as being rural. And where did that number sort of come from?

MS. DAVID: So in 2019, there was a cost shift -- I'm sorry, in 2020 there was a cost shift where, because of the way that the statute reads on this competency restoration process, it dates back to 1920 and the way that there's a piece, part of the CPL 30 -- that's the reference, we call them 730 orders -- there's a section in Mental Hygiene Law that dates back to that old statute that says that the cost for these services would be borne by the county.

But again, we're way past 1920, you know. And up until 2020, OMH would share -- cost-share those costs with us fifty-fifty.

Right? And then in 2020 the cost shift happened, went to 100 percent back to the counties, because they could just do that through a financial action because it was already in the statute.

And we're seeing more and more the courts using these orders -- you know, I think they believe deep down that this is supposed to put folks into treatment, but these are competency restoration services, which is really just to get folks to understand the charges against them, get them back to the court so that they can, you know, proceed with the legal process.

But we're finding that folks are being -- you know, they're languishing in some of these state forensic facilities for years. It's a high cost per day, $1,300 per day per person. So you can imagine, order after order, person after person, and that starts to add up. And that's where you're seeing these increases happening.

ASSEMBLYMAN SEMPOLINSKI: Yeah, anytime a rural county has got a

10,000 percent increase in expenses, it's going to prompt a follow-up question from me.

MS. DAVID: Yeah. Sure.

ASSEMBLYMAN SEMPOLINSKI: So thank you very much. And thank you to all of you for your time.

MS. DAVID: Sure. We have a -- we have a much -- we have a spreadsheet that kind of looks at the whole --

ASSEMBLYMAN SEMPOLINSKI: Send it over to me.

MS. DAVID: -- whole entire county --

ASSEMBLYMAN SEMPOLINSKI: I would love to see that.

MS. DAVID: This was just a quick excerpt.

ASSEMBLYMAN SEMPOLINSKI: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senators?

Then I have a question. Hi.

So there has been some national news about health insurance companies refusing mental health payments for people in search of care that they need. And at least under

federal and previous state law, they have to provide mental health care parity.

The articles that I was reading were more of the national scandal. And I'm curious, are we seeing the same problem here in New York? Because there's probably nothing worse than knowing you are desperate for help, going in search of help, actually believing you are entitled to payment for that, and then learning you are not.

MR. LIEBMAN: It is -- thank you for that question. I've got to say that we've had Timothy's Law now on the books for almost 20 years. It was a comprehensive parity law. And unfortunately, we're still fighting those issues that you referenced. We're still fighting those same issues today. And there is nothing worse.

And I think -- you know, the commissioner this morning referenced a million dollars for DFS and Department of Health and OMH to improve enforcement. We need more than a million dollars to improve enforcement. We can't sit there and go case

by case. We have to have a systemic response, because too many people are falling through the cracks.

It's wonderful that the Governor is putting, you know, this program together around parity, around making sure that somebody is engaged with services within seven days. I think that's great.

But what's the fail safe with that? What are we going to do to make sure that that happens? We have to have a really comprehensive response. And I think what's going on nationally, sadly, is the same thing in New York State, and it's just -- there's nothing worse. There's absolutely nothing worse.

Thank you.

CHAIRWOMAN KRUEGER: Thank you, Glenn. I would like us to try to be better than the national problems.

MR. LIEBMAN: Yes, well.

CHAIRWOMAN KRUEGER: That is my hope.

MR. LIEBMAN: Right, agree.

CHAIRWOMAN KRUEGER: I don't know if

anyone else wants to chime in. Okay. I think that's my actually one question.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Okay, there we go.

Thank you all for being here, and thank you for your testimony. Just a couple of questions.

Counties are often on the frontlines of mental health services. I just wanted to ask about the state aid formulas and funding structures, how they're meeting local needs, and what changes would you like to see in this state budget?

MS. DAVID: Yes. So again, it's when we talk about the 730 issue -- I mean, this is draining millions and millions of dollars every year out of the local system, right? So this is taxpayer dollars that are a county tax levee that's going into the State General Fund. So when you pull those dollars out, then it leaves less for, you know, mental

health care.

So, you know, yes, we -- you know, there are certain programs that I think are sustainable given the local assistance that we get, or I should say state aid assistance.

But things like I outlined in my testimony, you know, those SPOA coordinator positions, they're highly valued in the counties. They have them for adults and for children. Sometimes they have to be the same person, and sometimes that person has multiple roles within the county. Those programs have not seen an increase in probably two decades. So programs like that.

Again, I was happy to see the 16.5 million on the AOT enhancements, because that will help. We also have county AOT coordinators that work on those referrals and those petitions as well. So those are two examples of where we would like to see more state assistance.

ASSEMBLYMAN SANTABARBARA: Yeah. No, that's good information. Thank you for your answer.

MS. DAVID: Sure.

ASSEMBLYMAN SANTABARBARA: Just a quick question for Mr. Liebman on the need for parity in mental health funding. I guess I have the same question to you as well.

What specific policy would you like to see as far as mental health services to be able to funded at that same level as physical health services?

MR. LIEBMAN: You know, and I forgot to reference the other point around this, and you're so right, it's -- there are so many ghost providers. And the Attorney General's report last year I thought was so damning about the lack of a response from, you know, the community, the managed care community on this.

And I think, again, where I would go is enforcement. We know that there are these issues that come up from time to time around parity. And I think we have to have a really strong systemic response. And nothing sends a message out like an enforcement and looking at the enforcement and giving a heavy fine if

necessary. That sends a message out to the entire community that you can't be doing this.

And again, with the support of the Governor's office and the Attorney General, the Legislature, I think we can get there. So I'm very hopeful for that.

ASSEMBLYMAN SANTABARBARA: Thank you for that.

I think I'm just about out of time. Thank you, Mr. Chair. That'll be it.

CHAIRWOMAN KRUEGER: Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

Thank you all for being here.

Really quick, Glenn, you did mention my bill, thank you. I'm happy to see that continued investing in youth mental health. But could you just explain a little bit -- remind me, because this bill I've had for a while and it hasn't moved, unfortunately -- why this is necessary to train our teachers and school administrators about mental health awareness.

MR. LIEBMAN: Sure. And again, thank you again for introducing the bill this year, and for Assemblymember Kelles as well.

I think -- we know we have a youth mental health crisis. The Governor's articulated it, we've all articulated it. We've all seen it. About a decade ago now we had mandated -- we were able to pass mandated instruction for mental health for young people in schools, that they were made sure they got trained.

But what about teachers? Teachers -- there are many teachers out there who are essentially seeing these issues in young people, and they don't know -- is this a mental health issue. We don't want them to be clinicians. The last thing we want them to be are clinicians. They've got enough on their plate. But we want them to look at the individual and say -- clearly, there has to be some concern. And maybe it's referring somebody to a school-based mental health clinic or the ability to at least have an essential understanding.

And your bill really just talks about that. I think it's a very commonsense bill that essentially says, Hey, teachers, you need to have a basic understanding of mental health. Not all of you do. And again, we don't want you to be clinicians, but at least have a basic understanding of mental health. So we hope obviously -- we hope it passes this year. There's not really a fiscal attached to it, so we're very hopeful.

Thank you.

SENATOR FERNANDEZ: Thank you so much. A reminder that knowledge is power.

CHAIRMAN PRETLOW: Assemblyman Maher.

ASSEMBLYMAN MAHER: Thank you all for being here today, and thank you for the work that you're doing.

I specifically wanted to ask a question of Ms. David. Being in your capacity and working with so many different mental hygiene directors, is there something aside from the labor and the workforce that is a consistent theme that you can talk about that comes up in some of the conversations

you have?

MS. DAVID: Well, our directors are very uniquely situated for what they do in the county. They have oversight of all three mental hygiene systems, so mental health, SUD, and I/DD.

So I think one of the consistent -- because they have that lens, you know, obviously co-occurring complex needs is a huge priority for them, and making sure that while the agencies are siloed at the state level, they intersect at the local level. So we're really trying to promote more service provision, more service expansion for folks that hit each individual service system.

But, you know -- so it's the complex needs, co-occurring issues that they see mostly.

ASSEMBLYMAN MAHER: No problem.

And this is for anyone at this point. We focused a lot on elementary, middle and high school children and how important the services are especially for some of the high schoolers, especially post-COVID. What

are some of the challenges that you've seen when it comes to the programs that are being tried, and what can we do better?

MR. LIEBMAN: So we have a program -- you're talking specifically K-12 or college?

ASSEMBLYMAN MAHER: I was actually looking at SEL and how that's being brought into the equation.

MR. LIEBMAN: Okay. I would say that I'm not really an expert in that area. But I would say that we have to really kind of figure out how to make sure that young people have a basic understanding of mental health.

And whatever the criteria, SEL or whatever criteria is necessary to make that happen, I think that that was sort of -- when we pushed for the, you know, mandated instruction of young people in schools, I think we really wanted to make sure they at least have a basic understanding of mental health.

ASSEMBLYMAN MAHER: That's an interesting point. And one comment I got from a youth was they never thought about

mental health and they never had certain issues, but when it began being discussed so much, that became something that entered their mind.

Do you see some of that conversation out there and in the industry?

MR. LIEBMAN: Well, I think the pandemic had a lot to do with that. I think that you can't underrate what the pandemic meant to young people and the impact it had, the psychological impact, the mental health impact it had to young people. And the good thing about the pandemic was it sort of ended some of the stigma that was engaged with young people and mental health.

But that said, you can't underestimate how important mental health education is.

ASSEMBLYMAN MAHER: Thank you all.

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you all for being here.

Glenn, I wanted to ask you -- well, I wanted to tell you I appreciate the 10-point

plan in regards to involuntary commitment and especially the importance of implementing the incident review panel, which seems like that would really be helpful in this process.

In regards to your recommendation about fully supporting the community service continuum for mental healthcare after a person is discharged, what is the funding like? We know that wasn't -- isn't funded in the budget.

What -- what level of funding would you suggest to make that happen?

MR. LIEBMAN: That's a very good question.

I think that, you know, in terms of the whole Kendra's Law issue, I think we put this 10-point plan together to respond to, you know, what we've seen in the news and certainly from the Governor's office, and some of the legislators too, that we think that we should be going in a different direction. I ran the Kendra's Law program when it first started in the Office of Mental Health. I see that we should be going

the alternative direction, frankly. I think that.

So one of the things we see is the community support piece. Because, you know, it was articulated this morning by Commissioner Sullivan that it sounds wonderful and I think that she's doing a great job and the Governor is doing a really good job of making sure that we have strong discharge plans. But I'm very concerned that from a hospital perspective, from an enforcement perspective, are those discharge plans really going to happen?

We had the whole question about mental health parity. How are we going to ensure that we're going to be able to sustain these plans? We have a workforce crisis. We have a community service crisis.

I don't know the number. I wish I could give you a solid number. But clearly there needs to be this continuum, and we're very concerned that there isn't that continuum currently in place.

And people just -- as we know, it's

rinse, cycle, repeat. Sadly, it's just like somebody goes into the emergency room, they get, you know, maybe some sort of response, and then they're out the door in 72 hours. And what's going to happen? They're going to end up back in the system. The same with, you know, people coming out of jail. You're going to see this recidivism.

If you don't have services right away -- and I like the construct that the commissioner has developed, but if you don't have those services right away and immediately impactful -- and they have to be, you know, something that resonates with the individual -- people will fall through the cracks.

ASSEMBLYWOMAN GRIFFIN: Right. Thank you. Thank you very much.

And Julie, I just want to share my deepest condolences to you for the loss of your daughter.

MS. NECHES: Thank you.

ASSEMBLYWOMAN GRIFFIN: And I would -- we don't have time now, but I would love to

learn what you think would be the most important thing, you know, for your daughter, what would have been the most important thing to help her. I would love to hear -- maybe afterwards we can talk.

MS. NECHES: Sure.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you.

MS. NECHES: Thank you.

CHAIRMAN PRETLOW: Assemblywoman Gallagher.

ASSEMBLYWOMAN GALLAGHER: Hi, everyone. Thank you so much for your lifesaving work.

I know that for some lawmakers -- and forgive me, because I was in conference, I came back, so you might have already answered this. But just humor me. I know that for some lawmakers expanding Kendra's Law eligibility to increase involuntary commitment has been presented as a panacea for improving safety or at least making people feel safer.

But I'm wondering -- and it sounds

like maybe you're on my wavelength -- is involuntary commitment actually the best way to improve public safety? Or would ensuring that people have adequate housing, healthcare and community-based mental health solutions present a more reliable, data-backed way to ensure mental health is protected and communities are kept safe?

MR. LIEBMAN: Yup. I would say that absolutely, I think you nailed it.

I think we -- we talk about this in the 10-point plan. As I said, I was the first person who ran the program, so I know what the program is like. And tweaking -- it's been tweaked for 25 years. And we have not seen the impact of that. We don't know what the impact of that is, frankly.

What the real impact is -- what we talk about in this 10-point plan -- it's community services. It's good discharges. It's workforce. It's the idea of having an incident review panel. I know we talked about that this this morning. Those are four basic tenets of why we think that's

incredibly important.

And so I didn't want to -- I know you were about to speak. Do you want to say something?

MS. DAVID: Obviously from the county perspective, you know, they oversee these programs. And, you know, while we wouldn't want to promote expanded use of AOT orders, it is a tool that, I think, the counties have felt necessary over the years to utilize. I mean, utilizing every tool in the toolbox, right?

So while I agree with Glenn -- you know, obviously we really want to see diversion programs. But, you know, there are opportunities when folks really need, you know, a court-level interaction to help facilitate some pathway into treatment, so.

ASSEMBLYWOMAN GALLAGHER: And, you know, the last question that I have for you, particularly top of mind, is that the city was reporting this week that there are currently at least 127 people incarcerated in Rikers who are unfit to stand trial because

they are so mentally ill that there is no space at state-run facilities.

It seems to me like unless we deal with the root cause of mental illness, the way that this society is making people sick by failing to provide essential supports, we will continue to face this issue. So -- yeah. I guess that's not a question, that was a statement. Perfect.

(Laughter.)

MR. LIEBMAN: It's all about stigma. It's a lot about stigma.

CHAIRWOMAN KRUEGER: Thank you.

Assembly still?

CHAIRMAN PRETLOW: We're done.

CHAIRWOMAN KRUEGER: Okay. Are there any other Senators who want to ask questions? And we're finished with the Assembly side.

Then we're thanking you all very much for your attendance today. Appreciate it -- oh, excuse me.

CHAIRMAN PRETLOW: A late entry here.

CHAIRWOMAN KRUEGER: Well, you have to ask.

CHAIRMAN PRETLOW: Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Thank you. And I apologize to my colleagues out there.

My question is directed to Courtney. I had talked earlier about a constituent of mine who lost their son to suicide, and they're trying to take action. And I know the mental health system failed them, their entire family. And he's a county legislator too, and I know he's been trying to make inroads at the county level as well in addition to here at the state level.

One question is, would you be willing to meet with him to talk to him offline about strategies and ideas on how to work within the county?

But also, given the fact that the rural suicide rate in the State of New York is twice that of the urban suicide rate, what other suggestions -- I mean, I know the Governor vetoed that bill, unfortunately. And apparently the Office of Mental Health said that they were going to try and work and

try to address those things.

Do you have suggestions that you would recommend moving forward for Mr. Tobia, who's testifying later, and for him and his family and the work that they're trying to do at the local level but also the state level? And would you be willing to meet with him at some point in time?

MS. DAVID: Absolutely. I'm happy to meet with him any time.

You know, obviously a big -- we have a portion of the state that is highly rural, right? And we have directors that represent those areas. And I know suicide prevention is close and dear to our directors' hearts.

And I know that there was a bill that was going through last year that was vetoed, on the Rural Suicide Prevention Council. We supported that bill. We thought it was important.

We have many of our directors in the rural counties also run direct clinic services, which I don't know that most people understand because there aren't a lot of

services offered in some of the rural areas.

So yeah, I mean, the resources are needed, obviously. A lot of them are very innovative with some of their suicide prevention programs. They support, you know, a lot of different national groups or -- you know, they work with national groups. They have other, you know, state-based groups that they work with.

And so, yeah, I think we could certainly have a conversation and we can see where we can go from here.

ASSEMBLYMAN PALMESANO: Appreciate it.

Can I ask one more follow-up question? Are there any barriers or challenges that the State of New York is putting up for local mental hygiene directors at the county level to be able to be more effective in this outreach and providing the services and the coordination of care?

Is there anything that you can cite that the State of New York is really kind of -- regulation or whatever, but posing an obstacle for you to address this issue and

other mental health issues?

MS. DAVID: So, you know, we work really closely with the three "O" agencies, right -- the Office of Mental Health, OASAS and OPWDD.

ASSEMBLYMAN PALMESANO: Sure.

MS. DAVID: Obviously we have an element of Department of Health in there, right, on the Medicaid population.

You know, I think we just have to do a little bit more education in reminding folks of what our directors do --

(Time clock sounds.)

ASSEMBLYMAN PALMESANO: Thank you.

MS. DAVID: Thanks.

ASSEMBLYMAN PALMESANO: I appreciate it. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

No more late show-ers up?

Now we're going to ask you -- thank you very much for participating today. Appreciate it very much. Thank you for your work.

And we're going to call up Panel C,

which will be Joseph Tobia, Kayleigh Zaloga, Ronald Richter, and Paige Pierce. (Pause.)

Okay? Everybody's settled in. Why don't we start with you, Paige, and then we'll just -- each of you introduce yourselves so the tech people know what names to put up on the screen, and then we'll just go in that order. Thank you.

MS. PIERCE: Hi. Paige Pierce, CEO of Families Together in New York State.

MS. ZALOGA: Kayleigh Zaloga, president and CEO of the New York State Coalition for Children's Behavioral Health.

MR. RICHTER: Ron Richter, CEO of JCCA.

MR. TOBIA: Joe Tobia, advocate for mental health, and county legislator for Steuben County.

CHAIRWOMAN KRUEGER: Great. Okay. Three minutes each.

And three minutes for questions, everyone.

Okay. Paige, if you don't mind starting us off.

MS. PIERCE: Thanks, Senator.

As I said, I'm Page Pierce, I'm the CEO of Families Together in New York State. We are a statewide family-run, family-governed organization, meaning that we have over 75 percent of our board of directors and more than 80 percent of our staff -- we have 42 staff across the state -- who are people with lived experience. Either they're parents or they're young people with lived experience with involvement in the behavioral health systems.

I also am a parent myself. My 33-year-old son Emmet was diagnosed with autism 30 years ago, so I spent much of his elementary and middle school years being an advocate for him, and then his high school and college years empowering him to be his own advocate.

The thing about Families Together is that we say "Nothing about us without us," because we have some expertise, because of our lived experience, that we want to share with lawmakers and policymakers so that you

can better do your jobs. Because we have that expertise, we're on the ground, we know what works and what doesn't work, and we're here to help.

The other thing that we do is we have a workforce that Families Together trains and credentials, family peer advocates and youth peer advocates across the state. It's a whole workforce where those people, those advocates are able to bill Medicaid or get money from the counties to be able to provide family peer support and youth peer support.

Which is really critical, because we know that -- and I heard Senator Brouk and I heard Assemblywoman Simon talking about the importance of peer support. And really what's so important about it is that because of our lived experience we can say to other family members: We have been in your shoes. And that garners a level of trust and credibility that any number of letters after your name doesn't have, or no matter what kind of emblem you have on your car when you pull into their house.

We have that trust, and we can engage families in a way that other people can't. And that ends up saving money and time and ultimately lives. So we really want to encourage peer support as a way to sort of prevent further involvement and deeper expensive services.

These family peer support programs across the state are struggling. As I said, some families can be -- if they're Medicaid-eligible, they can bill Medicaid. If the rates are too low, it makes it so that they're unable to sustain their programs without additional support. And that additional support comes from counties in the form of Aid to Localities, which is woefully underfunded, hasn't been increased in decades. And these programs are bobbing to keep their heads above water.

And as I said, it's a cost-saving, effective, efficient program, and it just needs the support. If you look at my testimony, you'll see the rest of our policies.

MS. ZALOGA: Hi. Kayleigh Zaloga, president and CEO of the New York State Coalition for Children's Behavioral Health. Thank you for the opportunity to testify.

We represent young people who need behavioral health services, the families who need help caring for these young people, and the service providers who support all of them.

I think we all know that more and more kids than ever are struggling with more and more mental health difficulties than ever before. I hear from providers that they're seeing younger and younger children with more severe and more complex conditions than they ever have before.

And in the context where we are hearing increasing concern about mentally ill adults struggling to take care of their needs, I have to drive home that every mentally ill adult was a sick child who didn't get the help that they needed.

We're also -- you know, I'm glad to see that youth mental health is a topic of

conversation, especially in the context of the budget over the last couple of years. And yet there are no meaningful investments in services for kids proposed in this budget. This in a context where we've got tax receipts billions of dollars over projections, a proposal to send a billion dollars per year into a rainy day fund that it will never be raining hard enough to use, and a billion and a half proposed increase to Medicaid from the Medicaid Managed Care Organization tax, none of which is proposed to be invested in behavioral health, let alone children's behavioral health.

We continue to starve our system of the resources it would take to eliminate waitlists, to retain skilled and committed staff, and to stop the cycle of young people with unmet needs into adults with more complex and expensive unmet needs.

And look, when a child is suspected of having pneumonia we don't say: We're going to put you on a waitlist, maybe you'll get a doctor's appointment in six months and we'll

go from there. We don't suggest that what they really need is a new peer support club at school -- and I don't mean peer support in terms of the service, I mean the student. Training is important, and it's also not a solution. And I sure hope we aren't saying we need to wait until you can't breathe because your pneumonia has gotten so severe that you need to be treated in the emergency room.

But that is what we're doing to children and families if their primary diagnosis is mental health and not, you know, considered physical health.

And at the same time, we have providers who are closing their programs and reducing their service capacities because they can't afford six-figure losses for another year in the home- and community-based programs that enable kids to stay in their homes, to communicate better with their families, to connect with their peers and their teachers and to engage in life -- how we all think that kids should be.

We need to raise reimbursement rates specifically for children's programs. You'll see in our testimony we have a proposal with the Healthy Minds, Health Kids Coalition to invest $195 million into the specific outpatient services that currently three out of four kids who would qualify are unable to access. And we need to raise the cost of living up to 7.8.

Thank you.

MR. RICHTER: Good afternoon. My name is Ron Richter, and I'm the CEO of JCCA. I have previously served as New York City's ACS commissioner and as a judge of the Family Court.

JCCA is a child and family services agency that works with over 17,000 children and families each year. Our services sit at the intersection of child welfare and behavioral health.

Governor Hochul's proposed budget provides safe spaces for youth, mental health first aid, and after-school support, which of course we applaud. But it does not address

the needs of youth with intensive mental health needs. There are treatments for these young people that we know work, kids who have high acuity needs -- but this population remains untouched by the Executive's proposal.

An important point for my board of directors is that due to Medicaid eligibility rules, JCCA is losing almost a million dollars each year on young people 21 and older on our residential campus. And I'm afraid to say that while we may not call it a waiting list, at least a dozen of these young people are waiting for OPWDD placements -- in some cases, they are over 21.

So for those kids, because of our licensure, we as a provider are not reimbursed for the expenses of providing physical and mental health services to young people over 21. The reason we have them is because OPWDD, which doesn't have a waitlist, has them waiting for placements for which they have been certified. This is an issue of when they get to OPWDD, they'll get

Medicaid. But in this window we're not approved to take care of 22- and 23-year-olds, but we're not going to render them homeless, so we continue doing it at our own cost.

With the rise in mental illness among children, we are seeing increased rates of psychosis and severe depression among young people. Many youth in our residential campus, which is licensed by OCFS, qualify for OMH residential treatment facilities, a higher level of care. But despite OMH's recent RFP for RFT beds, capacity has not increased and youth with severe mental illness remain in inappropriate settings -- in some jurisdictions, in hotels.

We offer an array of mental and behavioral health supports and, like my colleagues, are lamenting the possibility of a 2.1 percent COLA, or whatever we're calling it.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

MR. TOBIA: Joe Tobia. Good

afternoon. I failed to mention earlier that I am a suicide survivor.

First of all, I would like to thank Commissioner Sullivan and all those who serve on the Mental Health committees for the great job you each do.

As a member of the Governor's Task Force on Suicide Prevention, we also have been assigned with strengthening our current suicide prevention services and policies, which we are accomplishing with each and every meeting.

However, when looking at methods to better these policies and services toward suicide prevention, we must exhaust every method and explore every avenue to better those policies. New York State Bill 3610, the creation of a Rural Suicide Prevention Council, is a low-cost bill that would investigate suicides by gathering data in regards to individuals who died by suicide.

This bill would explore the paths these individuals took in their last year or so of life and investigate such things as

risk factors, trends, barriers to their well-being, lapses in systemic responses. We must look at where along these paths these individuals lost hope, where our interventions were not effective, and why these interventions weren't effective.

I am convinced that by examining our failures and making the needed corrections we'll only reduce the number of lives we lose by suicide each year. Only one other state that I know of in the U.S. actually examines individual suicide deaths, and that is Maryland's Suicide Fatality Review Committee, signed by Governor Hogan in April of 2022.

I recently had the opportunity to meet with Senator Helming, who sponsors the bill, 3610, and we discussed changes, we discussed revisions to the bill to make it stronger and make it a better bill in aiding suicide prevention.

Though this bill finally passed in the Assembly and the Senate last year, it was vetoed by our honorable Governor. With your continued support and with some important

changes in the bill, I truly believe that Governor Hochul will sign this bill. It's a different approach to gathering data, but I'm convinced the findings will save lives.

In August 2021 I lost my boy to suicide. The last year of his life, my wife fought hard to get him the help he needed, only to be denied or told that he did not qualify.

My son was a strong, compassionate young man, an excellent athlete. He was a tough kid. Yet he would call me at all hours of the night, crying: "Why won't anybody help me, Dad?" I never had an answer, and I'm just hoping we can find those answers.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Sorry the bell went off just at the inappropriate time.

Senator Tom O'Mara.

SENATOR O'MARA: Thank you. Thank you all for your testimony here today, your advocacy on these very important issues, and your work on these causes.

Mr. Tobia, you got cut off there at the end, so if there was more you wanted to add, I give you the opportunity to finish what your full thought was there.

MR. TOBIA: Finish what I had?

SENATOR O'MARA: Yeah.

MR. TOBIA: It's just a short paragraph.

I was just going to say that question he asked me so many times, "Why won't anyone help me, Dad?" -- and, you know, I never had an answer. But, you know, I feel now it's time to find those answers.

So I ask each and every one of you to please support our efforts and do whatever it takes to help create a Rural Suicide Prevention Council. There are so many individuals in New York State who are suffering like my son did. So please, let's not fail them.

And I do want to thank you for giving me this time to speak. It's something I feel is very important and very dear to my heart.

Thank you.

SENATOR O'MARA: Well, it's clearly -- clearly very dear to your heart, and it's a very important issue for all of us. And we struggle with dealing with mental health in this state year in and year out.

I have been pleased to see the attention that the Governor has given this in the last three budgets. Really, it's needed. It hasn't gone far enough; we need to go farther.

The legislation that you have with Senator Helming -- and I'm a cosponsor of that -- you know, we'll continue to work to get it through. But with so many of these bills, as I think I've explained to you in the past, Joe, that they get vetoed because they should be done in the budget. And then we get here in this process, and they don't get in the budget.

So we're going to continue to push and try to get this type of thing in the budget this year. You know, there's a bunch of bills similar on suicide prevention for -- you know, yours is rural, but there's other

groups' identities for that, so there's a bunch of them.

So how does, if you know, your approach on this bill, on the rural suicide, differ from maybe some of the other ones that are these types of commissions? And why do we need one particular to rural as opposed to urban or Black or LGBT? What's the purpose of having it differentiated like that?

MR. TOBIA: Well, I think -- you know, first of all, when we look at a rural council, you know, look at suicide fatalities, we know that rurals are twice as high as urbans. We know that. That's a common fact. Rural suicides are twice as high as urban. And we know we're going to be looking at -- they say, what, mental health diagnosis is attached to usually to 50 percent of suicides throughout the state.

So when you look at the rural, I think you're going to look at a large number of the suicides. And I really think -- you know, I know some of the things we're going to find. We're going to find the telehealth -- that

telehealth is just not available to some of these people. But I think, you know, you can cover so much looking at those people.

SENATOR O'MARA: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly?

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Yes. Thank you for your testimony, all of you.

And Mr. Tobia, I -- you know, I'm sorry for your loss and your experience. And I think that your proposal for a rural suicide task force makes a lot of sense.

I think one of the things that we all struggle with are suggestions that are made for how we can fix things when we haven't really looked at what were the barriers that caused a certain set of circumstances to occur -- the lack of treatment, why there are denials, where are the holes in the system. And also where are those transition points and those points where there's like a cliff, right, which is the age 21 and you fall off a

cliff. And how can we help families better understand and be part of that recovery, right, and addressing those needs.

So I'm very curious about the fact that we haven't really done anything to support families in a demonstrable way, who are very much a part of the picture that can be part of the healthy plan.

And so I'm curious to hear from you. I have a minute and a half, go for it. Either -- anybody, actually, but certainly you, Mr. Tobia.

MR. TOBIA: Well, first of all, I'm embarrassed to say I have some severe hearing problems.

ASSEMBLYWOMAN SIMON: Sorry.

MR. TOBIA: I've got two hearing aids in, and I'm hearing a lot of echoes from everybody.

ASSEMBLYWOMAN SIMON: We have --

MR. TOBIA: So I'm sorry --

ASSEMBLYWOMAN SIMON: That's okay. We have lousy acoustics in this room. But we also have assistive listening devices.

MR. TOBIA: You've got a t-coil?

ASSEMBLYWOMAN SIMON: Well, we have the --

MR. TOBIA: If you've got a t-coil --

ASSEMBLYWOMAN SIMON: Yeah.

MR. TOBIA: That would be great. I use it in church, so --

ASSEMBLYWOMAN SIMON: I don't know who would get it, though, at this juncture. We have an infrared system that works with that.

MR. TOBIA: I was going to do something, and whatever -- I didn't want anybody to think I was on my phone texting.

ASSEMBLYWOMAN SIMON: No, no, that's fine. Actually, if you look at the captioning -- but it's a little delayed. So why don't you look at the -- can you pull up the captioning on your phone and see what that conversation was?

Okay. I'm not sure how to -- so I'll try and talk louder. How's that? You're not going to get it.

MR. TOBIA: The t-coil didn't work.

ASSEMBLYWOMAN SIMON: Okay, I'm sorry.

So I was asking about families and the support -- the lack of support that we're giving them. We're not really funding support for families, who can often -- and not only to help them, but they can also help being part of the recovery of their loved one or the path of their loved one to get the right treatment, because they would be able to address those issues better.

Does that make sense to you? So maybe -- you want to address that? Maybe, Ron, you want to address it? Maybe you could hear them better.

(Laughter; overtalk.)

MS. PIERCE: Thanks, Assemblywoman.

MR. RICHTER: I know that Paige is really -- this is her thing.

MS. PIERCE: That's my thing.

ASSEMBLYWOMAN SIMON: Okay.

MS. PIERCE: So as I said in my testimony, the family peer support is crucial.

And we have hundreds if not thousands of family members across the state that we

poll, that we survey, that we talk to and ask them, what are the things you need, what are the things you would have liked to have had, what are the things your child needed? And often it's support. It's support for the family and support for the youth.

And that's why, you know, we really urge you to look at where we're investing. But, yeah, support, you're absolutely correct.

ASSEMBLYWOMAN SIMON: Thank you. thank you. Sorry I ran out of time.

CHAIRWOMAN KRUEGER: Thank you.

Senator Canzoneri-Fitzpatrick.

SENATOR CANZONERI-FITZPATRICK: Thank you, Madam Chair.

Mr. Tobia, thank you for sharing your story. And I'm so sorry for your loss. And thank you for turning your family's tragedy into advocacy, because we appreciate your input very much.

Mr. Richter, I was very touched by what you said, that even though these kids, these children turn 21, you're not putting

them out on the street. I'm sure that's a tremendous burden for your facilities and your agency. But as a mom of four, I know that just because they hit 21 it doesn't mean they're really self-sufficient adults, as much as my kids will kill me for saying that.

Ms. Zaloga, I wanted to ask you a question because of your testimony about one out of four children on Medicaid are not getting the behavioral health services that they need.

MS. ZALOGA: No, one out of four is getting.

SENATOR CANZONERI-FITZPATRICK: One out of -- excuse me, one out of four is getting.

And as I just said, being a mom of four, I can't imagine telling one of my kids that, You get mental health services, and the other three, Sorry, you got to suffer.

So my question to you, though, is what is the biggest barrier? Is it that there aren't enough providers? Is it that the families don't know that these services are

available? And how does it compare to the non-Medicaid population? What are you seeing, if you know that answer.

MS. ZALOGA: Sure. The biggest barrier is the lack of service providers, and that is from decades of underfunding in the system. We have not been able to pay the staff, who are doing really difficult and really meaningful work, enough for them to stay in our workforce.

And then there's a different challenge with the non-Medicaid population, is that most services we're talking about are not covered by commercial insurance. Peer support? Not covered. Most of the in-home services that we're talking about that really enable families to better, you know, integrate the care of their children and to improve the whole family system? Not covered by commercial insurance.

So there's a whole side of what needs to be done on the commercial side. On the Medicaid side, it's really been about funding. And then for those services that

are covered by commercial insurance, they've never been paid at a rate that most providers can actually cover their costs with.

So last year's legislation, thanks to a lot of you, we do see a rate floor for covered licensed outpatient services for commercial insurers. The problem is that they're not required to cover the majority of the services we're talking about.

SENATOR CANZONERI-FITZPATRICK: So during one of the other panels I talked about loan forgiveness programs and incentives to encourage young people to go into this field. And I'm just curious if you think that that would help in your -- you know, fund our, you know -- provide workforce to provide these needed services and trained professionals. You know, create professionals

MS. ZALOGA: Yes, loan forgiveness programs are definitely helpful. We've appreciated the OMH Community Mental Health Loan Repayment Program, especially the expansion to more practitioners beyond psychiatrists.

We also need scholarships for those who can't afford to outlay that cash in the first place.

SENATOR CANZONERI-FITZPATRICK: Thank you all.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: Thank you.

Thank you to all of you for being here. I'll direct my questions to Mr. Tobia.

Mr. Tobia comes from Steuben County, and all four representatives who represent Steuben County are in the room:
Mr. Palmesano, Ms. Bailey -- Mr. Tobia is one of Mr. Palmesano's constituents -- Senator O'Mara -- he's one of Senator O'Mara's constituents. And I represent a portion of Steuben County and actually am from the area where -- we're both from the Corning area originally.

So as a rural area I really appreciate the work you've done and how you've honored

your son by doing it. I want to point out sort of one of the beauties of the mental hygiene space -- the bill you're referring to passed unanimously. Mr. Tobia is an elected official. He's a Democrat, I'm a Republican. It doesn't really matter on these issues and a lot of the things that we cover today across all of the mental hygiene areas.

And I want to reemphasize Senator O'Mara's excellent point that when the Governor vetoes these type of things, she says we should do it through the budget. So let's -- this is the time to work on it. And I'm glad that you're here for that.

The question I want to ask you is given the tragic story that your family went through and the loss of your son, what's the one thing that you would have changed through that process that you think would have improved his access to care?

And again, thank you for being here.

MR. TOBIA: Well, we -- we knew my son needed long-term care. We knew he needed a bed. We couldn't find one. We couldn't get

him into Elmira Psychiatric Center, they refused. My son was -- he was bipolar, he was depressed. Schizophrenia came when he was about 26.

And my son was very normal. He was a normal kid in high school, a popular kid in high school. I know that, I was his principal.

(Laughter.)

MR. TOBIA: And, you know, it's just when he hit his mid-20s, we started seeing changes. We just started seeing the paranoia. We started seeing the delusions. And then when the voices came, and they were 24/7. And he told us all the time. So we knew he needed long-term care. We couldn't get him in. We were told, No, no, he doesn't qualify for this, he doesn't qualify for that.

And, you know, I always remember after my son passed away, it was -- you know, it was -- my wife and I used to say, Boy, they could have learned so much if people just took a little interest in what Matt was --

you know, went through.

And it was two years later when I came across the Maryland bill that I saw, wow, this is what we need. So I Googled and I found the Rural Suicide Prevention Council, which was very similar, and that's when I started my letter writing, voicemails. I became that pest that -- I'm sure a lot of you got my letter, so.

ASSEMBLYMAN SEMPOLINSKI: Thank you for your advocacy. I definitely support that legislation.

MR. TOBIA: Thank you.

ASSEMBLYMAN SEMPOLINSKI: And thank you for honoring your son's memory.

MR. TOBIA: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senators?

Then I just want to follow through. First off, thank you all for your work. And very, very sorry for your experience with your own son.

MR. TOBIA: Thank you.

CHAIRWOMAN KRUEGER: And of course we

know that many of these very serious mental illnesses don't show until someone gets into their early 20s.

MR. TOBIA: That's right. That's right.

CHAIRWOMAN KRUEGER: So your story is very familiar to me from other people's lives.

Ron, I -- so you're not licensed if they're over 21. Can we just get your license expanded?

MR. RICHTER: So we have an Article 29-I license on our campus, which was the license that was designed to allow foster-care agencies like -- or residential agencies through OCFS to actually bill for Medicaid services.

That license only allows us to cover kids up until they're 21. Even though, as you know, our population on the campus is dual-diagnosed: Serious emotional disturbance, intellectual developmental disabilities. So they're not even chronologically close to 21 or 22. But it's

because of the 29-I licensure.

And we've brought this to the attention of the state, and there's varying levels of interest in trying to solve this. But it is not just my agency. This is a statewide problem.

CHAIRWOMAN KRUEGER: No, because I've heard that is a statewide issue also, even just for people who are providing assistance to people who have aged out of foster care, runaway youth, et cetera, et cetera, et cetera.

MR. RICHTER: Yes. Yes.

CHAIRWOMAN KRUEGER: This concept of you hit 21, you're on your own, seems really poorly thought through.

But can we just legally change your license or change the definitions of eligibility so that you can draw down Medicaid?

MR. RICHTER: So I believe that -- and by the way, if we took our kids out into the community to get behavioral health services, we would be able to bill Medicaid

differently. But we're obviously a therapeutic environment where we do this.

I -- my -- I don't want to answer yes without saying that some of it is a function of the permissions from CMS in D.C. And so I believe the 29-I licensure had to be approved by the feds in order for us to draw the federal Medicaid money.

Certainly if the State of New York wanted to cover it, then the state could do that. But as you probably all know better than I, our state is very determined to capture federal Medicaid revenue and so it sticks very much to the rules in that regard.

CHAIRWOMAN KRUEGER: And it's going to get harder and harder to stick to those rules, since it's a moving target every minute of every day.

But again, just to follow up with my few seconds, you can't get an additional license status that does meet CMS so that you can serve some over-21-year-olds in your wonderful programs?

MR. RICHTER: That's a good -- that's

an excellent question.

CHAIRWOMAN KRUEGER: Okay. Well, please let us know if there's some way we can be helpful. Because that seems to me -- I'm sorry, I'm over time -- like that we ought to be doing that. Thank you.

MR. RICHTER: The same to you.

CHAIRMAN PRETLOW: Assemblymember Santabarbara.

ASSEMBLYMAN SANTABARBARA: Thank you, Mr. Chair.

I just wanted to follow up. Kayleigh, back to your testimony about children's mental health services being underfunded. What are some of the budget priorities I guess you would like to see in this budget? And can you talk specifically about the school -- expanding the school-based services?

MS. ZALOGA: Sure. So our top priorities are, along with the rest of the behavioral health advocate world, raising the COLA, targeted inflationary increase, whatever you want to call it, to at least

7.8 percent so that we're actually combating the inflation of the past few years, like you've discussed, Mr. Sempolinski.

We also need to invest at least 195 million to begin with in children's clinic, children's home- and community-based services or waiver services, child and family treatment and support services, and substance use outpatient services as well. There's a proposal put together about that.

Treating children is a lot different from treating adults. They're not just smaller adults, they're a lot more complex. They have whole family systems that we're working within. So rates need to go up in those instances.

When it comes to school-based mental health clinics, we're glad to see that there's so much interest in them. They're really beneficial in the schools that they are viable in. They're not viable in every school. Not every school has the population to support keeping a clinician there at all times. The rates are, you know, not high

enough to support having that clinician there all the time as well.

And even with the addition of coverage requirements to commercial insurance, it's still -- most providers are not getting any payment from commercial insurance for those services.

But in order to make them more viable, there could be more startup funding, which is one of the things that we included in our proposal. And some providers have been successful in having schools partner with them and contribute to some of the costs because they know how important it is that those services be accessible to all students regardless of their insurance status and other things like that.

MR. RICHTER: Can I just give a quick example?

ASSEMBLYMAN SANTABARBARA: Yes, please.

MR. RICHTER: So in New York, through OMH licensure, you can, if you're designated, provide respite services. Which for a family

that has a developmentally disabled child or an emotionally challenging child is critical.

Most of the providers across the state are de-designating because we cannot afford to provide respite. So we provide it at a loss.

I have a colleague who runs a big agency in Rochester. They're de-designating simply because the rate structure makes it impossible for us. Yet respite prevents -- you know, it's relief. So it's a problem.

ASSEMBLYMAN SANTABARBARA: And going back to your discussion earlier, at age 21 is when the school system stops paying, right --

MR. RICHTER: That is -- that is --

ASSEMBLYMAN SANTABARBARA: -- is that what you're referring to?

MR. RICHTER: Yes.

ASSEMBLYMAN SANTABARBARA: But normally the state will pick up after that if they're in a program. But that doesn't happen with your situation?

MR. RICHTER: With our kids, the county picks up -- continues providing us

with a multistate administrative -- maximum state administrative rate, which is the foster-care dollars.

ASSEMBLYMAN SANTABARBARA: I see. Okay. Thank you. Thank you for your answers.

CHAIRMAN PRETLOW: Assemblyman Maher.

ASSEMBLYMAN MAHER: Thank you very much.

So I wanted to kind of hit on what you were talking about, Ron. And I think you answered the question that I was going to ask with you're going to look into it. But I was just trying to confirm that there is actually a legislative solution that can be provided to that issue that you brought up.

MR. RICHTER: I believe -- I believe so.

ASSEMBLYMAN MAHER: Okay.

MR. RICHTER: We've actually yesterday spoke to -- I want to say it was Senate counsel or the Governor's counsel -- it was the Governor's counsel. And she seemed as though she was very interested in solving the

problem because it's a legally interesting problem to solve.

ASSEMBLYMAN MAHER: Right.

MR. RICHTER: So they've heard it.

But I do believe that legislation could certainly resolve it simply, as the chair is saying, you know, figuring out how the license can be modified or perhaps trying to get licensed as an Article 31 on our campus, which is odd.

But -- yeah, it's a legal conundrum.

ASSEMBLYMAN MAHER: Well, I'm glad you're advocating for it and bringing it up. It looks like it's getting the attention it deserves.

And I'm hoping that we can also do that with all the issues that you guys have brought up. You're doing tremendous work. Some of the statistics that you've shown and -- honestly, it's been an education for me to listen. So we look forward to partnering with you.

I do want to talk about, with Ms. Zaloga -- is that right? You talked

about a lack of providers and you talked about the workforce issues and seeing providers shut down. You had some data about one in four don't get the services they need.

Do you have any data on how many providers have actually shut down over the last five, 10 years?

MS. ZALOGA: I don't have that offhand. And sometimes it's not so much that a whole agency shuts down, it's that they stopped providing a certain service or they stopped providing it in certain areas of the state.

So I know one -- the provider who I mentioned yesterday I think is -- there'll be thousands of kids that they can no longer serve. They have to pull the program out of several counties of the state.

It's something that we've monitored, I think, kind of the reduction in the number of services available in each county. I can send you some information on that.

ASSEMBLYMAN MAHER: I'd love to work with you to quantify even statewide, but

obviously in my district, where those services have decreased. Because educating myself and more folks on that could really help move the needle in terms of providing solutions.

MS. ZALOGA: I will follow up with you.

ASSEMBLYMAN MAHER: Thank you. Thank you all.

MR. RICHTER: I would ask the state for data on the number of children that were receiving services through Bridges to Health, which I can explain, and how many children are receiving services today.

Post the end of B2H, Bridges to Health, and the waiver that allowed us to provide OMH-licensed services, that's been transitioned to Medicaid managed care, and I have been asking for that data. We should be able to get that.

ASSEMBLYMAN MAHER: Send me an email.

MR. RICHTER: I will.

ASSEMBLYMAN MAHER: Let's request it together. And let's work on it, okay?

MR. RICHTER: Yes.

ASSEMBLYMAN MAHER: Thank you.

CHAIRMAN PRETLOW: Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Thank you.

Joe, thank you for being here, sharing your story.

MR. TOBIA: Thanks for having me.

ASSEMBLYMAN PALMESANO: It's a -- you bringing your story, your face, your name, Matt's name, Matt's story to share with us is very powerful and impactful. And I'm hopeful my colleagues here heard your story and it motivates us to act, motivates the Governor to act, motivates the OMH commissioner to act.

We talked about -- and when the legislation passed, you were a bulldog pushing that, emails and calls, past the last day of session last year, 5:30 in the morning I remember texting you a picture of the board.

MR. TOBIA: Yeah.

ASSEMBLYMAN PALMESANO: But since

then, and obviously when the Governor vetoed it, you've been talking about this. You have thoughts on how to improve the bill, to make it better, make it more efficient.

Do you mind just talking a little bit about some of the other things you would add on this? Because this bill was actually introduced by our former Mental Health Chairwoman Aileen Gunther, so it's great that it passed. But do you have any suggestions on what you might recommend, whether it's done through the budget, whether it's done through a bill, whether it's done through OMH, what kind of suggestions you would make to make some positive changes to it?

MR. TOBIA: Well, I'm still looking at it as a counsel to go through a bill. So that's the way I'm pursuing it, just like I did last year.

So I met with Senator Helming last week, and there were seven changes I felt were needed in the bill. And I've seen a lot of similar legislation throughout the country. Maryland's is excellent, I thought.

One of the changes I think that's needed in the bill, you have to have an immunity clause. You know, you're going to collect data, you're going to -- people are going to submit data, you know, on some real touchy things coming from social services, medical records, you know. There's got to be an immunity clause where it says anyone receiving or submitting data is immune to liability, or you're not going to get accurate data.

I know after, you know, Matt passed away, counselors -- no one would talk to us. No one wanted to talk to us. I think they were a little afraid we were going to sue them or something. We weren't going to. We just wanted to know, you know, what was going on. So an immunity clause.

I also thought that the term of the current bill, which is two years -- it's got to be three years. Right now it's two years, you have to meet no less than three times. My recommendation, make it three years, and you've got to meet at least four times a

year. There's a lot of data to collect, a lot of data to look at.

Another one -- I hope it doesn't sound selfish -- to give the bill a name, I think it packs more meaning. Of course the name I thought of was Matt's Bill. I just think when you attach a name like that, people start asking questions.

ASSEMBLYMAN PALMESANO: Sure.

MR. TOBIA: You know, Who's Matt? It's better than saying well, yeah, Bill 3610. You know? So that was -- that was my third recommendation.

I had a couple more, too.

ASSEMBLYMAN PALMESANO: Great. Thank you, Joe.

CHAIRMAN PRETLOW: Assemblymember Bailey.

ASSEMBLYWOMAN BAILEY: Thank you all for being here, very much.

My question is actually going to go to Mr. Tobia. And your story is very touching. And a year and a half ago my best friend lost her 16-year-old to suicide.

MR. TOBIA: I'm sorry. I'm sorry.

ASSEMBLYWOMAN BAILEY: As Assemblymember Sempolinski mentioned, I cover part of Steuben County as well, all of Livingston County, part of Wyoming, Rush -- in Monroe -- and part of Ontario. So very rural.

So your insight in what you -- the energies that you have put into this to remember Matt is very important to me, both from the rural perspective but also disappointing that the Governor did veto the bill.

MR. TOBIA: Yeah.

ASSEMBLYWOMAN BAILEY: But I do like your outlook that you have that now you look at the veto by the Governor as a good thing to make these changes.

So in the next two minutes, you can either continue answering what Mr. Palmesano asked or what Senator O'Mara had as far as the rural area and why this is so desperately needed for our area.

MR. TOBIA: Well, it's a different way

to gather data when it comes to suicides. What you can do is you follow the path, follow the path of the individual who died by suicide. You know, find out where did they lose hope. I mean, what are some of the trends? What services did they have? What services didn't they have? What services should they have had, and why didn't they have these services?

And it's not just mental health, even though mental health diagnosis is usually attached to 50 percent of the suicides. You're going to find other services. You know, someone without a mental health diagnosis, you're still looking for certain trends and risk factors, lapses in systemic responses.

So it's a different way to gather data. It's just looking intently at that path that individual took. And I think we can just learn a lot of little things there in how to better serve them.

OMH does a great job. They do a great job. We've got great policies out there on

suicide prevention, but some of them aren't reaching these people. Why? What's preventing them? We want to know why. So we can look at some of that.

To go back to Assemblyman Palmesano's question, another improvement I thought was -- what was it -- oh, you've got to put a price tag on it. You have to put the cost on the bill, because that -- Governor Hochul didn't see a cost, so she grabbed all these bills, you know, that didn't have a cost on them and kind of vetoed them all. So it's very -- very low cost. I mean, there's not a lot to it. So you put the cost on it, and I think that will help.

ASSEMBLYWOMAN BAILEY: Thank you very much for being here.

CHAIRWOMAN KRUEGER: Any others?

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Thank you.

Thank you all for being here today.

Mr. Tobia, my deepest condolences to you on Matt's loss.

MR. TOBIA: Thank you.

ASSEMBLYWOMAN GRIFFIN: And I really appreciate your meaningful advocacy here.

MR. TOBIA: Thank you.

ASSEMBLYWOMAN GRIFFIN: Because what you're doing can make such a difference in the lives of other -- other young people. So thank you.

In my hometown of Rockville Centre, over the past 10 years there's been a real uptick of suicides in teens and also young adults in their 20s. And so it's a very raw issue where I live. And in response to that, and some of it was along the way, some of our high schools were able to build mental health centers in their school. And that's really helpful, accessible for kids. I was able to allocate funding for one high school to establish one in their high school.

But then, in addition to that, there's Northwell Hospital opened up a mental health center in Rockville Centre. But all the local school districts can put money in every year, and whatever that cost is, then their

students can go to Northwell Health in local -- it's local in Rockville Centre, but it's the neighboring school districts. So that's a good plan.

So some of those things, they're making some strides. But one of the problems I've seen, because I know some of the kids -- I call them kids, they're in their 20s -- that have committed suicide -- even my cousin committed suicide, and he was 30 -- you age out. Like those mental health centers in schools, till 18. Northwell is 18.

So I just wondered, I know there's such an issue with we have to increase and upgrade for children, for families, for teens and young adults. But I wondered, do you see a big, big disparity in this young adult age where there's almost, like, a real less than anything for them? Even though it's still bad for children, it seems even worse for this age group of 18 and up -- and over.

Anyone can answer.

MS. ZALOGA: Yeah, I mean, that's -- we call it transition-age youth. Those are

in the 18 to 26.

I can't say whether I think the gap is bigger or smaller, but it's certainly there. Like you said, they're aging out of a lot of the supports that are available to schoolchildren and other certain systems, and it's difficult to get eligibility for the other systems.

So I've been glad to see a little bit more attention and work on trying to better serve that population. I know our Youth ACT teams are one of the services that can serve older adolescents. There are some specifically for transition-age youth and, you know, we're seeing more investments in that.

ASSEMBLYWOMAN GRIFFIN: Okay.

Anyone else want another comment for 15 seconds?

MS. PIERCE: OMH is really working hard on that, on the transition-age-youth thing, and they're reaching out not just to high schools but also to colleges. Because those are the age where they're sort of

changing -- their life is changing, you know.

ASSEMBLYWOMAN GRIFFIN: Okay, thank you.

CHAIRWOMAN KRUEGER: Okay. I believe that is all the questions from all the members up here.

I want to thank you all very much for your participation today and for your work on behalf of so many people who don't necessarily have the opportunity to voice their own problems to us, so appreciate it very much.

I'm now going to ask you to leave so that I can call up the next panel. We have Donald Nesbit, Jim Karpe, Eric Geizer, and Kevin Ryan, who is a replacement for the Self-Advocacy of New York State coordinator.

And then when you get up here, we'll have you each introduce yourself so that the media department -- up at the top -- knows who's who.

There aren't better or worse chairs, not to worry. Okay, so starting to my left, your right, why don't you just introduce

yourself and go down the line.

MR. KARPE: Jim Karpe, with the Coalition for Self-Direction.

CHAIRWOMAN KRUEGER: Press the "Push" until it turns green. You've got it.

MR. NESBIT: Donald Nesbit, executive vice president of Local 372.

MR. RYAN: (Mic off.)

CHAIRWOMAN KRUEGER: Thank you.

MR. GEIZER: Hi, Eric Geizer, CEO with The Arc New York.

CHAIRWOMAN KRUEGER: Thank you.

So why don't we just go down the line as you present.

So why don't you go first. You're going to have to speak up a little bit.

MR. KARPE: I was seeking to go last, but that's fine.

My name is Jim Karpe. I'm the father of a young adult who's served by OPWDD.

You have my written testimony, which is rather wide-ranging. What I'm going to do today is focus on one person, Daryl:

Lives in a group home, and he's been

going to dayhab for years, for decades. He's woken up 6:00 a.m. every morning, showered, dressed, fed, rolled onto the transport van for six hours of dayhab. Until, this last summer, his sister arranged for him to get a taste of retirement. So for eight weeks, in his 70s, Daryl got to choose what to do. Some days he would go with his staff member to a local senior center. Some days he would just stay in the group home with a staff member. And some days he would choose to go to that same dayhab.

That eight weeks ended, and with his sister he arranged to get a self-direction budget. And here's the problem. New York State assigned to him a self-direction budget which is half the amount that they're paying for his dayhab. Now, if they gave him 88 percent, we would still save thousands of dollars a year and Daryl would finally get to retire.

I mean, I'm asking you, just imagine for a moment what it's like in Darrell's shoes, in Darrell's wheelchair. He gets this

taste of retirement, and now he's learned unless something changes, he's not going to be able to do it.

We can give Darrell's story a happy ending. What does he need? He needs a budget that's roughly equitable with what he's getting in the certified system, and he needs a place to appeal, a forum to go to, if that budget is not adequate.

And of course we're not just talking about Daryl. There are 10,000 seniors, people 60 and over, who are sitting in group homes. Seven thousand of them are going to dayhabs every weekday. And then there's tens of thousands of others who are not yet seniors who want that freedom, who want that equity so that they can choose whether to be in the certified system or be in the self-direction system.

Thank you for your time today.

CHAIRWOMAN KRUEGER: Thank you.

There you go.

MR. NESBIT: Good afternoon, Chairs, distinguished esteemed members of the

presiding committees.

I am Donald Nesbit, executive vice president for Local 372. Thank you for the opportunity to represent Local 372 here and our Substance Abuse Prevention and Intervention Specialists, our SAPIS, in New York City schools.

Since 1971, SAPIS have provided a range of mental health services -- mental health and intervention services in the largest school district in our nation, teaching social-emotional strategies and behavioral support to ensure our children are ready to learn.

SAPIS use evidence-based programs that are approved by OASAS. SAPIS provides students and their families with tools to navigate the personal peer pressures that may derail from healthy academic development. SAPIS are also responsible for individual work plans each year that's specifically tailored for our children and our schools.

It is with willing partners like you that we can ensure that our children's

concerns will not go unheard. We appreciate the $2 million of funding that you give to the SAPIS program every year, but it is imperative that the State of New York continue to protect our vital programs such as the SAPIS for the mental health and wellness for our children. Middle school and high school students who responded to city schools' annual survey last year said that their classmates are bullied, harassed and work to intimidate each other, which is up 44 percent from 2019.

New social challenges and family financial losses, cyberbullying, exposure to pressures from social media, and the use of cannabis continues to prove there to be a higher need for SAPIS in our schools.

Evidence also suggests that programs implemented at early stages of a child's life may be effective in preventative efforts in providing behavior adjustments, especially in high-risk populations.

But there are 236 SAPIS in our schools supporting 912,000 public school children.

An individual SAPIS can effectively help 500 students in need, but this is not enough. Our SAPIS are moved from different campuses based on evaluation of who needs it more. That should not be our system to determine -- rather, to pick and choose whether one child should have services and one goes without.

This is why Local 372 requests that instead of 2 million this year that the reach is farther, and that we request $6 million into the SAPIS program, as that would equate to 48 full-time SAPIS and could reach 24,000 more students.

I thank you again for my time.

MR. GEIZER: Good late afternoon. My name's Eric Geizer. I'm CEO of The Arc New York. We're the largest provider of supports and services for people with intellectual and developmental disabilities in New York State.

This morning you heard Acting Commissioner Baer speak about the significant investments that the Governor and OPWDD has made into our system through the rate

rebasing process. This increase and recent investments signal a meaningful shift away from the neglect New Yorkers with disabilities have experienced for decades.

We are grateful to the Governor and the acting commissioner for leading that charge. But it's dangerously easy to hear about that investment and think that the needs of New Yorkers with disabilities have been met. That is far from the case.

Rate rebasing is a federally mandated process to better align the rates providers receive for providing services with the costs of providing those services. The increases we received through the rate-rebasing process were significant, but they were significant because after years without investment, our rates were completely unaligned with costs. The state's investment in our service system over the past two decades still lags inflation by 20 percent.

The big investment numbers you've heard today, while great, don't even compensate for that inflation. The

investments will go primarily to wages, but they will not be enough to bring compensation in line with the skill and responsibility required of our staff. And they only begin to address the inequity between the wages of the nonprofit providers and the state-operated programs.

And they do not support our full system of care. Rate rebasing only applies to some of our programs. Critical services, community hab, respite, supported employment, they receive no increases through the rebasing. So people who rely on those services are still struggling to access support.

Parents miss work because services are not available. They can't get respite to help them live a life beyond caregiving. Long-time staff are leaving people they've supported for years because they can go to a state-operated home down the road and make 30 percent more for the exact same work. These aren't hypotheticals. These are real experiences of real New Yorkers who need your

help.

Our commitment to meeting their needs drives everything we do at my organization, but our ability to meet those needs is limited by your commitment. So we're calling on you to include a 7.8 percent inflationary increase in the budget to support the comprehensive needs of people with disabilities. We're calling on you to convene a wage commission to examine the roles and responsibilities of human service workers and establish fair, sustainable compensation standards. And we're calling on you to move the responsibility for rate-setting back to OPWDD to ensure future rate-setting is timely and appropriate. In short, we're calling on you to help in finally ending the neglect for people with disabilities.

Thank you.

MR. RYAN: Hi. I am Kevin -- sorry about that. Hi, I am Kevin Ryan. I'm a board member on behalf of SANYS. Thank you for allowing me to testify.

It is important that you hear from people like me. SANYS is an organization founded by people with developmental disabilities for people with developmental disabilities. We have been speaking up for ourselves and others for over 30 years.

I'm not going to read our written testimony today, as you already have that. You will see that we are seeking your support on increases to direct support professional pay, increases to CDPA and HHA staff pay, problems with the transition to a single FI for CDPA, reforming the Nurse Practice Act so people can have the staff support they need to get medications in their own home, increased rate to durable medical equipment vendors, investments in transportation and housing.

However, I want to focus on sharing my experience and the experience of my friend and colleague Shameka Andrews, who couldn't be here today due to an ongoing issue with her wheelchair. Shameka has been trying to get her wheelchair repaired since October.

Since that time, we have had multiple -- she has had multiple breakdowns and had more than a month when she was unable to leave her home. Her chair was to be fixed yesterday, but it's still broken.

Believe me, Shameka is not alone with this issue. This happens far too often. So I think it's ironic that she was going to speak about the issue with durable medical equipment today if she could be here.

In the State of the State briefing book, Governor Hochul stated that she would increase wheelchair access by increasing rates for clinical specialty evaluation for new wheelchairs, expanding coverage for repairs. We want this promise to be kept. It is not clear that this is represented in the proposed budget, but it is essential.

Now, I want to tell you that I rely on my staff and so do others all across New York State. I have seen far too much turnover of the staff I rely on, and too many of us don't have enough staff to meet our needs.

In closing, you will see the specific

requests we are making in our written testimony, but you need to understand how important it is that New York State invest enough in wages to solve our longstanding staffing crisis.

Thank you for your time.

CHAIRWOMAN KRUEGER: Thank you very much.

First Senator? Oh, we have Senator O'Mara. Or we have -- excuse me -- Senator Canzoneri-Fitzpatrick.

SENATOR CANZONERI-FITZPATRICK: Thank you, Madam Chair.

Mr. Geizer, in looking at your statement, I know you could only highlight certain things, but a couple of things that stand out to me that I know are a problem, and I want to acknowledge them.

That the starting wage for DSPs employed by nonprofits is only $17.23 per hour statewide. And in contrast, DSPs who work for OPWDD start at $25 an hour outside of New York City and $27 per hour within New York City. And that this disparity is

terrible because of what you said today on how somebody could go down the street and work for a lot more money. And I don't understand why that is, and that's something that I continue to question.

One of the other things that you mentioned in your testimony is about how the Department of Health took six months to approve the adjusted rates for residential, pre-vocational and day programs, and that I believe it was probably close to 10 years ago that OPWDD used to approve those rate increases.

And I'm wondering if you could share with us what would the approval process look like when OPWDD had that approval process.

MR. GEIZER: Well, it's our hope -- and one of the things we're advocating for is switching back the budget authority to OPWDD. You know, nothing in government moves quickly, and anytime you add another state agency into a process that's complicated and difficult, it becomes even slower.

So we think by kind of streamlining

the process, removing the Department of Health from that process, putting the onus back on OPWDD who understands the rates, understands the costs, understands the needs of the providers, that's where that task should lie.

SENATOR CANZONERI-FITZPATRICK: And do you have any sense of what that would do to the approval process as far as timeline?

MR. GEIZER: My hope would be that it would streamline things. You know, it's our understanding that between the state agencies going back and forth over these rates for some period of time, that was a big part of the delay. So eliminating that piece of it would be very helpful.

SENATOR CANZONERI-FITZPATRICK: Okay. Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Thank you.

Thank you all for your testimony.

I have a couple of quick questions. One is about -- with the consumer-directed program. Are any of your folks using their consumer direction, the CDPAP program? And if so, are you able to -- what's your experience with this transition to a single FI?

And then I have another quick question as well. And I just want to acknowledge this issue with durable medical equipment, which has been an issue for the 45 years that I've been in this field. So we really do need to make changes in that and provide, you know, the COLA.

MR. KARPE: Eric, maybe you and I can split this.

We heard from Commissioner Baer this morning that there's 9,000 people in OPWDD who are using CDPAP. Most of them are people who are either living at home -- I think actually all of them are people who are either living at home with their parents or living on their own with self-direction. And actually SANYS might want to weigh in on this

as well.

There's a lot of confusion about what's going on. There's -- rumors were flying around just yesterday that parents are no longer going to be able to be caregivers for their children under the new FI. There's other rumors that no, no, nothing's going to change. There's other rumors that lots of people are going to be dropped. So it's -- there's a lot of confusion and a lot of anticipation of pain.

Does SANYS have --

ASSEMBLYWOMAN SIMON: Any other experiences? And tell us how we can clarify that so that those rumors and those concerns aren't prevailing.

MR. GEIZER: It's not a huge issue for our organization. Our organization primarily -- the majority of our services are in certified settings, residential, dayhab, things like that. So many of our folks do not utilize the CDPAP program.

It's more of a self-direction fiscal intermediary process --

ASSEMBLYWOMAN SIMON: Okay.

MR. KARPE: -- so it's not really applicable.

ASSEMBLYWOMAN SIMON: And is there a self-direction aspect of folks who are part of the self-advocacy association? I'm sorry, I don't remember the person's name. You're looking at the captions?

MR. RYAN: I believe we want New York State to slow down and take time to determine the best path forward regarding improvements to the CDPA FI system, a plan development that will transition to new practices.

ASSEMBLYWOMAN SIMON: Okay. Thank you. I think some of us would probably like to follow up with you on that.

CHAIRWOMAN KRUEGER: Thank you.

Senator Tom O'Mara.

SENATOR O'MARA: Thank you all for being here today.

And we did hear the acting commissioner's testimony earlier, particularly in regards to your operations, Mr. Geizer, and the Arcs, the differential in

pay between the state-operated OPWDD facility and an Arc facility or many similar entities providing these services.

I represent an area of the Finger Lakes and Southern Tier. The Arcs that I represent, the Franziska Racker Centers, I keep hearing about group homes being closed because of inability to hire enough workers to staff them. Yet I believe we heard some questioning of Chairwoman Krueger of the commissioner that homes were not being closed. I don't know if she meant OPWDD homes were not being closed or Arc homes weren't being closed.

Can you -- where do we stand on the staffing issues because of this significant gap in pay?

MR. GEIZER: I think the short answer is homes both in the state system and on the not-for-profit side are closing for different reasons.

On the not-for-profit side it's primarily staffing. If you're not able to staff a home, you can't afford to keep that

home open and the costs associated with it.

So I don't think it's accurate to say that the homes are not closing. They are.

Now, I have to give credit again to the acting commissioner and to the Governor. The massive investment that has recently been made is going to help bring our salaries up. It's not going to be equal with the state-operated workforce, but it's going to bring us closer.

But it still begs the question, I think, which I hope many of you have, of why would two sets of people doing the exact same job get different rates of pay. And it's something I have a hard time explaining, too.

SENATOR O'MARA: Exactly. Particularly when, on the back hand, when it comes to retirement and other benefits, your operations are much less costly as well, less costly as it is from the state perspective with all the benefits and the retirement contributions going in there as well.

So in the long run, I think it could be more cost-effective, more efficient for

your agencies to be getting -- being able to offer equal or substantially similar pay to these workers to have them in the workforce doing this work.

So thank you for your advocacy, all of you for your advocacy on these issues. You know, again, it's frustrating sitting here for the number of years I have, dealing with this issue over and over and over, and there seems to be unanimity among this Legislature of what should be done. Yet every year we're back here talking about the same thing.

One of these years, it has to change. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Sempolinski.

ASSEMBLYMAN SEMPOLINSKI: Thank you, Chairman.

First of all, thank you, all four of you, for being here.

I also want to just point out how important it is to have parents and

self-advocates who are on the frontlines of dealing with these issues, so especially thank you for being here.

Mr. Geizer, I want to first of all give a shout out to my local Arc affiliates in Steuben, Allegheny, and in tandem. I have a great relationship with both -- with the leadership of both of those, and they're in my office all the time. We have a constant communication. So a shout out to the folks back in the Southern Tier.

I share Senator O'Mara's concerns on staffing. I've heard the same stories from those local affiliates. It's greatly concerning, especially in a rural area where if a group home closes or some program closes, there's not easily a replacement to that.

When we were questioning the commissioners earlier today I made a supposition. I want to see if I was right regarding the concerns where every year we have to deal with the COLA or whatever you want to call it this particular year. I

would imagine, for yourself and for your local affiliated organizations, it makes it really hard to plan, right?

How do you plan long-term for staffing even if staffing's available when we keep having this situation every budget time? How does that affect your operations to have those lack of planning and lack of certainty challenges?

MR. GEIZER: It's specifically about COLAS or increases?

ASSEMBLYMAN SEMPOLINSKI: Yes, sir. Yeah.

MR. GEIZER: Well, I mean, it all comes back to staffing. You know, if we're not able to pay our staff a living wage and a competitive wage, we can't staff our programs. And every year we come back -- and like I said, we're very thankful for the investments that we've gotten over the last four years. They've been significant. The recent significant increase in our rate rebasing is going to be super-helpful for us.

But that alone still leaves us, over

the last two decades, 20 percent behind inflation. So it's going to help us catch up. And now going forward, we need a cost of living, which I think you alluded to earlier today, like 2.1 is still less than 2.9.

ASSEMBLYMAN SEMPOLINSKI: It's still a cut. Yeah.

MR. GEIZER: So we're actually going to go backwards a bit.

MR. KARPE: If I can jump in for a second, from a parent perspective, the entire parent community, it shakes our faith in the system that we have to come up here year after year after year to fight for what should be routine.

ASSEMBLYMAN SEMPOLINSKI: Right. Right. And I think -- I hope your takeaway is, at least from this panel, there's really bicameral Assembly and Senate and bipartisan, you know, support for making sure that you're getting a true adjustment that really affects your costs.

MR. GEIZER: Thank you.

CHAIRWOMAN KRUEGER: Okay. Any other

Senators?

Senator -- I'm sorry. Senator Persaud. That's why I asked everyone.

SENATOR FERNANDEZ: You're forgetting me.

SENATOR PERSAUD: Thank you all for being here.

Donald, I'm going to start with you, quickly. SAPIS. With the increased use of cannabis amongst our youth, what kind of strain has it placed on your SAPIS counselors?

You know, every year you come and ask us for money. Every year we fight to get you that money, and it's still not enough. And now we have this added strain of crazy behavioral issues because of the increased use of cannabis in schools.

MR. NESBIT: Yeah. Great question, Senator.

So if you hear President Francois speak, he says often if you stay ready --

SENATOR PERSAUD: You don't have to get ready.

MR. NESBIT: -- you don't have to get ready.

And so what we're pushing for at the very least is for SAPIS to be in every middle school, campus school. If they are there, there's not one issue that they won't be able to sustain or overtake.

The issue right now is there's only 236 of them servicing over 900,000 students. So where one principal may want -- may have an issue at one school, that SAPIS is now torn from one school to another. In some cases we've had reports of a SAPIS that services four or five schools, just to try to figure it out and make sure that they're servicing all of the students.

And in some cases some schools actually have to go without services because the SAPIS -- they're overworked, right? They can't be pulled so many places.

That should not be the system that we have where we're picking and choosing which students we're going to service when we should be servicing all.

SENATOR PERSAUD: Every student. Thank you.

And, Kevin, I just want to thank you for your advocacy. You know, I'm listening to you and you're reminding me of someone who calls my house every day, and calls my office. Her name is Debbie Schwartz. And when she speaks she is advocating not only as a self-advocate, but she's always talking only about the needs of the DSPs. The needs of the DSPs.

And she always reminds me, "Roxanne" -- this is what she says -- "Roxanne, you have to take care of them. If you're not taking care of them, they cannot take care of us."

MR. NESBIT: That's correct.

SENATOR PERSAUD: And so what you're saying is exactly what she's saying. So it's incumbent upon us to ensure that we take care of the DSPs.

You know, I have the bills trying to ensure that they are paid equally across the board.

MR. NESBIT: Right.

SENATOR PERSAUD: You heard the commissioner this morning speak about it. We have to ensure that we're paying them so that we retain the dedicated workforce. Because the people who are DSPs, they are doing it because they love what they are doing.

MR. NESBIT: Right.

SENATOR PERSAUD: If they didn't, there would be -- every single one of them would walk away because we're not paying them. They could make more somewhere else.

So again, I thank you for your advocacy, and we will continue to fight on your behalf.

Thank you all.

MR. NESBIT: Thank you very much.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRMAN PRETLOW: Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Okay, thank you, Mr. Chair.

I just wanted to circle back on the discussion on the self-direction, Mr. Karpe.

Maybe you can just give some comments.

On the program itself, obviously, as you said, it has empowered individuals with disabilities to take a different route if they choose to. But we know that there's barriers, administrative barriers, lack of adequate funding, and additional challenges that I talked about earlier, actually, when the commissioner was here.

What specific budget changes would you like to see that could enhance the accessibility of self-direction?

MR. KARPE: There's a couple of things that would be wonderful.

One is if there were funding available to allow every fiscal intermediary to front the money to parents. Right now parents have to reach into their pocket. It's tremendously inequitable. This doesn't have to be that way.

New Jersey's self-direction system is -- there's no reimbursement. It's all pre-paid by -- or paid by the state without the family having to reach into their

pockets. So that's one tremendous change.

Another great change would be if there were -- and not just for self-direction, but for the whole system -- if there were some sort of innovation fund that would allow us here in New York State to try things out without having to go through the very lengthy waiver process that's required.

I can wait. My son's not yet 30. People like Daryl can't wait. He's in his 70s. If he doesn't retire soon, it's all up for him.

ASSEMBLYMAN SANTABARBARA: And we also had a discussion earlier today about the rates themselves. When they fluctuate, when they increase, are you finding that the budgets are also matching that, or is there a lag?

MR. KARPE: So for the COLAs and now the TII, there is a rate increase and that's great. This 850 million, this 13 percent rate increase, that did not increase the budget for people in self-direction. So somebody in self-direction like my nephew,

who purchases day services, he's just gotten a cut.

ASSEMBLYMAN SANTABARBARA: And that was --

MR. KARPE: And his budget now has to stretch to cover this extra 13 percent charge.

ASSEMBLYMAN SANTABARBARA: And that was the discussion I was having earlier.

Thank you for your responses.

I do want to say that I think the wage commission is a good idea. I don't have much time left, but maybe you can give us a little more detail on how that would work. I would appreciate it.

MR. GEIZER: Oh, the wage commission? Yeah. So, you know, one of our requests this year is to convene a wage commission that would evaluate and study the human services workforce and determine from an objective body, you know, what's an equitable, competitive wage for our workforce that's sustainable going forward.

So I'm super-hopeful that you will all

support that effort and finally get us to the point we need to with our staffing salaries.

CHAIRMAN PRETLOW: Assemblyman Brown.

MR. GEIZER: Sorry.

ASSEMBLYMAN KEITH BROWN: Thank you, Chair.

Thank you all for being here.

Mr. Nesbit, I'm intrigued by what I heard. And my colleague who was here earlier asked a question of one of the commissioners about the possibility of expanding SAPIS statewide. What are your thoughts about that?

MR. NESBIT: Well, I was listening in to the hearing as well and was also intrigued by that question, right?

SAPIS, the vital -- I want to say the most vital thing about most of our SAPIS, they live and work in the community where they live, right?

So in order for -- I think it would be great statewide as an initiative to look at what the SAPIS do in New York City. They live in those communities. The students know

them, the families know them. So whenever there's an opportunity for them to intervene in a situation or they find a student that's actually being bullied, they're able to go to those families and intervene and get things done.

So we see substance abuse, and we say it's just a drug issue that they actually do. They do anti-bullying. They do peer-to-peer mentorship, where they teach students how to deal with different issues, not just dealing with drugs. It's a really great program and definitely needed around our state.

ASSEMBLYMAN KEITH BROWN: So one thing that's interesting back in my home district, someone I went to high school with, she went to the Board of Ed and she asked them about having all of the people inside the building being trained for crisis identification, for a child who might be in crisis, and she got nowhere. So she actually went to the athletic director, and he was very interested and willing. Her boys had played sports, so she had a personal relationship with him.

So what they did was they had every coach in the high school, in that particular high school, trained in crisis identification.

So as part of the -- what your union does, is that part of your auspices?

MR. NESBIT: No. So coaches -- most coaches in New York City are actually teachers, so they're represented by the teachers union.

ASSEMBLYMAN KEITH BROWN: But do they get -- my question -- sorry, my question was whether or not they're trained in crisis identification.

MR. NESBIT: Oh, yes. So they're able to deal with most situations that a student may go through.

And like I said in my testimony, their reach -- so counselors in New York City schools may have one-on-one interaction with a student. SAPIS actually have a whole curriculum where they teach in classrooms. So their reach -- one SAPIS may reach 500 students.

ASSEMBLYMAN KEITH BROWN: And there's a new program -- I only have 22 seconds, so I'm going to talk fast -- where out east, on the East End of Long Island, the school districts are now working with the local police department so that if they're called to a house where there's a child that's exposed to any type of trauma in the household, then they notify the school districts so that the school personnel know at least to keep an eye out for that child.

Thank you so much.

MR. NESBIT: Thank you.

CHAIRMAN PRETLOW: Assemblywoman Chandler-Waterman.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Thank you, Chair.

Okay. How you doing, Donald? Thank you all, everybody, for your advocacy.

But this question is directed to Local 372 DC-37.

Thank you for the work and advocacy, for you and your President Francois.

Regarding SAPIS workers, we know that

they focus on substance abuse prevention and intervention. But I don't know -- as a former educator running programs as a coach in the New York City public schools, I worked intimately with SAPIS workers. They do way above and beyond the call of duty, from even deejaying sometimes at events, to build that connection.

So they become the partner for the community-based organization, they become the partner for the principal and the families in the community to support.

So it's kind of disturbing that they're not in every school. For me, I'm -- like it's hard to believe that.

I want to know are they in all -- they're not in all elementary schools, they're not in all junior high schools. So how do we get a plan where we could like -- junior high school I'd say has the highest need, because that's that moment, right? How do we get a plan where they're in all junior high schools throughout the city, then work towards, you know, the highest-need high

schools, and then elementary schools, to build to the plan? Because 6 million doesn't seem like enough to do all of that.

I don't -- I'm sorry to give you such a compounded question, but we know this is very important.

MR. NESBIT: No. So, Assemblymember, that's actually a great question.

We're currently working with the New York City Department of Education to look at the numbers of what it would cost to have a SAPIS in every campus and middle school. Most campuses have multiple schools in it, so we're looking at that model right now. But we know that there's a cost associated to it.

I mean, I'd just like to put this out there, to your question. Our teachers do a great job in teaching our students. But we like to say Local 372 members are the support staff in New York City schools, and they're the foundation of the house. And we know when you build a house, if there's no foundation, the house crumbles, right?

So just think about the aspect of a

SAPIS not being there to -- able to reach those students. It gives the teachers also a difficult time in teaching, right, and administration in running the building.

And so we're pushing, but we're working to get some numbers now with New York City Public Schools as to how much it would cost to have a SAPIS in every middle school and campus.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Yeah. And it definitely takes the load off the administrators and the teachers, who have to do a lot of work. This is something that we definitely want to prioritize and make sure is fully funded. Thank you.

MR. NESBIT: Thank you.

CHAIRWOMAN KRUEGER: Okay. We have a Senator, Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

And thank you for whoever mentioned SAPIS, because I do have a budget letter to support $3 million.

But is that enough? Is that going to be able to address the need that is in our

schools? Could you speak a little bit as to how much 3 million would do if not do any more?

MR. NESBIT: So the ask is for 6 million this year.

SENATOR FERNANDEZ: Oh, okay, 6 million.

MR. NESBIT: Six million. And with 6 million, as I said during my testimony, 6 million we know that that would help with hiring 48 more SAPIS and would reach 24,000 more New York City schools.

And we know that's not enough. But as I said, we're working to see what the numbers look like for middle schools and campuses. That way, we expand upon the amount of students that we're actually able to reach.

SENATOR FERNANDEZ: Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Assembly?

CHAIRMAN PRETLOW: Assemblyman Palmesano.

ASSEMBLYMAN PALMESANO: Yes. My

question is for Mr. Geizer.

First, I just want to say thank you for what all your dedicated employees do for our most vulnerable citizens here in the State of New York. So please send our thanks and appreciation to them.

I want to -- when I talked to the commissioner earlier I mentioned that in the past two years, according to a report of six months ago, 91 residential beds have been closed in the Western New York region. I asked the commissioner to follow up on that about beds across the state.

I don't want you to answer that question yet, but I'd like if you had any number on the number of beds that have closed in the Arc homes across the state, if you could share that then.

But my question I want to ask you is the same question I asked her. She seemed a little bit more optimistic about it with the funds that have been allocated, but I kind of have my disagreements. So I want to ask you the same question. Is the differential

between the minimum wage and what nonprofit agencies like Arcs are currently funded to pay, is that adequate enough for them to compete in the local labor market for the talent and dedication required for these very important positions that are tasked with improving the quality of life and care of our most vulnerable citizens?

MR. GEIZER: The short answer is no.

A decade ago, 15 years ago, our salaries were twice minimum wage. Over that period of time, our salaries now, at $17 and change, are about 10 percent over minimum wage.

Now, the investments are going to help. Our salaries are going to raise modestly, and that's a great thing. But I'm not sure that $20 an hour is still enough money for the skill and responsibility we are asking for our staff to accomplish every single day.

And that's why we have to continue to fight for a 7.8 percent increase, which will allow us to invest more in our salaries and

catch up from the inflationary measures over the last two decades, where we're still 20 percent behind the eight ball.

ASSEMBLYMAN PALMESANO: Well, I've seen in my area people leaving. They want to be there, they care about these individuals, but they just can't take care of their families. They go work at Burger King or Taco Bell or McDonald's. It's just wrong. Truly the work that they do is God's work, so I just wanted to say it.

Do you know how many beds -- do you have a tally of how many Arc beds have closed across the state in the past two years? Or --

MR. GEIZER: Yeah, I don't have that information --

ASSEMBLYMAN PALMESANO: That's okay.

MR. GEIZER: -- at the ready right now. I certainly could go back and do some research.

But we certainly have had to close programs as well because of staffing shortages, that's for sure.

ASSEMBLYMAN PALMESANO: Well, we'll keep up the fight.

MR. GEIZER: Thank you.

ASSEMBLYMAN PALMESANO: And for me, I guess it's hard for me to understand how this Governor, every year she puts in an allocation for $700 million for the Hollywood film tax credit to subsidize the Hollywood elite, but yet our most vulnerable citizens and the direct support professionals who are tasked with their quality care, to improve their quality of life, are left asking over and over again. It's a dog chasing its tail and it's wrong, and it needs to be changed now.

Thank you, sir.

MR. GEIZER: Thank you.

CHAIRWOMAN KRUEGER: Any other legislators? Oh, in the Assembly.

CHAIRMAN PRETLOW: Assemblywoman Giglio.

ASSEMBLYWOMAN GIGLIO: Yes, so thank you all for being here.

And I did visit The Arc at the end of

2023, and at that time we were talking about the CANS assessments. And I'm just wondering what the CAS and the CANS assessments -- if any of those services have been pulled away and funding to you has been decreased.

Have you received any funding cuts, or have you been cut based on these assessments?

MR. GEIZER: No, the CAS assessments are -- it's in the works. It's been in the works for a while. I think there are still concerns with the reliability and the validity of the assessment. So at this point they are not being used to determine payment for our supports and services.

ASSEMBLYWOMAN GIGLIO: Okay, that's good.

Okay. And then my next question is about the dayhabs and sheltered workshops. Because New York State is starting to phase out of the sheltered workshops, which gives organizations an advantage to maybe make some money, let the people that are in their homes go to work and have this rewarding experience of going to a place.

And I know that I have visited a shelter work spot or workshop in Manorville, New York, and it was very successful and it was funded by the state, partially, and they were working every day. They were scanning in documents for the courts, they were changing batteries on remote controls for the cable companies. And it seems like all of that just went away, and it just went out with the water in the washing machine as the state pulled back funds.

So I want to hear your experience on the dayhabs after COVID and getting back to the dayhab programs, and then also about the sheltered workshops.

And then, to finish up, if you could just let me know what incentives DSPs are looking for. What are you hearing from them in order to retain them? Because I know housing is a big subject, especially the rates. We've been talking about this for four years, that they need to be paid more, that we need to catch up with the rate of inflation over the last 20 years, and then we

need to keep it steady based on the CPI. But it doesn't seem to be happening.

So are there incentives that we can do for the workforce so that we can retain them?

MR. GEIZER: Yeah. So I'll start with the first question, which is the dayhabs and the impact of COVID.

Obviously, COVID had a tremendous impact on our dayhab programs. When COVID happened, many of our dayhab programs were required to shut down. They're congregate settings, a lot of people in close quarters. So, you know, obviously a lot of people had to go home or stay in their certified residences. And while they have recovered some, they have not recovered fully.

Some people have decided to stay home or seek different service supports. But we have to go back again to staffing. We've had a difficult time reopening our dayhab programs because we can't find sufficient staff to reopen. And that leaves folks, unfortunately, in a tough spot where --

Oh. I have to stop.

CHAIRWOMAN KRUEGER: Thank you.

ASSEMBLYWOMAN GIGLIO: No, that's okay. Dayhab's important. Thank you.

MR. GEIZER: I can follow up with you.

ASSEMBLYWOMAN GIGLIO: We'll talk more, thank you.

CHAIRWOMAN KRUEGER: All right. Now I do believe we have taken the questions of all legislators.

So I want to thank you all very much for your participation today and for your work every day.

MR. GEIZER: Thank you.

CHAIRWOMAN KRUEGER: Appreciate it. Thank you.

And we are now up to Panel E.

CHAIRMAN PRETLOW: The big one.

CHAIRWOMAN KRUEGER: Yes, we're going to need some extra chairs, I think, for this one.

We have Ruth Lowenkron, New York Lawyers for the Public Interest; Alliance for Rights and Recovery; Association for Community Living; Treatment Not Jail

Coalition; New York Disability Advocates, with a substitute speaker; and New York Alliance for Inclusion and Innovation.

Hi. So let's make sure everybody gets into a seat. And everyone, thank you for being so patient and waiting so long. We're trying to move along.

Let's start on this side of the table (gesturing), just to introduce -- well, we're just going to do introductions first so that the people with the cameras and video know who's speaking when you speak. So introduce yourself, please.

MR. SEEREITER: Good evening, I'm Michael Seereiter. I'm president and CEO for the New York Alliance for Inclusion and Innovation.

CHAIRWOMAN KRUEGER: Next?

MR. COOPER: Hard to believe it's evening. But I'm Doug Cooper. I'm the acting executive director at the Association for Community Living.

CHAIRWOMAN KRUEGER: Thank you. Next?

MS. SCHIFF: Winifred Schiff, from the

Interagency Council of Developmental Disabilities Agencies.

CHAIRWOMAN KRUEGER: Thank you.

MR. CULKIN: I'm Thomas Culkin. I'm an advocate with the Treatment Not Jail Coalition.

CHAIRWOMAN KRUEGER: Thank you.

MS. LOWENKRON: Ruth Lowenkron, with the Disability Justice Program, New York Lawyers for the Public Interest.

CHAIRWOMAN KRUEGER: Okay.

MR. ROSENTHAL: Harvey Rosenthal, Alliance for Rights and Recovery.

CHAIRWOMAN KRUEGER: Great. Why don't we start with Harvey, so we'll just swing back down the table, if that's okay.

MR. ROSENTHAL: God bless you. Thank you for that.

CHAIRWOMAN KRUEGER: Thank you.

MR. ROSENTHAL: So I was hospitalized at Rockville Centre, at Mercy Hospital, for six weeks with a severe depression a long time ago. And so I know of this; this is really my life. And I have been the director

of this Alliance for Rights and Recovery for about 30 years.

The people I serve are the people you read about in the papers, people who have severe issues, you know, with mood, with judgment, who are homeless or hungry. You know, who could come in and out of jail and prison or hospital. Not all of them; lots of people have found recovery.

But we're in a terrible climate of fear right now. People are afraid of us, and we're afraid of them. And it doesn't help that the New York Post talks about the deranged and fanatics and lunatics every other day, with an eye towards pushing forced treatment. And I'm here to fight forced treatment.

I'll tell you that 4 percent of our community is violent. Eleven percent are victims. We have names for them: Jordan Neely, who was killed -- who was choked to death on the subway, and Daniel Prude, who was killed by the police in Rochester.

We know what works, though. Not

coercion. But we know what works. And we've created some of those programs. We've created the INSET program over here, which is a peer-led program of engagement teams that has engaged 83 percent of people who otherwise would be on a court order. They engage the unengageables.

We have -- we're working on Daniel's Law, which would send the police -- not the police, the peers and EMTs out.

We created the Peer Bridger Program that helps people leave hospital and not return. Once they leave hospital, you know, they should get into Housing First, which will take people regardless of their taking medicine or drinking or drugging or what have you. We've got to be there for people no matter what.

Then the clubhouse movement has not been up in upstate New York for years. The Governor's going to do that. We're grateful for that.

In this budget there's $16.5 million. You've heard about it, you know, this

afternoon. It must go to voluntary services, not AOT. We urge you, please come out in that way.

We're against -- like so many groups here, we're against forced treatment. We're against involuntary forced treatment. Do you know when they pick you up on the street, that's called a mental hygiene arrest. If you have trouble with food, shelter and clothing, now you can be picked up and put involuntarily in a hospital. I think we just read for New York City 40 percent of the time they weren't eligible, they didn't have to be admitted. But they were picked up and went through that trauma.

Even some of the tragedies you read about in the paper, they were in the hospital a few weeks before. Hospital is not the answer to this thing.

Also, assisted outpatient treatment, or Kendra's Law. The Legislature has found this to be controversial. They have not made it permanent since 1999. They review it --

(Time clock sounds.)

MR. ROSENTHAL: Oh, my God. We still have to do the other.

It affects people of color. There's a second study that's going -- you ought to wait, please, until the second study comes out.

CHAIRWOMAN KRUEGER: Thank you, Harvey. I have to cut you off.

MR. ROSENTHAL: Thank you, Senator.

CHAIRWOMAN KRUEGER: Thank you.

MS. LOWENKRON: Good evening. Ruth Lowenkron, New York Lawyers for the Public Interest.

I too, like many of you, am a family member both of a person with physical disabilities, mental disabilities, and I've been an attorney in this space for almost 40 years. And our office is counsel for the Willowbrook class, for the Brad H. class, and many more developmental disability and mental health cases.

I understand that we're here because we have a goal of improving public safety. But how have we come to the point where we

think that getting people with mental health diagnoses is going to make us feel safer? They are not the problem. As Harvey Rosenthal said, this is a stereotype that's being peddled at us by newspapers and the media and literature, and people with mental health diagnoses are not the ones causing the harm, they are no more likely to cause the harm than people who do not have diagnosis.

And even if this is not the case, do we want to lock people up and make these mental health arrests? Hospitals are not the answer. I too was with my sister in the hospital where she received limited, if any treatment, and then is turned away after a brief amount of time.

Forced treatment is not treatment. take a look at the literature. It is very devastating for people with mental health diagnoses. It's a disincentive to seek help. It has increased suicidality.

And even if hospitalization, forced, were the answer, as others have said, there's no capacity at the moment for the people who

need hospitals. How are we all of a sudden going to increase this? Just heard about the people on Rikers staying for days without beds.

And even if there were capacity, unless you're thinking about throwing away the key, what are we going to do with these people -- with my sister, with your relatives, upon discharge? We can talk all we want about discharge planning, but where are the services? And that is why we recommend a full list of services.

And if you take a look at the tragic incidents where people with mental health incidents were causing harm, you look and you see that every one of them have been in a hospital but they didn't have the coordination of services and they didn't receive what was needed.

A real quick thing about forced outpatient treatment. Take a look at the huge racial disparity. Our office is putting out an updated report in days. The disparity is humongous.

And most critically, even though the commissioner has said that people are being helped by AOT, we don't know that. We know that people who have gone through AOT have had good resolutions, but is it because of the services or is it because they were forced?

Please think that through strongly, and thank you so much.

MR. CULKIN: Hello. As I said, my name is Tom Culkin, and I would like to thank you for the opportunity to testify here today. I have submitted a comprehensive written testimony. I'd just like to briefly tell you about myself and the coalition that I'm part of.

I'm a lifelong Buffalo resident and a recent graduate of the University of Buffalo with a master's degree in social work, and I'm currently a mental health therapy aide at the Buffalo Psychiatric Center. I have a serious mental illness and substance use diagnosis, and like so many of these medical conditions, I'm also a survivor of the

New York prison system.

I'm a member of the Treatment Not Jail Coalition, which is a collective of statewide mental health care professionals, law enforcement personnel, faith leaders and, importantly, people with lived experience. This group advocates for systemic reform at the intersection of mental health, substance use, and criminal justice, by championing expanded access to diversion opportunities.

My story is like that of so many other New Yorkers who have dual diagnosis of mental illness and substance use. I have been suffering from drug abuse since my teens, when I first encountered the symptoms of what I would later learn to be mental illness. This included uncontrollable mood swings and obsessive thoughts that I allowed to dictate my behavior.

Due to the combination of stigma, a lack of access to medical resources, and my own juvenile brain beliefs, I turned to the only way I knew how to quiet these thoughts, and that was self-medication through illicit

drugs.

By 2012, my addiction had reached crisis levels, which led to multiple arrests for residential burglaries. Recognizing that addiction was at the root of my behavior, my lawyer tried to get me admitted to drug court, which would have allowed me to continue my recovery and avoid incarceration. However, I was deemed ineligible because, despite there being no actual violence in the crimes, some of the charges were classified as violent felonies because of the potential for violence. I was instead sentenced to nine years in state prison.

I was suddenly thrust into one of the most hostile and chaotic environments known to man. Drugs, violence, sex, gambling and gang affiliation are pervasive in prison. Most incarcerated people do turn to these in order to survive their time inside. While in prison I lost several friends to death by suicide, and I seriously contemplated ending my life every single day during my first year of incarceration.

Those of us with underlying addiction and mental health issues were the worst off. Carceral settings naturally enact nearly insurmountable obstacles to obtaining meaningful treatment to those of us in need. The conditions of incarceration exacerbate our underlying issues, and we're more prone to violent abuse by both fellow detainees and corrections staff. We're also more likely to be released mentally gutted and facing acute overdose risks.

We reenter our communities disconnected from housing, public assistance, treatment, and struggling to establish livelihoods under the stigma of a criminal conviction. That is why even short periods of incarceration have been proven to increase recidivism.

I share my experience here in the hopes that future generations will never suffer the way I did. A good start will be to pass legislation to expand and modernize diversion opportunities, create more treatment courts, open eligibility, make sure

they're following best practice standards.

Expanded access to diversion programs will give people in this state the opportunity for recovery and grace that I did not get. Learn from me and the thousands of others like me who were condemned to dungeons of incarceration for their sickness. Prison did not make me better. It nearly killed me.

MS. SCHIFF: Wow. Okay. I'm here on behalf of New York Disability Advocates, which is a coalition of six provider associations representing over 85 percent of New Yorkers with I/DD.

And while we thank you for the opportunity to present, the discussions today show that we have some clear support from the Legislature.

So we're truly grateful for the past three years of increases and the recent increases associated with our rate rebasing, and those funds will be used and have been used for salaries and other rising expenses. But as shown by our NYDA recent survey results, we still have a 17 percent vacancy

rate for staff and a 35 percent turnover rate. And those really damage the continuity of care for people who require consistency, including people who are nonverbal and those who have additional physical and behavioral health challenges.

So while we're in a much better position now, continuing support is needed to bring us and keep us current with operational expenses and able to pay what would be even approaching a livable wage for our talented and selfless staff who dedicate their lives to helping others.

On the inflationary increases, over the past three years we've received 12.2 percent, and then led to almost 15 percent in staff increases. But inflation during this period exceeded 17 percent. So without continuing to give -- to keep up, we'll be right back where we started before Governor Hochul took office.

And now I will give you our asks. There's -- you've heard some of them before. The 2.1 percent targeted inflationary

increase in her proposal is a great first step, but based on the past three years of inflation, we're asking for a 7.8 percent increase to bring us level with current expenses.

And we also ask for the creation of the Human Services Wage Commission to study the wage adequacy for a number of direct care positions. The wage commission would provide recommendations for the creation of a longer-term plan to provide adequate compensation for frontline human social services workers who most of us will eventually depend on.

And one more request. We would like to restore the rate-setting authority to OPWDD from DOH. Since the transfer about 10 years ago, providers have endured a slow and unpredictable flow of funding which has challenged their financial viability.

Thank you.

MR. COOPER: Hi. Again, I'm Doug Cooper. I'm with the Association for Community Living. We represent the providers

that operate about 95 percent of the programs or beds that Commissioner Sullivan mentioned that are housing for people with mental illness. So it's a pretty vast system.

And just along with all of our colleagues, we support that 7.8 percent increase and -- you know, recognizing that the 2.1 is just going to put us in a further deficit.

You know, but that 7.8 really just maintains the status quo. It doesn't address our built-in deficits that have been years in the making. Our staff -- and there's been a lot of discussion about, you know, the quality of services or the adequacy of services, the capacity that's out there. All of our staff and our programs are paraprofessionals. But the needs of the people coming into our programs require more than that. We don't have any nurses. We don't have any clinical workers. We don't have any health aides. We don't have nutritionists -- I heard someone mentioning that -- that's reimbursed in our system.

Those services are needed in order for us to provide adequate services to the people that we're serving. The current staff that we have -- you know, we've been hearing about staff vacancy rates and turnover rates. Our staff vacancy rate currently statewide, the average is about 30 percent. Our turnover rate is close to 50 percent. I don't know how our members are keeping their doors open.

We need a -- you know, we need the 7.8, but we need more of an investment than that. We actually have an ask, which is in my testimony, for an additional $230 million. We don't think that's going to happen all at once, but we need a plan that actually will help us provide the services that are needed by the people who are our residents, who rely on us for their home.

You know, and how would we spend that 230 million? One example is we have a program that's called the CR-SRO. Assemblywoman Simon, you mentioned that earlier. That's a program that's licensed, provides a high level of services, and the

funding level for that is anywhere from 8 to 10,000 a year less than what is being proposed for ESSHI.

ESSHI needs those additional dollars. They need to be funded at a higher rate. But we need that same rate, if not more. We're a licensed program providing a higher level of service.

So, you know, our two asks this year are we need to maintain the status quo just to keep our doors open, and that's that 7.8 percent. But we also need a plan for a larger investment that will give us the ability to provide the level of services that are needed for the current people that are living in our programs.

MR. SEEREITER: Good evening again. Michael Seereiter, with the New York Alliance for Inclusion and Innovation.

For the first time in my memory, we are not coming to the Legislature in absolute desperation regarding the staffing crisis that has plagued our OPWDD service system for the past 15 or more years. And that's

largely thanks to the Governor and the 7/1 rates that we were talking about before, that you've been talking about today, that she just released for OPWDD certified residential and day programs that are subject to the rebasing on a five-year basis, including continuation of those resources in this proposed budget.

An extra-special thanks to Acting Commissioner Willow Baer for her leadership that she has shown to secure the most significant single investment in OPWDD in my 26 budgets that I have been involved with. We very much look forward to working with her as commissioner should she be confirmed.

Is it a panacea? Hardly. But it does help to stabilize dangerously unstable parts of the system that I and my colleagues have described to you in previous years.

We are appreciative to the Governor for continuing to make investments in our systems and others this year with a 2.1 percent targeted inflationary investment, especially after so many years of neglect.

That's especially important for programs and services that OPWDD operates and funds that are not subject to the rebasing that we have talked about as well today.

We join with our colleagues in asking that that targeted inflationary investment be increased to 7.8 percent. As referenced by many of you today, the 2.1 percent doesn't actually help us keep up with the current inflation rates, and we need to avoid losing any further ground with regard to competitive salaries, ability to pay insurance, and remaining compliant with OPWDD's program requirements going forward.

There are many other items in the Executive Budget of which we are supportive; it's found in our written testimony.

A few places where the Legislature could improve upon the Governor's Executive Budget, including the targeted inflationary increase of 2.1 moving to 7.8 percent: Move the rate-setting authority from DOH back to OPWDD from the 2015 move of 10 years ago.

We believe that this would improve

some of those challenges that Mr. Geizer was speaking about before in relation to all of that administrative effort that goes into actually getting money out the door for things like targeted inflationary investments and COLAs.

Include the OPWDD service provider organizations as eligible entities that can access the state's capital resources for targeted climate action. We have nearly 6500 physical locations that could benefit from things like solar panels if we had access to capital resources.

And lastly, we do recommend and join with others in recommending the creation of a Human Services Wage Commission to study and make recommendations for next year in relation to the wages that would be commensurate with responsibilities that direct support professionals and others in human services provide on a regular basis.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

Our first questioner is Senator Fernandez.

SENATOR FERNANDEZ: Thank you so much.

This question is for Tom Culkin, Treatment Not Jails Coalition. I am familiar with the coalition and its goal to change how we address those that are suffering with substance use disorder. A concern has been put out that the bail reform laws have allowed people to fall through the cracks and lose that touch-point to getting them to substance use disorder treatment.

Could you speak about that and how this may be a better idea?

MR. CULKIN: Yes. Could you repeat the question, please?

SENATOR FERNANDEZ: How can we ensure that we are still reaching these individuals without rolling back progress on bail reform?

MR. CULKIN: Well, I mean, I think reaching the individuals is based on making treatment more available and more easier to navigate. I know myself, for years I had the hardest time navigating a treatment system.

I got kicked out of more rehabs than I care to count.

Just applying for treatment is a huge process that a lot of people just are not capable of completing, especially when you're not in your right mind. The system needs to be streamlined and we need to make it easier for people to get into treatment in order to get better rather than just continuing to, you know, incarcerate them, let them out, incarcerate them, let them out.

I believe that were treatment courts to be expanded, we would have a lot less crime in a matter of, you know, a relatively short period of time. I hope that answered your question.

SENATOR FERNANDEZ: Yeah. Recently at one of the press conferences I believe there was a former sheriff, a law enforcement official who has come out in support of this legislation. Could you speak about how law enforcement has now turned to say that this is the method that we should be utilizing?

MR. CULKIN: Yes, I believe that was

at our advocacy day just a couple of weeks ago. I believe he was an Albany County sheriff as well. He spoke last year.

I think that as law enforcement learns about what will actually occur if this law was passed, I think we're getting a lot more support recently. I've been a member of the coalition for almost three years now. There wasn't much law enforcement support when I first joined, but there definitely is more now.

I think a lot of law enforcement officials understand that the carceral system we have now does not heal people. It doesn't encourage people to stay out of the system. Prison's a finishing school for criminals. Okay?

I could have contacts for drugs, guns, cars, people, if that was the way I decided to spend my time in prison. That's not how I spent my time. But that's the way most people do spend their time when they're incarcerated. Positive things just aren't done. Prison's not rehabilitative.

(Overtalk.)

SENATOR FERNANDEZ: -- programs aren't happening in all prisons and jails as they should be, so --

MR. CULKIN: What was that?

SENATOR FERNANDEZ: I said MAT programs are not happening in prisons and jails as they should be, from what I've been told. So we could assume that, yes, this is --

MR. CULKIN: They do have programs, but they're not run very well. Basically, as far as I'm concerned, what it comes --

(Time clock sounds.)

MR. CULKIN: Can I finish or no?

In prison the priority is always security. With mental illness and addiction the priority has to be recovery or it doesn't work. I know that from painful personal experience.

SENATOR FERNANDEZ: Thank you.

CHAIRWOMAN KRUEGER: Assembly.

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: So thank you all for your testimony. I'll get this a little closer here -- sorry.

And, you know, I think everybody -- I think you have a lot of support for increased TII, which is the new word for COLA. And I think everybody understands that need, and the fact that we're sort of digging ourselves out of a hole that we've been digging for a long time. And this is a big step, but it's not going to solve every problem.

I also want to kind of just explore with you -- because I think this big issue this year is involuntary commitment, expanded AOT, money to help counties pay for things even though we believe it, let's say, shouldn't be coercive. But there's a real challenge here with people feeling that they need to do something to address this issue, which appears to be and what people are thinking is criminality. Right?

And yes, we could say we're criminalizing mental illness, but that's been done, and everybody has this association.

And it's being ginned up by the press for sure, but we've also had some really horrible things happen. And how do we separate those things or achieve a balance that people feel like we have made some progress on this without going to the other extreme, which I think people don't realize that the balance is actually against people with mental illness when people may think it's for them and that's an excuse. Right?

MR. ROSENTHAL: Those episodes were horrible. Those episodes were horrible --

ASSEMBLYWOMAN SIMON: Yes.

MR. ROSENTHAL: -- but they represent such a small minority. And there are other murders like that that happen but if it's a person with mental illness, it's on the front page of the New York Post.

ASSEMBLYWOMAN SIMON: Right.

MR. ROSENTHAL: And we're being told to force them. So I just want to make a distinction there.

The services I mentioned aren't for people who are that troubled, who we worry

about, who are struggling and suffering. We don't stand by because we're for human rights, we provide the service that actually works. You're just going to force people into the same bad services if you don't create the right services. That's what we need your help for.

Don't go to coercion. It really is not going to get it done. I know the public is afraid, but stand tall with us, please.

MS. LOWENKRON: If I can just add, we have a whole list in our testimony of positive voluntary community-based programs that are the answer. So we're not just saying "Don't do this," we're saying "Do that, which has an excellent track record."

And one of the things that I want to quickly squeeze out is something that Senator Brouk spoke about, and that is the panels of --

ASSEMBLYWOMAN SIMON: Mm-hmm, the incident review panels.

MS. LOWENKRON: We're talking about the incident review panels. And so many

people have spoken about the need to look at what are we doing wrong in order to figure out what we're doing right. That is the answer. It's already in statute.

CHAIRWOMAN KRUEGER: Thank you.

MR. ROSENTHAL: And you can put in the law, it says "may," "shall."

CHAIRWOMAN KRUEGER: The time is up on here.

MR. ROSENTHAL: Have OMH do that.

CHAIRWOMAN KRUEGER: Let someone else ask a question and then you can answer.

Whose turn is it?

CHAIRMAN PRETLOW: It's your turn.

CHAIRWOMAN KRUEGER: Harvey, would you continue to answer the question for me, please.

(Laughter.)

CHAIRWOMAN KRUEGER: No, I have three minutes. Answer the question.

MS. LOWENKRON: Don't answer the question.

ASSEMBLYWOMAN SIMON: Finish your answer.

CHAIRWOMAN KRUEGER: Finish the answer.

MR. ROSENTHAL: With more time?

CHAIRWOMAN KRUEGER: Yes.

MR. ROSENTHAL: Okay, thank you, Senator.

So first of all I want to say that people, even the county officials have said to me, I only put them on an order because the line -- waiting list for services is so long, and if you put them on AOT, you know, then they'll get front. So you're dragging people in front of a judge and criminalizing them only to get them to the front of the line. We've got to pay attention to that as well.

The incident review panel is really critical. It was recommended in 2008 by a panel in New York City. You put it in statute in 2014. OMH -- the commissioner's great -- she didn't want to do it. We have a right to know what happens each time. otherwise these tragedies happen and, you know, you don't hear what happened.

And they don't have to break some kind of confidentiality. "We've reviewed these things and what we find is the services are not coordinated." That's a big one.

So the way to -- the incident review panel will probably get us services that are better coordinated, more effective, more engaging, and like that -- I forget the fourth word, but ...

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

MR. ROSENTHAL: Thank you, Senator. Thank you so much.

CHAIRMAN PRETLOW: Assemblymember Giglio.

ASSEMBLYWOMAN GIGLIO: Okay. So I agree, OPWDD needs to take back the rates. you know, the 7/1 rates, we just got them when, two weeks ago? Yup. And organizations such as yourselves are owed millions and millions and millions of dollars that you've been operating on a tight budget since 7/1 because these rates just came out. But hopefully you'll be getting those checks

within the next couple of weeks and it will be retroactive.

So yes, I agree with you, OPWDD needs to take that back. DOH has a lot on their plate right now with Early Intervention and with the CDPAP program, and OPWDD should be taking care of your agencies. So I one hundred percent support that.

I also support the rate increase, and I also hope that my colleagues and I can get together and make it that you will get your increases every year based on the rate of CPI. We're seeing a lot of inflationary increase in the budget this year for state agencies, but we are not seeing it for our not-for-profits. And a lot of our state agencies are closing down, and those people are coming to you.

So I'm just -- I love the idea of a wage commission. I love the access to capital resources for energy. I think these are all really important things because not only are you dealing with not getting the funding that was promised to you in the

budget -- because the rates weren't set -- but you're also dealing with high utility costs and other inflationary items that could reduce your expenses so that more of this money could go to the DSPs.

So if you could just tell me any other ideas that any of you have so that we can all work together on this to make sure that we fully fund our most vulnerable population.

MR. SEEREITER: If we started with those, we'd make a huge dent in trying to address some of the challenges that have been pervasive in this system for an awfully long time. The things you just rattled off would make a gigantic, gigantic improvement in our service delivery system.

MS. SCHIFF: Just thank you very much for your support, and we'll continue to work with you this legislative session.

ASSEMBLYWOMAN GIGLIO: (Mic off.) Thank you.

Unless anybody wants to add anything?

MR. ROSENTHAL: You mean anything or --

(Laughter.)

UNIDENTIFIED SPEAKER: It has to be about this.

CHAIRMAN PRETLOW: You're done?

Senator Fitzpatrick.

We have more time, or no? Oh, I'm sorry, I'm looking at the clock.

SENATOR CANZONERI-FITZPATRICK: Thank you. I just wanted to follow up on a question that Senator Fernandez asked to Mr. Culkin.

With cashless bail, criminals are, you know, arrested, we release them. How do we motivate them to voluntarily enroll in a program to help them with their addiction issues or their mental health issues? How do we reach those people and motivate them to get the help that they need?

MR. CULKIN: I think that -- that's a great question. I think that one of the ways is to make recovery more attractive. And the increased use of peer specialists I think is a great way to do that.

The word has to get out that you can

live a good life without drugs, without alcohol. You can still be okay taking mental health medications on a daily basis.

How we do that, I don't know. I'm not a public relations person. But I think that would really help the situation quite a bit. And also streamlining -- streamlining the system like I spoke about earlier. I mean, people with master's degrees have a hard time navigating the treatment system today.

SENATOR CANZONERI-FITZPATRICK: Thank you very much.

CHAIRMAN PRETLOW: Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Thank you, Mr. Chair.

Thank you all for being here. It's a big panel, so thank you for all your testimony. It's a lot to take in, but it's all good information.

I also want to echo what I said for the last panel. The wage commission I think is a very good idea, and I saw it on some of your websites and social media, along with

some other things as well.

The wages are one piece of it, I find, in my agencies, particularly Liberty Arc in Amsterdam. They have really embraced a credentialing program that has several graduating classes, so the recruitment and retention is a whole 'nother piece of it.

So I'd love to hear your thoughts on -- besides the wages, we also -- I think we also need more career pathways, and I suggested investing more in the SUNY system and those type of career pathways.

Maybe just comments and maybe some things we can do in the budget to improve these pathways to professionalize and credentialize.

MR. SEEREITER: Sustaining the things that have been piloted by OPWDD that have proven good outcomes would be remarkably valuable, whether that's professional development in our direct support professionals themselves, the credentials, the SUNY/CUNY microcredential, building a pipeline through the BOCES programs and other

things like that. We'll pay gigantic dividends if we are able to reflect the complexity of these jobs in the wages that are paid for them.

Quite frankly, this sector of OPWDD service providers would be in a more competitive position with regard to other positions in any other sector -- including, quite frankly, human services as well -- because of some of these types of investments, if we get to wages that are indeed more competitive. Because it becomes more attractive. It's not just that I have to leave the job to go to get something different, I can make this part of a career, especially if I'm passionate about that and I want to remain as part of someone's life and supporting them to become the most -- you know, supporting them to pursue their dreams and achieve their dreams as best as possible.

These are remarkably great things. We just need to kind of follow that through with making sure that the compensation reflects the complexity of the job.

MS. SCHIFF: Agree with everything Michael just said. And I'd like to also add that the wage commission is so, so important because in order to get us from where we're at now to where we actually need to be in order to really professionalize the position and pay people what -- you know, commensurate with what we request them to do 24/7, it's a multiyear plan. Because it's going to be quite expensive to raise salaries in the ways that we need to.

ASSEMBLYMAN SANTABARBARA: Thank you. Thank you for being here. Thank you for your answers.

CHAIRMAN PRETLOW: Assemblyman Brown.

ASSEMBLYMAN KEITH BROWN: Thank you, Chair.

Mr. Culkin, I had some follow-up questions for you. Senator Canzoneri-Fitzpatrick asked you a question that related to -- with violent individuals. You said yourself that you were convicted of a violent crime. What crime was that?

MR. CULKIN: I pled guilty to three

counts of attempted burglary in the second degree. It's considered a violent crime by statute because of the potential for violence. I entered people's homes while they were there.

ASSEMBLYMAN KEITH BROWN: Right. And I think -- so let me just preface this by saying that one of the things that I really think that we should try to shoot for as a society is to get people who are having trouble with substance use disorder into therapy and treatment as soon as possible.

But the distinction that I think some of the DAs have said to me when it relates to this piece of legislation is that it lets violent criminals out on the street where they need to get rehabilitation inside and that rehabilitation come in the form of behavioral rehabilitation as well as substance use disorder.

So what would you say to the DAs?

MR. CULKIN: I would say that's great in theory. I could talk for an hour about how ineffective programs in the prison system

are.

No policy is going to perfectly address every case.

ASSEMBLYMAN KEITH BROWN: Sure.

MR. CULKIN: We are going to make mistakes. The idea I think is to benefit more than we take away. And I think that treatment -- it's not going to work the first time for everybody. It's that simple. But do we give up --

ASSEMBLYMAN KEITH BROWN: I'm sorry to interrupt you. But when were you incarcerated?

MR. CULKIN: I was incarcerated from 2013 to 2020.

ASSEMBLYMAN KEITH BROWN: So in our county our sheriff is very active, probably -- you know, and I know several are. But I just know from personal experience that our sheriff has really been at the forefront of bringing as much treatment for substance use disorder into our jail system, and he actually goes around the country speaking to other systems about how to incorporate that.

So was there something like that in prison for you that you could benefit from?

MR. CULKIN: So I was sent to prison in 2013 with a drug problem. I was put in an alcohol and substance abuse treatment program in 2019. The program was run by inmates while the counselors stayed in the office.

I was lucky that there was inmates who actually cared and would try to be effective. But yeah, we had professional counselors, they weren't doing anything. There's no motivation for them to do anything. The --

ASSEMBLYMAN KEITH BROWN: So if I may, just two quick questions. So I had asked before -- and I only have 18 seconds so I'm going to run out of time. But I think with bail reform we missed an opportunity to get people to treatment as quickly as possible. And I think with desk appearance tickets there's an opportunity there to switch the system and make it available for people to get treatment, rather than having to go into the court system. And then if they fail, then they go into the court system. So --

CHAIRMAN PRETLOW: Assemblyman Ra.

ASSEMBLYMAN KEITH BROWN: Thank you for being here.

MR. CULKIN: Thank you.

ASSEMBLYMAN RA: Thank you. Thank you all for being here.

And I do want to mention quick with regard to the OPWDD and taking back the rate setting, as we know, you know, the Governor's administratively transferring billions of dollars out of DOH into the mental hygiene budget, so it makes even more sense that for consistency's sake that that be the case. And I would say even transparency's sake.

I wanted to ask Winnie in particular if you have any thoughts with regard to this. I know, you know, we had done that call back in December and we were talking about the wage commission and I think it's something we need to do and set ourselves up for, you know, the future so we can finally make the changes we need to make and make sure there's adequate wages to retain and recruit workers.

But I think we all know in the

Legislature we've -- if we do something like this as a standalone bill, it's getting vetoed. Right? It happens on so many important issues. Some of them have come up today. But that's just the nature of where we are.

So it's imperative that it get done in the budget. So do you have any sense as to what an appropriate appropriation to go along with that would be, so that it could be conducted?

MS. SCHIFF: Well, that would be the job of the wage commission. First they would have to study a variety of direct care positions -- because it's not just DSPs, although --

ASSEMBLYMAN RA: I mean for the conducting of the study, actually.

MS. SCHIFF: Oh, oh, oh, oh. I don't know the cost of that. Do you, Michael?

MR. SEEREITER: No, I do not. But I would venture to guess that that's not -- probably not north of a million dollars. Like you're talking a pretty sizable group of

sectors that you're going to need to look at, bring in -- I'm thinking travel, quite frankly, is going to be one of the most expensive things to cover in that.

But you could look at this and get some really good trajectory for where the system needs to go, multiple systems need to go. It seems like a wise investment of resources.

ASSEMBLYMAN RA: I'm just trying to avoid the pitfalls that we see all the time with these things.

MS. SCHIFF: It would be a group of people who are already engaged in the work, so they -- you know, there are no salaries involved. Travel looks like the thing, yeah.

ASSEMBLYMAN RA: All right, do -- you look like you have something you want to say.

MR. CULKIN: Yeah, I just -- the topic of money came up. I just want to like say that it costs a lot less to treat people than it does to incarcerate people.

The state's paying $150,000 per person a year. Rikers is over half a million

dollars. I mean, it's just -- the money makes sense.

ASSEMBLYMAN RA: Absolutely. I agree completely.

Thank you all. Thank you all for your patience and being here and your advocacy.

CHAIRMAN PRETLOW: Assemblywoman Gallagher.

ASSEMBLYWOMAN GALLAGHER: Hi. Thank you so much for your work and for your words.

In my district I've seen firsthand how bureaucratic systems inhibit or prevent folks from getting the treatment and care that they need, and I know it from my own community as well. So I know you can't force or cajole somebody into successful recovery. So what are some other barriers that you all are seeing to good recovery that we aren't addressing right now?

And what are the right legislative fixes and budgetary fixes that you need from us that we could propose in our one-house budgets?

MR. ROSENTHAL: Well, I think housing.

A lot of, you know, people -- I think poverty, racism. Sorry. Isolation.

So I think there are programs like the clubhouse programs that are going upstate. They provide all of that. They provide food, drop-in services, sort of relapse prevention. We have programs out there -- we don't even know what works. We just have to invest in them.

ASSEMBLYWOMAN GALLAGHER: Right. Right.

MR. ROSENTHAL: We should get a COLA, but we also just need more and -- more different services. It's much cheaper than $1300 a day in a hospital in New York City.

ASSEMBLYWOMAN GALLAGHER: Right. And I know like workforce is really difficult too. I know so many folks who are in recovery who are looking for work but they don't have like recovery-ready workplaces available for them to work at.

MR. ROSENTHAL: Right.

ASSEMBLYWOMAN GALLAGHER: Do you have any thoughts on that program and what we

could be putting into that?

MR. ROSENTHAL: I don't know that one. But clubhouses, that's the main function of a clubhouse, besides connecting people socially, is employment. I ran the clubhouse in Albany and because I didn't do employment all day long, it wasn't really a clubhouse. That's how serious it is.

ASSEMBLYWOMAN GALLAGHER: That's great.

MS. LOWENKRON: I was just going to add along with housing and dealing with, poverty, let alone racial issues, I think that you're very much onto something, and it's something that we're looking for too, and that's employment skills training, absolutely. And in the program that you mentioned, vocational rehabilitation programs, that's where -- definitely one of the areas.

But I think if you take a look at the list that we have and you want to know what can we do, the programs that we have on that list are tried and true, and that's where the

money should go. And that will avoid the consequences that you're concerned of, even though we say those are very limited -- violent public safety consequences.

ASSEMBLYWOMAN GALLAGHER: Right.

MR. CULKIN: I just want to add that recovery's holistic. If we get somebody sober but don't help them find a place to live and give them a way to meaningfully pass their time, it's just not going to last. I mean, you know, what is it they say, idle hands are the devil's work? If I didn't have a reason for living, what's the point?

I think the clubhouses, the money for the clubhouses is huge.

ASSEMBLYWOMAN GALLAGHER: Great. Thank you so much.

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Okay, thank you. And thank you to all of you for being here. I appreciate your well-thought-out strategies to address treatment for mental health issues.

And I was just curious, like one -- of course treatment courts seem like a really good way to address a variety of issues. And I wondered, are there statistics that show where there is an adequate amount of treatment courts and where there is none? Like do you have those statistics across the state of where this is succeeding, do we -- like can we get those numbers anyways?

MR. CULKIN: There are numbers. I'm not really familiar with a ton of them, but I can say that I don't know what year it was, but the most recent year statistics were available there was something like 20,000 arrests in the state and 40 people were diverted to mental health court. I mean, that's a statistic for the underuse.

There are statistics, I could connect you with the person who would have them. I'm not familiar with all of them.

ASSEMBLYWOMAN GRIFFIN: Okay.

MR. CULKIN: I can say that making the decision to divert somebody to treatment based on the recommendation of a clinician

would be a lot more beneficial than the recommendation of a DA.

ASSEMBLYWOMAN GRIFFIN: It seems like it could be -- make a big impact.

And then I'd really like to learn about the programs, like the Peer Bridge, INSET, clubhouses. And the same question goes, like where are those succeeding and where are they, and where are there like deserts where there's nothing like that available to people? Do we have that? Like do we know with Long Island's underserved? Upstate? What do we know about it?

MR. ROSENTHAL: They're really everywhere. The INSET program starts in Westchester; now they have one in Long Island. Now they have two in Suffolk. You know, one in Buffalo. You know, so there are five of them in the state.

Bridger programs, we created that out of five state hospitals. And now there are more of them, but, you know, that's the core. And we help people get out and stay out of hospital.

In the budget we're happy that the Governor's going to fund some Bridger programs in community hospitals, not just the state hospitals. So they're growing slowly. These are the first generation of these new models. So they have five of this kind and, you know, eight of that kind. But -- so there is some money in the budget, but we'd love more, because we really think we need them.

ASSEMBLYWOMAN GRIFFIN: Right. And it seems like it would be well -- a wise investment because it really does make an impact.

But I would love if we could get any statistics so we could see where we --

MR. ROSENTHAL: We will.

ASSEMBLYWOMAN GRIFFIN: -- where do we need more of them.

MR. ROSENTHAL: Definitely.

ASSEMBLYWOMAN GRIFFIN: And I agree with the review panels. It's odd to me that it was adopted in 2014 and still hasn't been implemented. That seems odd.

And also wage commission study, you know, all of those ideas, you know, are -- to me, I'm on board with all of them.

And Harvey, you mentioned you were at Mercy Hospital. Do you live in Nassau County?

MR. ROSENTHAL: I grew up in Freeport.

ASSEMBLYWOMAN GRIFFIN: Oh, in Freeport. And do you still live over that way?

MR. ROSENTHAL: No.

ASSEMBLYWOMAN GRIFFIN: Oh, okay. I was going to say you could make an appointment at my office and we could speak about this some more. I thought you were local.

Okay, thank you very much.

MR. ROSENTHAL: We'll have lunch at Ben's.

(Laughter.)

CHAIRMAN PRETLOW: Assemblywoman Chandler-Waterman.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Thank you so much for all of the work and

advocacy from everybody here.

I just want to do a special thanks to Ruth and Harvey. Thank you for supporting my district, working closely with my mental health task force that we've created. And you know we've got to shout out Christina for making sure we put all that together as a peer.

Not only my constituency but my family members as well, you have supported them greatly.

So I do agree that we need a sustainable person-centered plan with peers at the front of the conversation like Treatment Not Jail, like Daniel's Law, the $1 million that we fought hard to make sure that that was {unintelligible}, shout out to Bronson and Brouk.

On that, I just want to know when it comes to -- we talked about the increased funding for the Peer Bridgers Program, definitely, expanded, local, culturally responsive respite centers and clubhouses, transform the mental health crisis response,

like that housing. Invest and expand family support. That's something I really want to talk about.

Oftentimes families are left out of the process or not in the plan at all, and barriers are created for families to really support -- and we know that's the way to recovery, is with family support.

So I used to think about like if you had a brochure, a one-pager: What happens once you enter CPAP, right, for a family when you leave them at that door. Right? What -- then go to the MHUs after care? What would you think would be like the first thing that you'd focus on for family support so they can be really intentional about the recovery of individuals in crisis?

MS. LOWENKRON: So we work closely, Harvey and I -- actually, we work in a coalition with criminal reform attorneys and civil rights advocates, providers, disability advocates. And one of the major contributors to that coalition is NAMI-NYC. And as you know, they are all about family programs.

And we have a whole platform that is in my testimony and that I can share more broadly with more details.

But NAMI-NYC will be putting in testimony that specifically talks about what kind of money for what kind of specific programs.

Unless you have something more specific to say, Harvey.

MR. ROSENTHAL: The family support program is 500,000, is what they told us for this year.

MS. LOWENKRON: Well, that's what we're getting. But I think we have other recommendations.

MR. ROSENTHAL: We're asking for it.

MS. LOWENKRON: Oh, I'm sorry. Okay.

Good work, team.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Well, thank you. Is there anything else that you want to add to that? You're good?

All right, thank you so much.

(Off the record.)

ASSEMBLYWOMAN CHANDLER-WATERMAN: No,

she could. She could add something. Go ahead.

MS. LOWENKRON: Well, I wouldn't mind just saying one more thing in terms of all of the programs that we're talking about. I want to just take one second to talk about the Daniel's Law. Because that is something that takes into account all the issues we have been talking about here, the prominent role of peers in -- oh, I thought that the Assemblymember --

ASSEMBLYWOMAN CHANDLER-WATERMAN: You still had time.

MS. LOWENKRON: Oh, I'm sorry. I'm sorry if I did the wrong thing.

ASSEMBLYWOMAN CHANDLER-WATERMAN: Can she finish?

CHAIRWOMAN KRUEGER: Afraid not. You used up your time already. You can talk to her afterwards.

MS. LOWENKRON: She hadn't. The clock was running. And there's still, in fact, 8 seconds.

CHAIRWOMAN KRUEGER: It's your --

remember, you decide.

CHAIRMAN PRETLOW: Oh, talk, sure.

CHAIRWOMAN KRUEGER: Keep going.

MS. LOWENKRON: I'm sorry, not to offend.

But the Daniel's Law, which we are hoping to get everyone here to sign onto, many of you have, is all about the frontline role of peers and to avoid the crises that could potentially lead to untoward events, again which we say are limited in number.

CHAIRWOMAN KRUEGER: Okay. All right, everyone now got their time. Then we're going to ask you -- thank you very much for staying with us and for sharing so much important information. And we're going to let you be excused.

And we're going to call the last panel of this hearing --

MR. CULKIN: Assemblymember Griffin, I received a text on my watch. It was 274,000 arrests, 52 diversions. I will get some more statistics and email them to your office.

ASSEMBLYWOMAN GRIFFIN: Okay, great.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Okay, so now we have Panel F, for those of you who are keeping score: Friends of Recovery; InUnity Alliance; and Licensed Creative Arts Therapy Advocacy Coalition.

(Pause.)

CHAIRWOMAN KRUEGER: Well, I guess it's officially good evening. Oh, good, all three of you are here. Thank you.

So first just go down the line and introduce yourself so that the tech people know which of you is which.

Hi.

MS. DAVIS: (Mic off; inaudible.)

CHAIRWOMAN KRUEGER: Press the green. You have to push the button in a special way.

MS. DAVIS: Push it haaard.

I am a cofounder of the LCAT Advocacy Coalition, president emeritus of the New York Art Therapy Association, and clinical director for the Emerald Sketch, an LCAT.

CHAIRWOMAN KRUEGER: Thank you.

MR. JIHOON KIM: Good evening.

CHAIRWOMAN KRUEGER: Good evening.

MR. JIHOON KIM: My name is Jihoon Kim, and I am the president and CEO of InUnity Alliance.

DR. SMITH-WILSON: Good evening. I'm Dr. Angelia Smith-Wilson, executive director of Friends of Recovery-New York.

CHAIRWOMAN KRUEGER: And why don't we start with you, Dr. Smith, and then move down that way. Oh, Dr. Smith-Wilson, excuse me.

DR. SMITH-WILSON: Excellent. Thank you. Good evening, everyone, and thank you for hanging in there. Right?

So again, thank you for allowing Friends of Recovery-New York the opportunity to bring the voice of over 260,000 New Yorkers who self-identify and report as being members of the recovery community. Again, my name is Dr. Angelia Smith-Wilson, and I am the executive director of Friends of Recovery-New York.

Friends of Recovery-New York reports individuals and families living in recovery from addiction, those who have lost loved

ones to addiction, and those otherwise impacted by substance use disorder. FOR-NY is also dedicated to building a strong statewide infrastructure as we stand as New York State's only statewide recovery community organization.

And -- and -- oh, I lost my train of thought. And we also support a robust peer workforce that provides vital support for people in recovery and others in need.

So the question is not how this proposed budget will impact the over 260,000 New Yorkers who are in recovery; the question is how bad will it get and how many more lives will be lost to the opioid epidemic. It was literally said earlier today that budgeting is about priorities -- and I wanted to jump through the screen as I was livestreaming that part for my audience, because budgeting is about priorities. It is the definitive way that we decide as New Yorkers who we will care for and how we will care for them.

So while it was also stated by our

New York State OASAS commissioner that there has been a 17 percent decrease in opioid overdose, while we applaud that, it is a short-lived victory, as it is not being -- it is not equitable in the Black and brown communities. We are not seeing such a sharp decrease and decline in opioid overdose. So I would be remiss if I did not bring that point up.

So the New York State Office of Addiction Services and Supports continues to be funded at a significantly lower level compared to other agencies serving similar populations such as OPWDD and OMH. On average, the OASAS budget is only 17 percent of these other budgets.

So we are directly advocating for additional investments in OASAS to better support recovery services. What I mean by additional is 1 billion.

God, that went so fast. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

DR. SMITH-WILSON: So much more to say.

MR. KIM: Good evening, Committee Chairs Krueger and Pretlow and distinguished committee members. My name is Jihoon Kim, and I am the president and CEO of InUnity Alliance, and a social worker by training.

It's an honor to be here today representing more than 200 community-based organizations serving New Yorkers at risk of or living with substance use disorder and mental health conditions.

Beyond advocacy, our organization provides training and is the exclusive certifying body for peer recovery credentialing in New York State. Thank you, Senator Fernandez, for your continued support and funding of our peer-credentialing program.

As we all know, addiction and mental health conditions are not unlike other medical conditions such as diabetes. There are early signs, and without care the symptoms get worse. Yet due to persistent stigma and a lack of understanding, when untreated, these conditions jeopardize close

relationships, disrupt the ability to earn a living, and even put lives at risk.

While hospitals can provide short-term stabilization, for most, true recovery requires ongoing care. Without it, the cycle continues.

I know this from personal experience. I was fortunate to receive care early, but not early enough to avoid multiple hospitalizations and long-term rehabilitation. I am a person in long-term recovery from a mental illness and a substance use disorder. I share this because the substance use disorder and mental health care system, despite its many challenges, saved my life -- but now it is crumbling. People like me are missing their second chance. New Yorkers who need care wait months or even over a year for their first appointment, many fearing that symptoms will only get worse, only being prioritized when they are in crisis.

While the Governor's historic $1 billion commitment to mental health was a

step forward, and is appreciated, existing programs are struggling to stay afloat due to years of underinvestment. They are doing everything they can, relying on a patchwork of funding to fill the gaps and scrambling to navigate severe and persistent workforce shortages.

Substance use disorder services are particular vulnerable, as they have been largely excluded from major transformation efforts and continue to be overlooked.

Multiple mental health service providers have approached us, saying they would like to apply for new initiatives but they do not have enough staff or resources. Organizations delivering core services like Assertive Community Treatment, the ACT teams -- serving the population intended to be reached by the proposed expansion of involuntary admission criteria -- are voicing serious concerns about their financial sustainability.

New York must invest in ongoing comprehensive funding strategies to ensure

that lifesaving substance use disorder and mental health services remain available to all who need them. We are calling for a 7.8 percent increase to get caught up with inflation as well as an enhanced Medicaid rate and our fair share of the MCO tax revenue. The proposed 2.1 percent is woefully inadequate.

By investing in these services, you are meeting the growing needs of New Yorkers and fostering opportunities to help tear down health inequities.

I appreciate the committee's time and consideration of these requests and am available to provide additional information.

MS. DAVIS: (Singing to hand puppet.) "You'll sing a song and I'll sing a song, we'll sing a song together. You'll sing a song and I'll sing a song, in warm or wintry weather."

I've been a licensed creative arts therapist for 12 years. I focus on training clinicians on the ground, mobilizing art therapy after American terror. I am the

woman, the licensed creative arts therapist who showed up in Newtown, Connecticut, as a New Yorker and mobilized art therapy for the young children there.

I'm here today because New York has a child and adult mental health crisis, and the state budget can help solve the problem by adding language to improve access to psychotherapy. (Singing.) "Creative arts therapy is psychotherapy."

(With hand puppet.) For those most vulnerable New Yorkers who rely on Medicaid for healthcare, the Division of Budget has determined giving our more than 2,000 LCATs the opportunity to apply to become Medicaid providers will cost only $2 million this year, ramping up the number of therapists who can immediately fill workplace vacancies and provide already existing psychotherapeutic services --

(Singing.) "Creative arts therapy is psychotherapy."

-- in many facilities in which we provide care already.

Our therapy for children under the age of six with Medicaid coverage, in network for LCSWs, is requested countless times. Examples are given all day.

You all know this, and I appreciate that. While LCSWs have no availability right now, there are countless creative arts therapists who do have openings. But we can never benefit the children in need because we have an LCAT license, and these coordinators are specifically seeking art therapy services for the littlest children in crisis, not to mention of all ages we benefit.

In December of 2021 Governor Hochul signed into law Chapter 819 that passed overwhelmingly by both the Senate and the Assembly. It allowed all mental health practitioners licensed under Article 163 to be eligible for coverage under Medicaid. Then, in 2022, Chapter 97, to specifically exclude LCATs and LPS, a "chapter amendment" was signed.

Since these 2022 actions, the need for licensed mental health practitioners in our

state to provide desperately needed psychotherapy has only grown, especially for children and teens. (Sing-song voice, hand puppet.) If you are unaware, LCATs treat some of the hardest-to-reach patients -- children, elderly, mm-mm-mm-mm. Very importantly, creative arts therapists are uniquely qualified to work with refugees, immigrants, non-English-speakers, due to the nonverbal processes.

Then came extraordinary things, through the efforts of Senator Samra Brouk, Assemblymember Harry Bronson, and the support of many of you, including Assemblymember Jo Anne Simon, as well as our collaborators 1199 and Northern Rivers and many, many others.

We want you to know (singing) "Creative arts therapy is psychotherapy."

And most importantly, listen, the procedure codes for billing psychotherapy are the same. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Fernandez.

SENATOR FERNANDEZ: Thank you for that testimony. That made me happy.

MS. DAVIS: Brighten it up a little in here.

SENATOR FERNANDEZ: Art therapy is a great therapy.

I wanted to allow Dr. Smith-Wilson to finish your funding ask. You said "we need more money," you never got to a number, if you could say that.

DR. SMITH-WILSON: Yes, thank you, Senator Fernandez.

We are asking for $1 billion investment in OASAS to better support recovery services and address the growing needs of individuals in recovery.

SENATOR FERNANDEZ: Thank you. Can you detail how recovery is getting funded?

DR. SMITH-WILSON: Currently recovery is funded -- there's a small percentage of the state Aid to Localities, and then the remaining is from the opioid settlement funds. Which are not -- earlier today the commissioner did talk about how those funds

are time-limited.

So even though the funds are due to arrive to New York State over an 18-year period, currently the recovery community organizations right now were given funds last year to be dispersed for a two-year period, which will be ending in March 2025 of this year. Some of those will be extended to June.

But again, sustainability with regards to the recovery community organizations is not there.

SENATOR FERNANDEZ: Thank you.

Senator Canzoneri-Fitzpatrick did ask like what could be the tool -- and forgive me for not word for word, but what could be the tool to get somebody to want to get treatment. My personal opinion is the peer support advocates. I've heard from many, have visited many organizations that have proven that this is a very strong tool to inspire others to take that first step into recovery.

And Assemblywoman Gallagher did

mention the benefits of having a special supportive workplace. Can you speak on that?

DR. SMITH-WILSON: Yes. Well, first let me say that treatment -- while we support, we fully, fully support treatment, all levels and all modalities of treatment, let me be clear that treatment is episodic and recovery is lifelong.

And what I mean by that is that individuals can seek treatment, we often -- if individuals are looking to enter treatment, we certainly help individuals. They receive that help by going to local recovery community organizations that also help to, you know, get people into treatment that want treatment. But we support multiple pathways of recovery.

So to your point with regards to recovery-friendly work spaces and peer support specialists, we have had the opportunity to provide over 75 scholarships last year through funds from the opioid system funds, for individuals seeking certification to become certified peer

recovery advocates.

New York State currently has over 3,000 certified peer recovery advocates that do remarkable work. Most of them are connected to treatment, and some of them are embedded in the recovery organizations, local recovery community organizations.

SENATOR FERNANDEZ: Thank you so much.

CHAIRMAN PRETLOW: Assemblywoman Simon.

ASSEMBLYWOMAN SIMON: Thank you.

First I want to thank all of the speakers today. Clearly -- and I think so important, and you both have said this, is that treatment is relatively short-term, recovery is a long-term commitment. And I think that one of the things we need to do is find out ways that the state can support that, understanding that it is in fact a long-term recovery.

And so -- is it Dr. Davis -- or Ms. Davis, from LCAT, one of the things that I see that you pointed out was trauma recovery with children. And we have more and

more children who are in trauma because of violence in their community, gun violence. We are very lucky in New York that we haven't had big school shootings in the way that many other states have, but we have certainly had, you know, a lot of violence, gun violence in many, many communities. And in some cases, you know, in Buffalo we had a mass shooting, for example.

MS. DAVIS: Yes.

ASSEMBLYWOMAN SIMON: So, you know, it strikes me that this is probably a population that most people aren't thinking about and that creative arts therapists can actually -- are like the magic key there for kids with disabilities, who are nonverbal, who can't express themselves.

So it seems to me that this is the budget season and if the bill last year was vetoed by the Governor, we should be putting it in the budget.

Do you have a sense of what the costs are of that operation?

MS. DAVIS: The LCAT Advocacy

Coalition was informed from the Governor's office that it would cost $2 million to on-board the 2,000-plus LCATs that already exist all over New York State.

So that sounds fairly inexpensive to the overall budget to on-board us, because we're already licensed and we're here, we're ready to go. We have already deployed and trained.

ASSEMBLYWOMAN SIMON: Seems like a drop in the bucket.

MS. DAVIS: And then it's -- and then it's -- we're on-boarded. And it's not $2 million the next year.

ASSEMBLYWOMAN SIMON: Yeah. Great.

Thank you very much. I appreciate it.

MS. DAVIS: Thank you.

ASSEMBLYWOMAN SIMON: And thank you all for your testimony.

CHAIRWOMAN KRUEGER: Are there any other Senators?

Okay, so I have just one quick question. The licensed creative arts therapy, is there any kind of peer recognized

review of this as an effective model of therapy with children?

MS. DAVIS: Yes, absolutely.

CHAIRWOMAN KRUEGER: So can you get me some materials after tonight?

MS. DAVIS: Yes, I'm happy to get you materials --

CHAIRWOMAN KRUEGER: Thank you very much.

MS. DAVIS: -- that support the work. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRMAN PRETLOW: Assemblyman Brown.

ASSEMBLYMAN KEITH BROWN: Thank you, Chair.

Mr. Kim, how are you today?

MR. KIM: I'm well, how are you?

ASSEMBLYMAN KEITH BROWN: Good. Good. I'm sorry we haven't connected.

You know, I want to ask you -- and I don't think three minutes is going to satisfy it, but you're uniquely positioned that you worked on the second floor and you were

inside the Governor's office in terms of dealing with this crisis as it really ramped up and then, as we've seen, because of -- to a large degree because of Narcan, it's down 17 percent, which is great news.

What do you think, being on the other side, sitting at that dais now, that you could tell us that is not in this budget that we really need to do? What's the low-hanging fruit that will help, you know, alleviate this crisis some more?

MR. KIM: Thank you for that question, Assemblymember Brown.

And I believe we might be -- our schedulers are trying to get us to meet on Monday, so hopefully we can find some time to continue this conversation.

I appreciate you bringing that up. I was proud of my work on the second floor; I was the deputy secretary overseeing the entire mental hygiene portfolio. And when Governor Hochul took office, it was one of my charges to find a solution to the mental health crisis.

And the $1 billion, while it goes a long way, the great majority of that billion dollars is for housing that is going to take years to materialize.

So in the years since, the priorities have not been to stabilize the community-based services that actually meet the needs of the individuals that are falling through the cracks.

Let me give you one example. We have member providers. These are providers who have a lot of OMH- and OASAS-licensed programming and funding. And there are these ACT teams, and these ACT teams that I mentioned earlier are the teams that end up serving the individuals that are ordered through the Kendra's Law to get services. Right? These are outpatient services, and with Kendra's Law they are ordered by a judge to get these services.

Those individuals jump the line to the front of the ACT teams. So what do you think happens when that happens? The individuals that are now on the waitlist for these ACT

teams, they get bumped down the pecking order because of the expansion of -- you know, the proposed expansion of Kendra's Law and the existing Kendra's Law statute. And that actually leads to a greater need for those providers to have better funding to serve these harder-to-serve, high-acuity clients.

And that's just one example. There are some other examples. I mean, it's not sexy, it's not fun, but it's bureaucratic inefficiency. Right? Government takes one year to do something that would take a private company, you know, a month to do.

And while -- and, you know, I have a great relationship with Commissioner Sullivan, and I work very closely with her, but these funds really need to prioritize the existing community-based system -- and not new projects, that I know are sexy to announce.

ASSEMBLYMAN KEITH BROWN: Well, thank you. And I look forward to talking with you and working with you on trying to make it less efficient.

MR. KIM: Thank you.

ASSEMBLYMAN KEITH BROWN: More efficient, I should say. More efficient.

(Laughter.)

CHAIRMAN PRETLOW: Assemblyman Santabarbara.

ASSEMBLYMAN KEITH BROWN: Less inefficient. Thank you.

MR. KIM: I got you.

ASSEMBLYMAN SANTABARBARA: Thank you, Mr. Chair.

Just circling back on the peer support programs, could you just go through -- where do you think we need additional investment? You know, what programs and what can we do in the budget? Can you just go through some of them with me?

DR. SMITH-WILSON: Well, with regards to additional programs, first I would say that we really need to increase and expand the recovery community organizations that are already in the community doing the work. Many of the peers are allocated or kind of designated to work within the recovery

community organizations.

And so programs like that and opportunities like that allow for people to come in and work with individuals who have similar -- you know, similar life experience. A lot of the peers have -- well, many of the peers if not all of the peers have lived experience, which often comes -- you know, is received better than, you know, kind of therapy or therapeutic treatment of some sort.

I mean, I myself was a primary therapist for 10 years, and I will say that a lot of the breakthroughs that I had with the individuals that I worked with were because of the peers and their peers having the ability to have individuals see things from their perspective and have that opportunity.

So programs like the expansion of recovery community organizations is very much needed. Some four years ago we asked for a recovery community organization to be in every county in New York State. Right now we have about 31 recovery community

organizations; we have 20 youth recovery clubhouses; we have about four or five collegiate programs. That is it -- to service, again, the growing individuals, the growing New Yorkers of the recovery community.

ASSEMBLYMAN SANTABARBARA: So they're not in every county, is that what you're saying?

DR. SMITH-WILSON: No, they are not. There is not a recovery community organization in every county.

ASSEMBLYMAN SANTABARBARA: Okay, that's helpful. Thank you.

Just one question on the creative arts therapy. What is the -- I guess what's the educational piece of it to become licensed?

MS. DAVIS: I have a master's degree. And then it's a 60-credit master's course, and then we do -- I think it's 3600 -- I did it so long ago. I think it's 3600 hours of clinical work, supervised. So it's very rigorous. It's very rigorous. We're really well-trained, and we're highly skilled.

And then most of us have -- like on top of it, I have trauma-focused cognitive behavioral therapy under my belt. So, you know, there's a lot that goes into it post-graduate-degree also, that everyone in the art therapy and music therapy fields continue to study.

ASSEMBLYMAN SANTABARBARA: Those are all the minimum, like, educational standards you have to meet to get licensed, is that --

MS. DAVIS: Yes.

ASSEMBLYMAN SANTABARBARA: Okay, great. Thank you.

CHAIRMAN PRETLOW: Assemblywoman Griffin.

ASSEMBLYWOMAN GRIFFIN: Thank you to all of you for being here today and being patient enough to be the last group.

This is for Dr. Smith-Wilson. I just wondered if right now the only way OASAS is being funded is from the Opioid Settlement Fund, how was it funded or how little was it funded before that was even available?

DR. SMITH-WILSON: I'm sorry,

correction. You said the only way that the OASAS budget, overall budget --

ASSEMBLYWOMAN GRIFFIN: Yes, that the only state funding available presently comes from the Opioid Settlement Fund.

DR. SMITH-WILSON: Okay. So recovery services in New York State, there is a small percentage that is -- even for New York, is funded by the state Aid to Localities.

ASSEMBLYWOMAN GRIFFIN: Right.

DR. SMITH-WILSON: And so there's a percentage of that.

And then there are the opioid settlement funds, which service a lot of the certified peer recovery advocates as well as some of the recovery centers.

So there are additional funds that OASAS have that they also dole out for youth services that are still trickling out of the SRO funds, which are the state opioid response funds. And so there are still some discretionary funds coming through the federal government, circling through OASAS to support additional funding as well.

So I stand corrected with saying that it is only -- yes.

ASSEMBLYWOMAN GRIFFIN: Okay. Okay, I understand.

And then I do appreciate you shedding light on the disbursement and allocation of the funds because that was a question I asked earlier. You know, I don't know about all the counties in the state, but I do know -- the district I represent is in Nassau County, and unfortunately as many people that are struggling with addiction, recovery -- families, organizations in need of that really critical funding, it's just sitting, it's just sitting in the Nassau County executive's -- in his coffers.

And so I really -- I appreciate the fact that you addressed this, and I would like to learn more about what we can do about that. Because that money is so needed and so vital, and it's -- to me, I was so glad when I saw that large sum of money come in a couple of years ago, and then I can't believe there's years have gone by and it's still

sitting there.

So I appreciate that. And also -- this is just quickly -- I also agree that I don't think enough emphasis is on recovery. A lot is on treatment, but there's so much to recovery. Quickly -- you can't really say much, maybe you can email. But I'd like to know what else you could say about recovery.

DR. SMITH-WILSON: Yes, absolutely.

Well, first to your point with regards to what else can be done -- and I think that you can do a lot -- one of the things that we're asking for, a lot of folks do not know that recovery funding, it is not permanent. It is not permanent in OASAS' budget, nor is it allocated as such. So ensuring that it is permanent and it is allocated as such would help.

ASSEMBLYWOMAN GRIFFIN: Okay. Thank you so much.

CHAIRMAN PRETLOW: Assemblywoman Gallagher.

ASSEMBLYWOMAN GALLAGHER: Hi. Thank you. I am a huge fan of Friends of Recovery,

and some of my most impactful lobby visits have been from your members.

And I have a really strong memory of an interaction I had when I just said to them, the folks visiting me, What is it that you want and that you need? And they said workforce development. And I know from personal experience with people that I've loved and lost to addiction that one of the things that hurt them the most was coming back into the -- you know, the sober world and seeing that their friends had eclipsed, all these opportunities had happened for their friends that they had gotten left out of because they were in another world at that point.

So I'm wondering, with these vocational services that you're building, what are some roadblocks that you're finding to having integrated care so that folks can choose a variety of employment opportunities rather than working in the recovery space alone, which is incredible, critical work but also, you know, limiting?

DR. SMITH-WILSON: Yes. Yes.

Well, while we certainly encourage individuals with lived experience to enter the addiction workforce, we find them to be -- you know, it's not so much about the book knowledge, it is really that kind of lived experience that allows for individuals to be seen and heard in a way that a therapeutic environment may not provide.

So I think that, to your point with regards to, you know, not kind of pigeonholing and making individuals, you know, go into the addiction workforce, one of the things that we do is kind of allow for individuals to go into any field that they want to.

I mean, we had a small -- a very small kind of initiative with -- we have a recovery fine arts festival where we encourage individuals to express their recovery in different ways. So we encourage individuals to really seek that meaningful life and their purpose, no matter where it is.

But with regards to some of the

barriers, obviously it could be gaps in employment. You know, there are other issues as well. People are -- you know, they have family reunification issues. So many of the barriers that they face I think are not mountains. Certainly there are things that can be overcome. But probably the greatest is stigma. Stigma still exists because individuals that create legislative bodies are not informed as well with regards to how do you provide anti-stigma messages, how do you -- even in your own family -- encourage individuals to come forward about being in recovery.

ASSEMBLYWOMAN GALLAGHER: Yeah. Thank you.

DR. SMITH-WILSON: Thank you.

CHAIRMAN PRETLOW: Assemblyman Anderson.

ASSEMBLYMAN ANDERSON: Thank you so much, Chair.

And thank you to this final panel for being here tonight and sticking it out with us. I certainly appreciate Ms. Porter

Davis's testimony and all of you all's insight on this issue.

So I have two quick questions. Wondering, of the three of you all, are all your programs voluntary for individuals who are experiencing substance use disorder? That's number one.

And the second question I have is, with -- as it relates to pretrial diversion programs, I'm working if you all offer any pretrial diversion to allow individuals that might have been caught up in the criminal legal system to be able to receive services from you all as a part of their pretrial conditions?

MR. KIM: Thank you for that question, Assemblyman Anderson.

So I represent 200 providers who do serve individuals through their outpatient programming and residential services, who may have actually gotten there through an involuntary order. Right? But they're not -- you know, they're not the hospitals themselves, but these are outpatient

providers who -- the example I gave earlier in response to Assemblyman Brown's question about, you know, what needs to be fixed, it is that these rates are inadequate and a lot of the ACT teams that the community-based organizations actually run on behalf of OMH, they provide outpatient services but some individuals are referred there through AOT, which would be involuntary.

ASSEMBLYMAN ANDERSON: Please, Dr. Wilson.

DR. SMITH-WILSON: And I work on behalf of the over 30 recovery community organizations. So we -- and, you know, very much like Jihoon, we work with them to ensure that they have the services that anyone, anyone entering the recovery center can certainly access.

So most importantly, we work to make sure that whatever services that that individual recovery community organization needs, that we help them to gather those services.

And so a lot of the individuals, you

know, have justice-related, law enforcement-related that enter those. A lot of them have groups, specific groups at a lot of the recovery centers. So I would say although we don't provide those direct services, we certainly advocate for any individual who is in recovery from substance use, mental health or any other -- we even have, you know, eating disorders, whatever the case may be. Anyone that is seeking recovery from any condition, that they have access to do that.

And one of the ways that we've found is that at our recovery community organizations, they address just about any type of issue an individual walks through that door with.

ASSEMBLYMAN ANDERSON: Thank you so much.

CHAIRWOMAN KRUEGER: Thank you.

Just double-checking. Then I would like to thank all of you for staying with us or agreeing to stay on the last panel. I think I'm going to officially close this

hearing.

But for those of us who are just hearing junkies, we'll be back here tomorrow morning, 9:30, for the Transportation hearing.

And if anyone is getting into a car and driving anywhere in the State of New York today or tomorrow, please be very careful.

Thank you.

(Whereupon, the budget hearing concluded at 7:18 p.m.)