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

JOINT LEGISLATIVE HEARING

In the Matter of the
2018-2019 EXECUTIVE BUDGET ON
MENTAL HYGIENE

Hearing Room B
Legislative Office Building
Albany, New York

February 13, 2018
9:38 a.m.

PRESIDING:

Senator Catharine M. Young
Chair, Senate Finance Committee

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

PRESENT:

Senator Liz Krueger
Senate Finance Committee (RM)

Assemblyman Robert Oaks
Assembly Ways & Means Committee (RM)

Senator Diane Savino
Vice Chair, Senate Finance Committee

Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health

Senator George A. Amedore, Jr.
Chair, Senate Committee on Alcoholism
and Drug Abuse

2018-2019 Executive Budget
Mental Hygiene
2-13-18

PRESENT: (Continued)

Assemblyman Angelo Santabarbara

Senator John E. Brooks

Senator Fred Akshar

Assemblyman John T. McDonald III

Assemblywoman Melissa Miller

Assemblywoman Carmen de la Rosa

Assemblyman Luis Sepulveda

Senator Gustavo Rivera

Assemblywoman Crystal D. Peoples-Stokes

Assemblywoman Patricia Fahy

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CHAIRWOMAN YOUNG: Good morning. We're running late, so I'd like to begin.

I'm Senator Catharine Young, and I'm chair of the Senate Standing Committee on Finance. And we are joined today by our vice chair, Senator Diane Savino; our ranking member, Senator Liz Krueger; and Senator John Brooks.

CHAIRWOMAN WEINSTEIN: I'm Assemblywoman Helene Weinstein, chair of the Assembly Ways and Means Committee.

We are joined by the chair of our Mental Health Committee, Aileen Gunther; Assemblymember John McDonald; and Assemblymember Angelo Santabarbara. I'm sorry, and our ranker, Assemblyman Bob Oaks.

ASSEMBLYMAN OAKS: And Assemblywoman Missy Miller.

CHAIRWOMAN YOUNG: Thank you.

Pursuant to the State Constitution and Legislative Law, the fiscal committees of the State Legislature are authorized to hold hearings on the Executive Budget. Today's hearing will be limited to a discussion of

the Governor's proposed budget for the Office of Mental Health, the Office for People With Developmental Disabilities, the Office of Alcoholism and Substance Abuse Services, and the Justice Center for the Protection of People with Special Needs.

Following each presentation, there will be some time allowed for questions from the chairs of the fiscal committees and other legislators.

So we would like to begin. And I would first welcome Dr. Ann Sullivan, commissioner of mental health.

Following the presentation by Dr. Sullivan, so you can get in the queue, there will be Kerry Delaney, acting commissioner of the Office for People With Developmental Disabilities; the Honorable Arlene González-Sánchez, commissioner of the Office of Alcoholism and Substance Abuse Services; and Denise Miranda, executive director of the Justice Center for the Protection of People with Special Needs.

Good morning, Commissioner. Welcome.

COMMISSIONER SULLIVAN: Good morning. Senator Young, Assemblywoman Weinstein and members of the Senate and Assembly fiscal and mental health committees, I want to thank you for the invitation to present this year's Office of Mental Health budget.

The Office of Mental Health is responsible for ensuring that the citizens of the state receive mental health services. The most effective care and the care that provides our citizens the best opportunity for full and enriching lives, is care that is provided in people's homes, neighborhoods and communities. To that end, OMH has and in this budget continues to expand community services to provide better care to more New Yorkers.

However, in recognition that for some individuals a hospital stay remains a necessary part of their care, New York State retains the largest number of psychiatrist inpatient beds available in the nation, and we will continue to preserve access to this vital safety net as we work to transform the

system.

For your continuing support of community mental health investment, our efforts to provide individuals with mental illness the right service at the right time in the right setting have started to bear fruit.

Since 2014, with a commitment of more than $90 million thus far, we have been able to provide services to approximately 35,000 new individuals through December of 2017, including new supported housing for more than 1300 individuals, state-operated community services, including crisis residences and mobile integration teams that have served an additional 10,000 individuals, a wide range of locally operated community-based services, including peer crisis respite, first-episode psychosis programs, community support teams, and home and community-based waiver services for more than 20,000 individuals and families.

Because these community services are now in place, we can provide inpatient

services when needed and ensure the necessary outpatient care and supports are available when an individual is discharged. Our ability to serve more citizens of the state has increased through the combination of these improvements and these new and existing services.

For the next fiscal year, OMH will continue the path towards greater access to community-based care, targeted towards an individual's needs. Importantly, the 2018-2019 Executive Budget proposes to, one, continue the investment in community services. The budget adds another $11 million annually to expand capacity in the less restrictive and integrated community-based settings. This will increase the amount of annualized investment to $103 million since reinvestment began in fiscal year 2015. This also includes 200 additional supported-housing opportunities in the community and other community-based services.

The budget supports additional residential capacity, including additional

homeless housing, which will open in fiscal year 2019 through the long-standing New York/New York program. The budget also authorizes $50 million in new local capital spending, to enable the expansion of crisis respite capacity in the community to avoid unnecessary emergency room visits and inpatient hospitalizations.

Twenty new ACT teams, Assertive Community Treatment teams, were recently established and will be fully operationalized in fiscal year 2019 to serve an estimated 1280 new clients. Ten teams in New York City will work specifically with homeless individuals, and the remainder throughout the state will work with high-need individuals.

The budget provides an additional $10 million for existing supported housing and single-room occupancy programs, helping to preserve access and maintain housing capacity.

To address the workforce shortage, OMH has approved a total of 62 providers to use telepsychiatry, with an additional 24

providers under review. OMH has plans to expand regulations further, allowing licensed psychologists, social workers and licensed mental health counselors, in addition to psychiatrists, to utilize video technology to deliver treatment.

To improve access to treatment for maternal depression, OMH will expand its Project TEACH to connect OB-GYN and primary care providers with mental health specialists who treat mothers with maternal depression. Also OMH and DOH will launch a strategic awareness campaign to provide critical information about symptoms and treatment options. OMH will also support advancing cutting-edge specialty programs, including a mother/baby inpatient unit and outpatient programs that focus on maternal depression.

Finally, OMH is committed to a significant prevention agenda to promote mental wellness, prevent disorders, and intervene early in the trajectory of mental illness. This includes such initiatives as New York State's Suicide Prevention Plan,

expansion of school-based mental health clinics, and the OnTrackNY early psychosis intervention program.

Again, thank you for this opportunity to address you on the 2018-2019 OMH budget, which supports and continues the work we have begun to transform New York's mental health system.

Thank you.

CHAIRWOMAN YOUNG: Thank you, Commissioner.

(Scattered applause from audience).

CHAIRWOMAN YOUNG: I do have some questions based on your testimony, just what we see in the Governor's budget proposal. So the Executive Budget proposes to reduce the number of state-operated residential beds by a hundred and replace them with 200 community-based scattered-site supportive housing units that would be operated by not-for-profits.

The Executive also proposes a second year of clinic restructuring, reviewing and taking administrative action to reduce the

overlap of services and ensure that clinics are operating at optimal patient capacity based on community need.

So the Governor anticipates $2.1 million in savings from the reduction of state-operated residential beds, with $1.2 million invested in not-for-profit supportive housing beds, for a net savings of $1 million in this coming fiscal year. There would be a loss of 55 FTEs associated with this proposal.

So one of the questions I had regards whether the actions proposed in the Governor's budget, such as the transfer of residential beds and clinical restructuring, represent the start of a future trend of shifting state-operated services -- specifically, residential services -- to not-for-profit providers.

COMMISSIONER SULLIVAN: Thank you.

The purpose of moving the residential beds is really to fully integrate those clients in the community. When the residential beds which we are closing were

established -- it was like 30 years ago we began developing these. They're large buildings, large institutions where individuals are really separated from living in the community but would be capable of living in the community.

So transitioning individuals from that particular kind of housing to the community I think is really in line with what Olmstead requires, and also what's really best care for the clients.

We have additional housing in the system, what we call our transitional-level housing, on our campuses. We are not in any way decreasing that. And we in fact, on some campuses, are further developing that transitional level of housing.

But these became housing where individuals stayed way too long, and they would be able to actually be in the community. So we're getting two-for-one here, where basically the cost of keeping those services on the campus enables us to open, for every one we close on the campus,

two slots in the community. Which is really better for the client.

What I think we really need on our campuses are really these transitional-level housing, not what had become kind of almost really long-term, close to permanent housing for individuals on our campuses, which is not what we really wanted.

In terms of the clinic restructuring, this is really an attempt to just make our clinics as productive as is required of kind of clinics everywhere. We have been very careful at this. We have looked at six clinics over the course of this year, and those reports have been sent to the Legislature. And basically each one that we have either downsized or closed to merge with another one of our clinics, we have discussed with the local stakeholders, with the county, with the local legislators to make sure that this makes sense.

Some of our clinics, for example, had a census of maybe only 60 individuals, which is really too small for a clinic. But they

were kind of close enough for many of those clients to come to another state hospital clinic or, if they preferred, we made sure if they wanted to go to other services in the community, they could do that.

One of the big moves was actually two clinics which we had on the Staten Island campus, and there was really no reason to keep them separate. And one clinic had room, and basically we were able to move those clients, all of them, to the other clinic, not use that other space for clinic space, and consolidate staff.

So it's really to make it more efficient. It's not a trend in any way for the state to not be involved with clinic services of the seriously mentally ill. We realize that's our responsibility, especially with those that have utilized our inpatient state hospitals.

CHAIRWOMAN YOUNG: Well, I wanted to ask about that. Because I think I've been consistent about saying that I believe that this state should do more to help people with

serious mental illness, and I don't believe that we do enough.

And you see it out in the streets every day with the exploding homeless population that we have, not only in the cities -- and New York City certainly has been grappling with this -- but all across the state. We see it in rural areas, we see it in smaller city areas. And OMH has reduced approximately 650 adult and children's beds in recent years. And this is in line with the negotiated agreement that the Governor had with the Legislature.

But in order to close a bed, it must be vacant for a continuous 90-day period before it can be reduced. And all of these reductions must be fully reinvested into community services for the mentally ill, which I think is good, but I will point out that there have been situations where the Governor has reduced beds, and then shortly thereafter these facilities are over census.

This highlights issues of supply and demand that are fluid in nature, as you know,

with this population. And the Governor has stated that beds will be reopened as needed if the funded bed number per facility is pierced.

So for example, at Creedmoor Psychiatric Center in Queens, the census has exceeded the number of funded beds for a three-month period, based on OMH reports. So the question is, what processes are in place at OMH to reevaluate the number of funded beds at a facility when the census exceeds capacity?

COMMISSIONER SULLIVAN: When the census exceeds capacity, we definitely open up the additional beds. Now, usually -- for example, Creedmoor there is a unit where you can expand the services, so you can admit a certain number of additional clients. We've been able to do that when we've had to.

So yes, we monitor it extremely closely. We have not closed any bed in any facility where there hasn't been a 90-day vacancy. And in fact at Creedmoor when that happens we absolutely do not close any of the

beds.

When you look across the system, we have instituted a centralized admission process in the city now so that we can basically know exactly where we need to have beds. And sometimes -- not always, but sometimes it's okay for a client to go to one of our other hospitals that may have a vacancy if the client wants to. But we monitor it extremely closely. And we have gotten the waiting list down to close to two weeks to wait to get into our hospitals. So when that begins to go up, we look very carefully at the beds. And if we need to temporarily expand beds to meet those needs, we do.

On the overall issue of lowering beds and providing mental health services, the answer really here is to get truly robust outpatient services. And we're really trying to do this across the state, things that include things like crisis respite, mobile integration teams -- all the things that can keep clients in the community. Eventually

individuals leave hospitals. And if we don't want them to come back, we have to have that kind of robust transformation into the clinic system, into the outpatient support system for the seriously mentally ill.

So we really are working very hard with that. But when the beds are needed, we will expand those beds if they are needed.

CHAIRWOMAN YOUNG: Okay. And I'd like to follow up. And I may be on a theme here, but I think it's a cause for concern. Our jails across the state are filled with people with psychiatric issues. They act out, and they end up in jail. Local governments are not equipped, you know, to deal with people with mental illness. And on top of it, we see that people are going to emergency rooms, they're being boarded in hospitals. And so with this reduction of beds, it is a cause for concern.

So you're saying that you will commit that OMH will add new beds where there's significant need? Specifically in cases where there is a lack of open beds at

state-operated facilities and then we are faced with the situation that I just described with people going to emergency rooms, people languishing in hospital beds.

COMMISSIONER SULLIVAN: When there's a need to -- so far, truthfully, it has been temporary. When there's a need to temporarily re-expand some beds, we do that.

But the problems that exist relative to individuals in emergency rooms and unfortunately jails and prisons are not just the state hospital beds. This involves the work that we are doing with the Article 28 facilities, with a lot of the community-based services. And all those services, in addition to having them, have to really work well together.

So one of the initiatives which we're working very hard on is a survey of all the crisis services across New York State. If you're going to help individuals not end up in jails and prisons and you're going to help them not to go to emergency rooms when they don't need to, you need a robust mobile

crisis intervention system.

Working with many of the PPSs in the DSRIP program, working with many of the counties who have pieces of this system, we're trying to get a robust system across the state that can interface with police, in response to the CIT programs. That robust mobile crisis service is what will ultimately help us and help those individuals not kind of trail into the criminal justice system.

I absolutely agree with you that too many of our clients over the years have gone into the criminal justice system. I think the answer to that, though, is really to have the right kind of intervention at the community level -- and hospital beds when you need them, but the right kind of intervention at the community level is where the real diversion point should come. And that's what we're trying to grow with the $100 million that we've reinvested in community services.

CHAIRWOMAN YOUNG: Thank you. Under the Regional Center of Excellence plan which was actually rejected by the legislature in

2014, approximately 600 adult beds and 100 children's beds were estimated to be eliminated from the state-operated inpatient system. And this is an estimate, since we've never been able to get from the Governor's office or from the agency exact details beyond facility and ward closures.

With the current system of bed reduction in place, the Governor will approximately reach their previous long-term goal in the next year. And I want to point out there have been no facility closures as a result of the Senate's intervention. But under the Executive Budget this year, the amount of total bed reductions since 2014 are approximate in number to the reductions proposed under the now-abandoned RCE plan.

What is the long term plan for inpatient service reductions, such as what number is the end goal? What do you have in mind?

COMMISSIONER SULLIVAN: You know, quite honestly, we don't have an end goal number because I think you can't do that.

You have to only lower -- as we have been doing -- beds that are vacant. And if you kind of come up with an end number, then you're not really following that, you're kind of saying, Well, this is my goal of beds I want to get to.

So I'm not sure what the end number is. When we propose 100 beds in this year's budget, we're talking about looking very closely -- and never -- we've been very careful about this, in respect of the Legislature -- never closing a bed that is not 90 days vacant. So we have to see. And it really does depend upon utilization in Article 28 hospitals, community-based services, et cetera. So there are some hospitals where we have closed beds, others where we haven't. And I think it's a much more rational plan than just thinking of, well, we'll close a facility here, close a facility there. We're closing it based on the need for those beds to be utilized.

So while we have proposed because we think, perhaps -- we can't do it unless

there's that 90-day vacancy. So I can't honestly give you a target number. And I think we will have to see as we -- because we have to keep up services if we need them. We just have to.

CHAIRWOMAN YOUNG: So you're talking about reinvesting in community services, which I think is a good idea. And we've had those over the past several years. But there continues to be major issues related to individuals discharged from state psychiatric centers, related to emergency room use as well as readmission to inpatient settings.

And since the reinvestment funding has not significantly improved these metrics, why does the Governor's budget actually propose additional funding for community services outside reinvestment dollars? Why don't we have additional funding going into community services? All that we really see are these reinvestment dollars that are included in the Governor's proposal.

COMMISSIONER SULLIVAN: I think that -- it's a tough -- let me just say it's

also a very difficult budget. But there are some dollars that have gone into community services. For example, Medicaid savings on the 20 ACT teams -- ACT teams are Assertive Community Treatment teams, which are the most effective way of dealing with some very high-need seriously mentally ill in the community. And we are increasing that by 20 across the state, which is significant. That came out of savings that was in the Medicaid premium in terms of mental health. So that was an investment also in community-based services.

We have, through a variety of mechanisms, increased what we call first-episode psychosis teams, which are now up to I believe about 18 across the state. These teams work with individuals with an early diagnosis of schizophrenia in their teens and going into the middle twenties, helping them stay in school, helping them get jobs, helping stop this whole cycle of the chronic mentally ill eventually ending up in institutions. And we've been very successful

with that. We are one of the largest states to have expanded this program across the state. I think if we put up another five teams, which we are continuing to try to figure out kind of how to do, we could probably saturate the state for every new diagnosed schizophrenic.

So basically I think the issue here is that we are for many areas improving the mental health service system. For example, intensive outpatient services is something which is -- we have just passed in the regulations which will enable clinics to provide very intensive services and get appropriately reimbursed through Medicaid for those services. That's a new regulation that's just out. We have now established it I believe in 10 clinics and we will be establishing it in more.

So there's many ways, in addition to reinvestment, that community services are also expanding.

CHAIRWOMAN YOUNG: Thank you for that answer.

Now, so you know that we have a real lack of psychiatrists, especially across the state. And when you're in a rural area such as the one I represent, it is impossible to find a psychiatrist. So what is the department doing to try to attract more psychiatrists to practice in New York?

COMMISSIONER SULLIVAN: This is very, very difficult. I mean, it's a national shortage across the country.

In our state system we now have a program to do tuition reimbursement for psychiatrists. Now, that's within the state system. But when people graduate from school we have what we call the DANY program, which will provide stipends of up to $30,000 a year for five years to pay off tuition if you stay in the state system.

We piloted that in the state system, and we've been getting good results. It took about a year or two for it to catch on, but now we have I think about 15 psychiatrists that we've been able to find across the system. So that's one way to think about

having psychiatrists stay in New York State, is something like loan reimbursement. This is only now for the state system.

However, there is a program for underserved areas through the Department of Health. And the Department of Health, we're working with them, and they have expanded that to now include our psychiatrists as well. So that is for psychiatrists across the state. And that you have to apply for, but that gives tuition reimbursement of up to $120,000 for a three-year commitment. So that's one area.

The other is the use of telepsychiatry. I think that when we've looked at a lot of graduating psychiatrists, a lot of them are actually interested in telepsychiatry, and we have changed the regulations now to be able to really make that easy to do. Initially you had to kind of be a psychiatrist sitting in a clinic somewhere. Now a psychiatrist can do it from their office, their home, and basically can do it through clinic settings or we're

getting very close to having it totally in home-based settings as well. So I think that that will help with the shortage.

The other is I think just working with our --

CHAIRWOMAN YOUNG: If I may, Commissioner, actually I'm glad you went there on telepsychiatry, because we've expanded telehealth services in the state. I have a bill on expanding telepsychiatry. So you're saying you think that would be a good idea, then.

COMMISSIONER SULLIVAN: Yeah, I think -- well, I think telepsychiatry, telemedicine is really a big part of the future of healthcare. And I think we need to get increasingly creative about how we use it, as long as we keep an eye on what's happening. But I think we can get increasingly creative about how we use it, and it's incredibly helpful for both the client, I think, and for the practitioner.

So yes, I think we're in the process of really working on the regulations so that

telepsychiatry will become increasingly utilized in New York.

CHAIRWOMAN YOUNG: Thank you. I'm going to come back, but I just have a couple more questions. Thank you.

CHAIRWOMAN WEINSTEIN: So we've been joined by Assemblyman Sepulveda.

For questions we go to our Mental Health chair, Aileen Gunther.

ASSEMBLYWOMAN GUNTHER: So I have a few questions also. Thank you very much.

So the number of people receiving mental health treatment in prisons continues to rise, while the overall prison population is actually decreasing. Do you believe this is a result of any of the bed closures that have happened across New York State?

COMMISSIONER SULLIVAN: Truthfully, I don't think it's the result of bed closures. I think it is still the problem of not having adequate community-based services. Beds are only a temporary place for individuals to be. They ultimately need to be well-integrated into the community and get the services they

need. That's what can prevent prison use.

You know, in the individuals who have left prison, there is a cohort that we worked with for the appropriate services for the seriously mentally ill. And this involved connecting them with housing and intensive wraparound services when they left prison.

The usual returnee rate is significant, within three years to prison for both individuals with mental illness and individuals without. For those seriously mentally ill individuals that we got the right community-based services, we cut that returnee rate in half. So we're working very hard to continue to have those intensive supported housing systems and the intensive wraparound services. You can decrease individuals going into the prison system with that.

We just need to, as we have been doing, continually move dollars in the appropriate way from very costly inpatient care to community-based care and getting the right balance. And I think that -- it's not

easy to do, but I think it's something that we're working very hard on.

ASSEMBLYWOMAN GUNTHER: Well, obviously when you look at the statistics I guess we haven't reached the right balance, because there are more people than ever receiving mental health services who have a diagnosis that are in jail beds today.

And the Executive has proposed to establish a jail-based restoration program for people deemed incompetent to stand trial. Do you believe that a jail is the best setting for an individual with mental health issues?

COMMISSIONER SULLIVAN: The individuals that we're proposing to have jail-based restoration clinically are individuals who if they weren't in the justice system would basically be outpatient restoration. They wouldn't be going into a hospital.

The way the law is written currently, if you are either in a jail or a prison to be restored, you have to go into a hospital from

a jail, you don't have a choice really of a lesser-restrictive setting.

Now, jail-based restoration has been done in 10 states and supported by the Judicial Council. If you do it, you've got to do it right. I think it -- I don't think jails are the best places, but I think you can do a very good job of jail-based restoration if you have the right standards, which we will have. We will make sure that there are appropriate clinical staff, including psychiatric staff, social workers, psychologists. And it has to be done with the standards that other places that have done jail-based restoration have done.

To that end, there's $850,000, if a county is interested, to help support really getting that started and to support continuing those excellent services in the jails. So I think if it's done well, I think it can be appropriate for individuals.

The good thing about it is that it prevents this kind of movement back and forth from one place to the other for individuals,

and it has also been shown to decrease their actual time in confinement. So if you have a good jail-based restoration program, you're working with the DAs, you're working with the judicial system, the community-based system to get the clients out quicker. And I think that's a very important thing. We also know that when the mentally ill go into jails and prisons, they spend a longer time there than the general population.

So I think if done well and appropriately, it can be very good.

ASSEMBLYWOMAN GUNTHER: Well, do you think that -- as far as I'm concerned, you know, you have people that work in the jail system and the education process. Is there an education process to identify people that are coming in that are paranoid, that have been off their meds because maybe they haven't been able to afford them? And so that identification of the person that needs mental health care.

COMMISSIONER SULLIVAN: Definitely in the prison system, everyone who comes in is

screened at the time that they arrive in the prison system. And many jails across the counties and in New York City are doing that as well.

ASSEMBLYWOMAN GUNTHER: Well, when we talk about housing, in New York State there's almost 12,000 individuals with mental illness in adult care facilities. So they are in adult care facilities, which I consider not an appropriate placement.

Do you believe the personal needs allowance needs to be increased so that people do not have to live in adult care facilities?

COMMISSIONER SULLIVAN: I think that it's very important that individuals can move out of those adult care facilities. When they move out of the adult care facilities, there's a change in the way they can then monitor their dollars. And actually for many of them, with appropriate supports and making sure they get all the other benefits they can get, when they move into a community-based setting, they do have more dollars to spend

on what they want to spend it on.

In the adult care facilities, because the institution is providing many of those services, the allowances are smaller.

So I think the goal here is to help individuals move into community-based settings but also make sure, if they do, that they get all the supports they would need -- things like food stamps, et cetera, everything else that they need to support them so that their allowances in the community-based settings do become larger in terms of the actual dollars they can use for their own self care.

ASSEMBLYWOMAN GUNTHER: Part Y of the health and mental hygiene budget defines which duties and tasks can be performed by an individual without a clinical license. There have been concerns that this proposal could have unintended consequences on students pursuing a bachelor's or master's degree in social work. Is it the intent of this proposal to alter current authorized duties for these students? How many of these

student interns would the behavioral health service provider --

COMMISSIONER SULLIVAN: The intent of this is really not to change what is the -- it doesn't, it couldn't change what is the scope of practice for individuals who are licensed or unlicensed. It maintains that scope of practice.

What it does is tighten up the degree of supervision, which has in many ways been going on all these years, of these individuals within the system. So that we really know, if you're licensed, this is what you can do, and if you're unlicensed, this is what you can do. It's based on the current scope of practice. We're not touching scope of practice.

I think that it might affect some clinics in terms of the work flow that they have to do, because they might require in some cases -- not in all -- some increased supervision over individuals. It should not deter students from being -- students have always been supervised in these settings, and

students have always had clear, outlined responsibilities based upon their schools and what they require.

So it shouldn't really change the placement of students at all. I think that the issue here is just to kind of tighten up, make sure that we have a very clear picture going forward.

There's also a grandfather clause which gives clinics a good period of time to be able to work on any issues that might be there. And the grandfather clause goes back and will be there until 2020.

So I think this bill offers a way out of what has been a many, many year extension and exemption that enables us to make sure that we're doing the right things in the clinic without any significant impact on the workforce. Although there will be some changes in work flow in some clinics.

ASSEMBLYWOMAN GUNTHER: Through my office, one of the constant subjects we talk about is the fact that so many people that do have insurance, that the psychiatrist does

not accept the reimbursement. So therefore they do not have access to a psychiatrist to actually control their medications or put them on the appropriate medications.

Is there anything that we can do as the State of New York that we're paying such high premiums to have insurance, yet that insurance doesn't give us access to mental health?

COMMISSIONER SULLIVAN: We have been working with the Department of Financial Services to look very carefully at the parity issue, especially for commercial payers.

There was a very interesting Milliman study that was done which showed that out-of-network use across the country was much higher for any kind of behavioral health service than for any medical service.

So with the Department of Financial Services, with the Milliman report, we are looking at critical parity issues here in terms of access for mental health care. In some ways there is better access -- there's significantly better access through the

Medicaid system for mental health care than there is for commercial payers. And very often what happens is that there's a difficulty with networks actually being adequate. And sometimes there's difficulties with people knowing how to access in insurance.

So we're working within the state to see what we can do. But the biggest issue here is to make sure that parity is being followed to the letter of the law. And the state has been very supportive of working on mental health parity in many instances. So we're continuing to work on that. It's a very serious issue.

ASSEMBLYWOMAN GUNTHER: You know, within my district one of the things I do notice is that when we talk about bed closures for like emergent care, like in hospitals, that we are closing the beds. And what you often see is that we are utilizing the emergency room. And sometimes people in crisis stay in the emergency room for two to three days until there's a bed available, and

especially with children in crisis.

There are -- you know, if you go to Four Winds, I mean, their census is always full. And you go across the board, and the census is full. And so we are closing the beds, but how much are we spending on emergent care and having a one-to-one in a hospital emergency room until a bed is available? And you know what, we cannot put children on medications without observing the effect of that.

And I personally know that I get calls from parents across New York State, not just in my district, of their kids not being able to access the care that we need. And we know that children are being diagnosed earlier, and their needs are greater. And yet between insurance and not letting -- the psychiatrists don't accept, you know, our private insurance -- that the access to care to me is just very, very difficult.

And I think that when children are in crisis, the quicker that we can get them in care -- but it doesn't seem to be working

that way, even though we pay very high premiums, we supposedly deliver the greatest healthcare, but there's something missing.

And then if you look in terms of the jails and the more people that are needing treatment in the jail system, there's a message there. There's an underlying message. And you know what, I do think we have to balance. And I think that revisiting what's going on in real time in communities is very important.

COMMISSIONER SULLIVAN: No, absolutely. And we work very closely with the communities and with the local county -- local mental hygiene directors.

There are two bed systems in New York State; there's the state hospital beds and there's the acute-care hospital beds. And the acute-care hospital beds have anywhere of a length of stay of usually two to four weeks. The acute-care hospital system is something that we have worked very hard also to preserve. And we have worked -- whenever there are threatened bed closures on the

acute-care side, we have worked very closely with those facilities and with those communities.

The acute care is the initial access valve from the emergency rooms, et cetera. And what we've often found as we've worked with the acute-care hospitals and the emergency rooms is setting up, again, this kind of continuum of care, especially with kids. Because many children who come to emergency rooms, if you have a mobile crisis team or a mobile integration team, which we have put in certain communities across the state that work with that ED and with those kids, that you don't need to have them admitted, that partly the admission is a default position because they don't have respite beds for youth, because they don't have mobile crisis intervention for youth. If you do, those can have a significant improvement in what tends to clog up the emergency rooms.

Similarly, we've worked with the counties, which are great in working with us

in this, and with some of them we have put some services in schools. Because a big issue of kids going to emergency rooms is often referrals from schools. And if you put mental health teams or clinics in schools, you decrease that volume that then goes to the emergency room.

So when you have an area that's in distress -- and I'm not saying we solve this perfectly all the time -- what you really have to do is look at the multiple factors that are causing that distress. One is making sure you have acute-care beds. You have to also make sure you have state beds. But you also need to look at who's coming into those emergency rooms and making sure that you have the wraparound services.

And we've been trying increasingly to do this for kids. Where we have put up crisis respite beds for kids, that has had a significant impact on those kids going to emergency rooms and going to hospitals, because we have another way for individuals to get the help they need.

So that's what we're going to be expanding, especially with some of the crisis respite capital dollars this year, is to increase that. And we want to increase that significantly for kids.

CHAIRWOMAN WEINSTEIN: Thank you.

We've been joined by Assemblywoman Crystal Peoples-Stokes.

CHAIRWOMAN YOUNG: And we've been joined by Senator George Amedore.

And our next speaker is Senator John Brooks. Senator Brooks.

SENATOR BROOKS: Good morning.

COMMISSIONER SULLIVAN: Good morning.

SENATOR BROOKS: A couple of areas I would like to address, first on the homeless situation.

You know, we're seeing and I'm getting ongoing complaints in different areas that we have people that are showing up at libraries, people who are showing up at railroad stations and sleeping during the night. How much direct outreach do you have in the various areas of the state to try to identify

and bring these people in? Or are you relying totally on the local communities, the local counties to address that?

COMMISSIONER SULLIVAN: A good portion of the state aid that we give to local counties goes to the outreach teams that work -- to work with the homeless. So while they are -- and I think best served by the local counties providing those kinds of services, a lot of it is supplemented or sometimes largely paid for by the state aid that we give to the counties, and the counties use that state aid to do the outreach.

Another piece of the importance is housing, to tell you the truth. And that's why across the state we are increasing, every chance we get, supported housing for individuals with serious mental illness, so that they really have a place to go.

And then the third is our expansion of Assertive Community Treatment teams and ACT teams, which we've also increased across the state as well as in New York City. Those

teams work very well with these clients and can help support them in terms of moving into housing.

Often with individuals who have become chronically homeless, on the street, the outreach teams have to do a lot of work to get them to begin to really see their lives differently and see the possibility of housing.

But we invest a fair amount -- I don't know the exact number of state aid -- in doing that pretty much across the state. But we need to have the supported housing available. And that's something that we're continuing to grow so that these individuals can be in safe environments.

SENATOR BROOKS: In terms of housing, one of the things that we're seeing in many communities is an increasing number of zombie houses where people have left those houses. Are you working in any way to try to recover those houses at a lower cost to expand the housing you can provide?

COMMISSIONER SULLIVAN: I'm not -- I'm

not actually sure. I think that's a suggestion we'll look into. I don't know. I mean, I know our providers are out there looking for sites. A lot of them have been supported apartments. But in terms of using some of that housing, I'm not sure. I know we have converted some, but it's usually fairly large areas. We -- I'd look into that, I'll look into that and let you know.

SENATOR BROOKS: Because I know within my district there are some communities with a large number of zombie houses available.

COMMISSIONER SULLIVAN: Yeah, mm-hmm.

SENATOR BROOKS: In terms of, again, opening up more local community beds, how tightly are you managing that expansion with the demand in those communities? Are you having problems in certain areas of the state where the demand is much higher than your ability to provide the housing?

COMMISSIONER SULLIVAN: In terms of local inpatient beds, it can vary. I mean, we have parts of the state where the local inpatient acute-care occupancy is probably

about 85 percent, 80 percent. We have other areas of the state where that occupancy on the acute-care Article 28 side can be as high as 90 percent, 95 percent.

So when we have that high occupancy, we work with the counties to see other options that we can use. And that's why in this budget there's a significant $50 million in capital for what we call respite beds. Respite beds are beds which can both prevent admissions but also help individuals leave inpatient services more rapidly.

So we are particularly looking across the state at establishing those respite beds in areas where they are particularly needed because of the high occupancy in inpatient acute-care article 28 hospitals.

SENATOR BROOKS: And to just pick up on the comments that have been made by some of my colleagues here today, I think we really, really have to get a handle on what's happening in the prisons in terms of people with mental illness in those facilities. And, you know, I think we're way behind the

eight ball on this. And the fact that we have a system where these people are being probably picked up off the streets more times than not where we've neglected to identify them there and then put into this process, and they're not really getting the help they need, I just think that's an area we have to put tremendous attention to.

COMMISSIONER SULLIVAN: I think you're absolutely right. And I know this -- I'm sure there's no -- you're absolutely right that we need to put the emphasis -- and I think where -- you know, it's interesting, I think in some ways we know how to do this. It's getting all the services arranged so it can happen.

We have a few counties where, in combination with the CIT training, which has been great in terms of being paid for by the Senate and Assembly to really provide the CIT training, connected with the mobile crisis centers, connected with stabilization centers, connected with the community -- when you talk to the sheriffs in those areas, they

are bringing less individuals to the jails and prisons.

Now, that hasn't yet gotten to the point of seeing gross numbers going down. But it works. And I think that's something that we are going to continue to look at. That's part of our looking at crisis services across the state, making sure that every county has that experience of planning both between the sheriff's office, between mental health services and between the legal system. And if you can pull all those pieces together, you can see a decrease in the number of individuals who manage to wend their way into the jails and then ultimately into the prison system.

So that's really our goal. It is taking much longer than anyone would like. And it really is something that I think we will be -- we are emphasizing and will continue to emphasize over the next few years to really get to see those numbers come down.

SENATOR BROOKS: I guess the last comment I would make, in speaking with some

of the families and the rest, they've got concerns as to where programs are going and heading. And I think we need to do a better job explaining to people our long-range plans as to how we're trying to address situations, and give families more comfort that we understand where we're going, there are programs. You know, we seem to be in a situation where we're playing more catch-up than talking about where we're going to address certain situations.

So I think, you know, better public relations in terms of the direction we're going in, what problems we have, and recognizing how we're going to handle those situations I think would be helpful.

COMMISSIONER SULLIVAN: Yeah. No, you're absolutely correct. And I think it's our responsibility to increasingly work with families and with clients to understand what we have, what's available, and also where -- get their input on where our gaps are and where we are not serving them as well as we need to.

And I think that dialogue has to be ongoing and robust. And, you know, sometimes we're better at it than others, but we're going to continue to work very hard to make sure that we speak with families and clients to know what their needs are and also so they understand what we have, yes.

CHAIRWOMAN YOUNG: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Sepulveda.

ASSEMBLYMAN SEPULVEDA: Good morning, Commissioner.

COMMISSIONER SULLIVAN: Good morning.

ASSEMBLYMAN SEPULVEDA: So what's OMH doing to remedy the problem of people with mental illness in solitary confinement? The SHU exclusion law says that people with serious mental illness should not be in solitary confinement. Still, there are about 800 people with mental illness in solitary confinement. Is the statute too restrictive? Should we amend it? Because the difference between serious mental illness and mental illness sometimes is not easily defined.

What is OMH doing to remedy this problem? We have over 800 people still, despite the law -- and then I'll have a follow-up question after you respond.

COMMISSIONER SULLIVAN: We follow very closely the SHU law. The law states that individuals with -- the law as it is written states that individuals with serious mental illness can't be in the SHU for more than 30 days. During those 30 days, we work very closely with them. And after those 30 days, if unfortunately they would still be in SHU, they move into one of our treatment programs in the prison. So that's the law.

But what we are doing now is working very, very closely with DOCCS to divert people from ever getting into SHU, not even getting to that 30-day period. And a lot of it is systems within the prison that would -- things that sometimes our mentally ill clients do that could get them to be considered for SHU, and we're trying to circumvent that and cut it off before they ever reach the SHU. We're working very

closely on that with DOCCS.

But we follow the law. And we make sure that if mentally ill individuals are in SHU, that they get the four hours of -- the programming out of SHU that they need. And we work very closely with DOCCS to try to avert any individuals from getting in. And it's getting better. It's not where it needs to be yet, but it's getting better.

ASSEMBLYMAN SEPULVEDA: The definition of serious mental illness versus mental illness, is that too restrictive? Do you suggest that we amend the law so we can include more individuals?

COMMISSIONER SULLIVAN: I think, you know, it's -- I think absolutely it should stand for serious mental illness. I think that there have to be a lot of discussions about broadening the law. And I think that that's something that needs to be discussed between agencies and with DOCCS. And I don't think that that's solely a decision of Mental Health, so that's something we would need to discuss.

ASSEMBLYMAN SEPULVEDA: You know, Commissioner, we've spoken about the issue of suicide for some time now. It's a personal issue for me. Can you tell me if you have any data on how many people that are in solitary confinement either have successfully or have attempted suicide while in solitary confinement?

COMMISSIONER SULLIVAN: I can't -- I'm sorry, I can't give you the exact number for solitary confinement. Unfortunately, the number of suicides in the prison system over years fluctuates per year, very sadly, from somewhere usually between 12 to 16, 17 individuals. I can't tell you exactly how many of those individuals were in solitary confinement.

ASSEMBLYMAN SEPULVEDA: So OMH doesn't keep any of this -- that kind of data?

COMMISSIONER SULLIVAN: We do, I just can't -- I can get it to you. I can get it to you. I'm sorry, no, I just don't know, but I can get it to you. We do know. We do know.

ASSEMBLYMAN SEPULVEDA: Okay, I'd appreciate it. Please get that to me.

Now, back in 2015, Samuel Harrell and Karl Taylor were both on the OMH caseload and were reportedly beaten to death by Corrections staff in 2015. What steps has OMH taken to ensure that this doesn't occur again and to protect patients that are suffering from mental illness from staff abuse and are responded to in an effective, therapeutic manner?

COMMISSIONER SULLIVAN: Well, we work very closely with -- first of all, we have throughout the prison system a series of services that go all the way from crisis beds to residential beds to outpatient clinic services. So it's really almost like a community-based treatment service within the prison system.

As part of that, we also work very closely with DOCCS and we work jointly together in assessing -- in training DOCCS in terms of working with individuals who have mental illness, and also in being aware of

signs and symptoms of individuals who might have mental illness.

So we -- it's a combination of our clinical services which we provide and also our relationship with DOCCS in terms of training.

We work very closely with the staff throughout the prison system in terms of trying to raise awareness of individuals who have mental health problems, and we then provide the services within the system. We serve about 10,000 inmates with a mental health problem a year, and about 25 percent of those have serious mental illness.

So we -- a lot of issues also can revolve around just making sure that the staff have the appropriate training. And we are doing that with some motivational interview training, cognitive behavioral training, and a number of trainings which we have instituted across the prison system to continually upgrade the skill sets of our staff. And some of that training also occurs with DOCCS.

ASSEMBLYMAN SEPULVEDA: I'll get a second round. I'll come back for additional questions.

CHAIRWOMAN YOUNG: Thank you.

Our next speaker is Senator Krueger.

SENATOR KRUEGER: Good morning, Commissioner.

COMMISSIONER SULLIVAN: Good morning.

SENATOR KRUEGER: So you went over in your testimony a little bit about expanding housing opportunities within OMH and the fact that there's a $13 million increase in funding of adult home beds. While explaining to me how that money is going to be used, can you also address the fact that many of us are hearing from organizations who already provide OMH beds in supportive housing settings and other community-based settings who point out that they get so much less per year to run their beds compared to new programs being approved by the state within Housing, OPWDD, OASAS, that they actually wonder why would they continue to run program beds under OMH for so much less money than

they could conceivably get if they dropped you and went and applied to run facilities under other state funding streams?

COMMISSIONER SULLIVAN: Yes, thank you. And that's -- it's a very difficult issue. But we have been -- over the past four years we have added a total of $42 million, including the $10 million in this year's budget, to up the rates for supported housing for the older housing. That has brought up the number significantly, so that now in the city, while still not as high as it should be -- I believe it's 17,700, something like that, of the stipend that we give, when in the past it was like 14,900 four years ago. So it's gone up. It's gone up considerably. It's not as high as some of the other supported housing programs that are coming out, but it is a significant increase.

All the new housing that OMH is doing, whether it's out of our reinvestment dollars or out of our two-for-one community-based conversions, are all going to be at the

higher rates. So the issue still remains with getting some of that older housing rates up to where it needs to be. We're continuing to work on that. But I think we have put in $42 million.

Also with the increase in direct service workers dollars, a lot of that for our system lies with direct service workers in housing. So that has given another boost, in a way, to at least the staff who work in our housing services.

But we're continuing working to get those numbers where they need to be. And there's another $10 million investment, in a very tight budget year this year, to bring up those rates.

SENATOR KRUEGER: And you also talked before about I guess the hypothetical, it seems to me, of when people leave adult homes and go into other community settings. Does that actually happen anywhere? Are there actual places that people can go that they're leaving these disturbing adult homes and going into better-quality programs? Or is

that a -- I don't know, I feel like that's a fairy tale as opposed to an actual reality for anyone.

COMMISSIONER SULLIVAN: No, well, actually -- actually, you know, under -- we have moved, from the adult home system in New York City, 650 individuals into community-based apartments. And those apartments I believe the number that have returned to adult homes or have not been satisfied is extremely low. We're talking maybe five or six individuals.

So 650 individuals have moved successfully into community-based apartments -- with a lot of help, with a lot of the wraparound services -- and the stories are really quite remarkable. I mean, they really talk about how they never really thought they could live independently like this, that they could, you know, take care of themselves.

We do a lot of work when they move to help them join into the community, because it is a difference from going from a big

structure where there's lots of people to your own apartment. So we have staff and peers who can kind of work with them and help them understand what are the recreational things in their area, introduce them to them. And their lives have really significantly changed.

So 650 people have moved out of the adult home, and we're continuing that movement and will continue to move more and more individuals.

SENATOR KRUEGER: And there were already also several questions around what happens with people with mental illness in our prison population. And the Governor has a proposal in his budget which I actually support for geriatric parole, the recognition that people above the age of 55 with other serious illnesses are of no danger to the community and they should be let out of prison.

But letting someone out of prison to the streets of New York City, into the shelter system or an ER, is a completely

unacceptable and inhumane solution.

I would project, based on what we know about people with mental illness in our prison system, that a significant percentage of these people will have mental illness. Are you being brought in to discuss a plan for how we're moving people, if we do geriatric parole, into programs and services as opposed to putting them on a bus and waving goodbye?

COMMISSIONER SULLIVAN: Absolutely. It's important, it's very important. One of the key first steps is housing. So we're looking at, as this would happen, what kind of housing of our supported housing system we can dedicate to helping those individuals move.

And then the other is we have in the prison -- and we will be working with the prison to work especially with this population -- we have what we call reentry programs for individuals who are seriously mentally ill for about 12 to 16 months before they leave prison, to be in a specialized

program to help them get ready to leave. So those individuals can partake in that.

Then when they leave, they will need appropriate housing, so we need to look at our housing resources. And they will also need wraparound services in that housing. And when we have done the housing with the wraparound services, we have great results. Generally, you know, we decrease the returning to prison, decrease hospitalizations, everything.

So we are going to be looking at that particularly for that population, so that they can have a real successful reentry into the community.

SENATOR KRUEGER: Thank you.

CHAIRWOMAN YOUNG: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Melissa Miller.

Oh, and before she begins, we've been joined by Assemblywoman Carmen de la Rosa.

ASSEMBLYWOMAN MILLER: Hi. How are you? I just have one question.

You spoke before about the push to

create a more robust community crisis intervention and crisis services. Are we not there yet, and yet we're discharging patients fairly quickly from these beds? Could that be one of the reasons that maybe we're seeing the unmet need of patients, that's why they're showing up in jails or back in ERs so quickly, and maybe we're -- that's the hope, where you're hoping to reinvest some of that money back into those services. But is that service not yet fully in place?

COMMISSIONER SULLIVAN: It's not fully in place. And I think it depends on -- it's more in place in certain parts of the state than in other parts of the state, but I couldn't honestly say that it's in place everywhere that it needs to be.

But when someone -- we're still developing ways to ensure that individuals, when they leave hospitals, especially when they're leaving acute-care hospitals, that they have the kinds of wraparound services that enable them to successfully get into the community. And that includes

sometimes programs where individuals, whether it's the Health Home coordinator or other individuals, work with those individuals to help them adjust in the community.

Now, somewhere along the line mental illness can be a very relapsing illness, so you can have a crisis. You need them when you have that crisis to hopefully be able to stabilize so that you don't have to go to a hospital. There's some wonderful respite programs -- one of them is in New York City, called Parachute -- where individuals who begin to decompensate have the opportunity to go into a respite program with lots of supports so that they don't ever have to hit that emergency room or go to the hospital.

And I think as we have more of those services, we will begin to have less individuals going to the hospital. Individuals, once they are better, will leave hospitals. I mean, you can't keep people in hospitals after they are better.

ASSEMBLYWOMAN MILLER: But sometimes they're not even getting --

COMMISSIONER SULLIVAN: The question is what are you sending them to in the community.

ASSEMBLYWOMAN MILLER: They're not even getting into the hospital. They'll be held in the ER for three, four, five days, there's not a bed, and then they're being discharged from the ER and back -- you know, got through the short-term crisis, then back right out onto the street or wherever it is they are. Then they're getting into trouble, they're winding up in jail, they're winding up in a different place in crisis. Or worse, hurting somebody or themselves.

COMMISSIONER SULLIVAN: One of the major initiatives we're working on with DOH and managed Medicaid -- the majority of -- almost all of these individuals are on Medicaid -- is to have incentives within managed care to do really robust discharge planning and connecting to community services when someone leaves the hospital, and building incentives --

ASSEMBLYWOMAN MILLER: Or ER.

COMMISSIONER SULLIVAN: Or ER, I'm sorry, yes, the hospital or ER -- and building those incentives into the payment structures of managed care companies.

Now, this is new. This is something which is in the DOH budget. And we really believe that working through managed care, working with them, working with hospitals, working with community-based providers to make sure that we pay for the kinds of services that individuals need when they leave emergency rooms and when they need acute-care inpatient services.

We have to get the payment service and the service system aligned so that especially those high-risk individuals get the services they need. And that's something we're going to be working on this year, and it's in the DOH budget.

ASSEMBLYWOMAN MILLER: I think -- because I applaud, I think it's a wonderful goal. But if it's not fully there, we can't ignore it and just, you know, oh, we're there, and put these people out prematurely

if the service isn't there yet to meet their needs and give them the supports that they need.

COMMISSIONER SULLIVAN: I think the issue is that individuals can only be in mental hospitals against their will if they're acutely dangerous.

ASSEMBLYWOMAN MILLER: But what about a transition?

COMMISSIONER SULLIVAN: But the transition is what we need to fund, that's the issue. We need to fund those transitions.

ASSEMBLYWOMAN MILLER: Or a transition residence.

COMMISSIONER SULLIVAN: And we do have some transition residences and respite beds, which we have the $50 million in capital which we're going to be putting up. Those will be transition beds. Which will be very helpful, I think, to the system.

Thank you.

ASSEMBLYWOMAN MILLER: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Our next speaker is Senator Savino.

SENATOR SAVINO: Thank you, Senator Young.

Good morning, Commissioner. I want to go back to the discussion about the reduction in beds. I'm curious as to whether or not -- I see sitting behind you Commissioner Arlene González-Sánchez of OASAS. And I'm somewhat curious as to whether or not we -- are your agencies coordinating together? You know, we are all struggling with this opioid abuse crisis, but quite honestly it's bigger than just opioids, it's addiction in general.

And many of the patients in New York State that are struggling with addiction went down that road starting in their doctor's office, whether it was pain management or psychiatry or a combination of the two. We know that depression and pain intersect. We know that many people who have been in an accident or the victim of an assault, who have chronic pain, also suffer from posttraumatic stress disorder. And we see patients who are being prescribed almost a

toxic combination of drugs to handle their pain, their depression, their anxiety. Many of them are chronically addicted now under the care of a psychiatrist and a doctor.

So when those patients go into crisis because of abusing their medication, which they get legally from their physician, where do they go? Right now they go into the emergency room, they go from the emergency room maybe into a detox bed if you can find a detox bed when they're being released. So what I'm wondering is, is there the kind of proper coordination between OMH and OASAS to really begin to address this new category? We've always had MICA patients -- mentally ill, chemically addicted -- but this is almost of an epic proportion, the number of patients who are cycling in and out and not really getting the services that they need, because it seems to be disjointed.

So can you speak to the types of coordination that exist between OMH and OASAS, and do you think we could do better? Are we directing the money properly to help

really get a handle on this crisis?

COMMISSIONER SULLIVAN: I think we work very well with OASAS, and we're really -- the important thing here is for both -- for those who treat mental illness to understand and be able to appropriately use medications for individuals who are addicted to, to understand addiction. And for individuals who are primarily addiction treatment, to understand and work with mental health.

And we have done together a lot of training. We also have a dual licensure program now where our clinics can be licensed in both addiction services and mental health services. And when you do that, when you say that you're licensed, then you make sure that everyone is really well-trained and that the services are well-designed to be able to have that kind of single point of entry so when someone comes in, a clinician, skilled, can decide which kinds of services someone needs the most of.

I absolutely agree with you that we

need to be making sure that psychiatrists are well-trained in understanding the risks of using some of these drugs. I think some of them are, and some are not. But we've been doing a lot of training of psychiatrists across the state, we've been doing a lot of training of psychiatrists who are primarily mental health clinicians, in using appropriate medications for addiction services, because some of them were not as up-to-speed. So we've been doing training in that area.

So yes, we're working very closely. I think our -- both our goals I think is to have any family member or any individual who comes in for help, that they can get the help they need whichever door they come in, whether they come in something that's a little more mental health than addiction or a little more addiction than mental health.

So yes, we're working very closely to try and work together to fight this crisis.

SENATOR SAVINO: I'm glad to hear that. I just wonder if perhaps maybe instead

of reducing the number of beds at OMH, perhaps maybe we should reclassify them for this particular purpose. Just a suggestion.

Finally, on the adult home transition I heard you respond, I think it was to Senator Krueger, that since -- was it last year or the year before, we've moved 650 people from adult homes to community-based residential settings on their own, which is a great thing, and that only five people have returned to the adult home.

But does that mean that 645 are still living on their own independently?

COMMISSIONER SULLIVAN: Yeah. Yeah.

SENATOR SAVINO: Because what I was concerned about is that maybe some of them are decompensating on their own and moving into nursing homes. Because we've heard from some of our nursing home providers that they are now providing almost residential treatment to people who used to live in an adult home or an adult facility.

COMMISSIONER SULLIVAN: I don't think of that cohort. I'm not saying that there

aren't others that maybe have transitioned to nursing homes or discharged perhaps from acute care and then go to nursing homes. But not that cohort. The vast majority, they have really been successful in the community.

SENATOR SAVINO: Okay. Thank you.

SENATOR KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Thank you.

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

You talk about supportive housing opportunities and the investments that we have made. And I know in my district there's still a significant shortage of supportive housing, and in the Capital Region. I know at the last round of funding we did see -- we were able to add some additional opportunities. But what I'm hearing from places like Schenectady ARC in Schenectady County and Montgomery ARC in Montgomery County in my district -- which are both here today -- is that the direct care crisis is

presenting a challenge to support these new opportunities.

So the turnover rates continue, the vacancy rates continue. And last year we did include some funding to support direct care, direct care staff. But has any thought been given to the new housing opportunities in relation to the direct care crisis?

COMMISSIONER SULLIVAN: For mental health, what we try to do in terms of supportive housing for individuals who are mentally ill when we have either reinvestment dollars or whatever other source, we look at needs in various communities.

So I think we try to look at the needs where they're greatest, to try to get providers to put up the beds in those areas. So I think we continue to look and to work on that. I think we're not where we need to be yet in terms of having enough supported housing. But as dollars continue to come into the system for the seriously mentally ill, we continue to look at other places in the state that need those the most.

And when RFPs come into those, that's part of the judgment as to where housing should go.

ASSEMBLYMAN SANTABARBARA: If the shortage continues, is there additional investments that are planned for the future to reduce that shortage?

COMMISSIONER SULLIVAN: Yeah, we're trying to reduce the shortage as much as we can.

ASSEMBLYMAN SANTABARBARA: Just one more question. You mentioned the $50 million for transition beds earlier. Where are those located?

COMMISSIONER SULLIVAN: That RFP will come out, and then we will get responses. And we're hopeful that we get responses from all over the state. And that's $50 million in capital to develop the respite beds. And those could be anywhere in the state. As soon as the budget's over, we'll get the paperwork out and we'll start to get requests for those beds.

ASSEMBLYMAN SANTABARBARA: Thank you.

COMMISSIONER SULLIVAN: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Commissioner, I do have some follow-up questions. We were talking about children's services, and I believe there are a lack of children's services in the state. What concerns me too is that the Governor's proposed budget has a delay of the implementation of expanded Medicaid mental health services for children. These services, as you know, were originally scheduled to be implemented on July 1st of this year and now will be delayed for two years. The Governor has indicated that this delay is to preserve the financial plan.

And some providers -- this is part of the problem -- had already hired staff and made preparations. These providers now face substantial challenges in the face of this delay.

So the question is, will the 30-day amendments that are out this Thursday include any assistance to help these providers that

are impacted by the delay in children's services?

COMMISSIONER SULLIVAN: That's being discussed. I can't answer whether or not the 30-day amendments at this point will.

I do know that we, as the Office of Mental Health, will be working very closely with the impacted child agencies. We have something that we call the technical assistance program, and we'll be working very closely with them to assist them in whatever the delay is, whether it -- hopefully to help them be able to redesign so that they will not be at financial risk.

Basically there were some changes that were federal changes to HCBS services, the waiver services for kids, that were independent of this delay. But some -- they happened about the same time, so they unbundled some services, making it more difficult for certain providers to bill, et cetera. We're going to be working with them very closely to be able to do that.

So we're going to be doing a lot of

technical assistance. Some providers are not in difficulty; even though they had changed some things, they've been able to adapt. Others are. So we're going to be working very closely with them from the OMH perspective on a technical assistance side.

CHAIRWOMAN YOUNG: So it sounds like, Commissioner, the answer is no, that these will not be in the 30-day amendments.

COMMISSIONER SULLIVAN: I don't know, actually, Senator. I can't answer it, Senator.

CHAIRWOMAN YOUNG: Well, I would urge you to discuss this with the Division of Budget and the Governor, because obviously there's a critical need out in the communities regarding children's services. And I think that even though there's a financial impact, I think delaying them is the wrong direction to take. So thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Oaks.

ASSEMBLYMAN OAKS: Yes, thank you, Commissioner.

Earlier there was some discussion on the jail-based restoration program. And just checking with you, at this point has there been specific -- I know this is the Governor's proposal. Has there been talks back and forth with the county sheriffs and the local jails, and have counties expressed an interest in this program at this point? Just where are we?

COMMISSIONER SULLIVAN: We have had some discussions. We don't have any firm commitments from any counties yet.

ASSEMBLYMAN OAKS: Okay. And do we know, is there funding behind it? And, you know, how will counties, should they choose to do it, how much -- do we know how much they would receive back, a portion of what they spend on it or whatever is the actual cost, been discussed?

COMMISSIONER SULLIVAN: Yeah, there's $850,000 in the budget to support the establishment of a pilot for this. And also some of those dollars could be ongoing, depending upon the need, after it's

established.

Basically what counties pay now -- the cost for a restoration bed is about $120,000. Counties pay half of that, which is about $60,000. With jail-based restoration, because you don't have the overhead costs of inpatient hospitalization, counties would probably be expected to pay something like $20,000, $25,000. So there's significant savings to the county if they do this. And also there's the $850,000 which is in the budget to support the establishment of jail-based restoration.

ASSEMBLYMAN OAKS: Thank you on that.

I didn't see funding in the Governor's proposal for the Joseph P. Dwyer program, which serves veterans in 16 counties around the state for things like posttraumatic stress and addiction and employment or even just welcoming veterans as they're returning back home.

Hopefully -- I know in last year's budget there was a $3.1 million line for that. Hopefully it will get restored -- and

we're talking about restorative things -- restored through negotiations with the Legislature. Do you see the importance of this program or these types of programs as a part of the important kind of community-based services to supplement other state and local programs that we have?

COMMISSIONER SULLIVAN: I think that's -- the Peer-to-Peer program is a very valuable program. I think it's very important for our veterans. It is not in our budget, so I can't speak to the restoration, but it's not in our budget. But those kinds of services for vets are very valuable and have been shown to have a significant impact on the lives of veterans.

ASSEMBLYMAN OAKS: Thank you very much.

CHAIRWOMAN YOUNG: Thank you.

Senator Savino.

SENATOR SAVINO: Thank you.

One follow-up; I'll probably ask this of the other two commissioners as well. As you know, there has been some concern on the

part of the service providers over the years about rising costs and their ability to meet the demands of the minimum wage increase. So I was wondering if you could talk about how -- whether or not we're addressing that for the agencies that are going to be providing services to the mentally ill.

COMMISSIONER SULLIVAN: Yeah, basically the increase in salaries we have for the agencies providing mentally ill -- 3.2 -- a 6.5 percent increase for direct service, and for clinicians, a 3.25 percent increase in the direct -- in salaries. And I think that that is very welcome and very important for our staff, and I think it can make a significant difference. So we're very pleased that that's in the budget, and I think it's very supportive of our agencies.

SENATOR SAVINO: And finally, in the Governor's budget there's a proposal to clarify -- that's what it says, clarifying which tasks and assignments performed by certain individuals require psychology, social work or mental health practitioner

licensure. This applies to social and mental hygiene workers employed by programs or service organizations; OMH is one of them.

Can you -- the Governor wants to extend the current exemption of licensure through July 1, 2020. Can you give me a sense of the history of this exemption? because as you know, a lot of effort went into developing a license for social workers, so that the degree and the work would allow them to advance.

So this continuation of the exemption of licensed professionals in this field is an issue that NASW and others have a concern about. Can you explain the history and why we're continuing this exemption?

COMMISSIONER SULLIVAN: Yeah. When the initial legislation was passed, it was largely affecting individuals who are what we say in kind of private practice. In other words, that are licensed. An unlicensed social worker should not be able to provide independent services in a private practice or an unregulated setting.

We have always had, in our Article 31 clinics -- which is where the exemption exists, the only place it exists -- and in the clinics in the state system, we've always had a system of supervision, where treatment plans are signed off on by physicians and supervisors, where there are treatment team meetings, where there's joint treatment planning. It's really quite intense.

And that level of supervision over the years has been felt to really be sufficient in terms of protecting the individuals who receive the services and in ensuring that the individuals who provide them are of the caliber that they need to be. But technically, no, they are still unlicensed.

Now, within the system as it exists even now, individuals can never do anything beyond their scope of practice. That's determined by their schools and where they come from. So that scope of practice is what is there. What the exemption did was not require some levels of supervision, which are now in the new proposal, that as tightly or

as -- what am I trying to say here -- as well-documented, because they'd had this other system.

So, for example, now we're trying to align the two so that instead of having an exemption out there, we are really providing the appropriate services. However, almost all of the services that unlicensed people provide can still be provided within our system. The one area is the ability to diagnose, and the ability to diagnose should be under supervision by State Ed requirements for certain work that is done.

So what it really does is kind of tighten it up. And I think letting the exemption be there for another two years enables the clinics that -- to be ready, and then people coming in in the future. Students who are coming to -- there should be no significant change in there, because they were always supervised.

So I think where it came from historically was this concept of unlicensed individuals without a lot of supervision

being out there maybe doing things. But this -- in our system, we have this whole layer of supervisory structure, which is why the exemption went on so long.

SENATOR SAVINO: All right. Thank you.

CHAIRWOMAN YOUNG: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you. We've been joined by Assemblywoman Pat Fahy.

And to Carmen de la Rosa for a question.

ASSEMBLYWOMAN DE LA ROSA: Thank you.

Thank you, Commissioner, for being here and for providing testimony.

You know, last session my colleagues and I made it a priority to talk about suicide prevention in our communities, specifically for the African-American children and the Latino children, because we're seeing trends, upward trends in children, at early ages, attempting suicide. And so the task force as well as the caucus, we got together and we made it a priority to not only push for funding for local providers

that were working in our communities, but to also push to make sure that the services were culturally fluent in our communities. And we actually passed legislation to do that.

And I see that the last point in your testimony talks about, you know, the significant investment and commitment to making sure that these services are provided in our state.

So I have two questions. The first one is, what does that look like in your budget? What are the programs that OMH is trying to put together to make sure that these services come down to minority communities? And the second is, how is OMH working with local providers to make sure that each sort of corner of the state is touched?

COMMISSIONER SULLIVAN: Thank you.

You know, I think that the budget right now for -- is about $3 million for overall suicide prevention. We also have a grant of $3.5 million for suicide prevention. So that makes about $6.5 million directly for

suicide prevention.

I think that -- there's a couple of things that we're doing. One is a very wide-based clinical training for providers, training for communities, training for first responders, training for teachers, community organizations, et cetera, on suicide prevention, safe talk, a whole host of various trainings that we do. And last year we touched about 7,000 individuals in training across the state.

Those touch our minority communities, but they -- I can't say that they were specific -- I mean, every place we do it, we do it specific to that cultural area, but I'm not saying that they were specifically geared towards those communities, except where we provided them. So that I can't break out for you exactly -- I could get it to you if you need -- how many of those touched minority communities, et cetera. But depending upon where we do the trainings, we take into account all the cultural issues about the training.

So that's a training system that we have set up and we have been doing now for over five or six years on an ongoing basis. That touches the communities. The other areas that we have where we've been spending a good amount of dollars, including a grant, is something called working with all the mental health providers. You know, as we know, 20 percent of individuals who unfortunately successfully commit suicide have had contact with a mental health provider a month before. So that's a kind of red flag that maybe our providers aren't being as attuned to what they should be, wherever they are located across the state.

So that's called Zero Suicide, and we have invested a lot of training and work on that and had a grant from the federal government, from SAMHSA -- that's the 3.5 million -- within health systems to expand and to get the appropriate screening in emergency rooms, the appropriate screening in inpatient units and in clinics, and enabling staff to do really evidence-based

best practices in suicide.

The third arm is a collaborative we've had with 170 clinics across the state in terms of suicide prevention. Some of those are in minority communities, some of those are in other communities. And they are working with us on doing suicide best practices.

And then lastly on the introduction into collaborative -- in collaborative care -- and a lot of this has happened through DSRIP, and also through other funding within budgets for collaborative care -- of screening for depression in primary care clinics, both for adults and for adolescents. And this is really probably one of the most important places to be doing this kind of screening. And we have done this, again, across communities across the state, including minority communities.

The PHQ-9, which is the screening tool, has been translated into multiple languages and is available across the state. And that kind of screening really identifies

individuals who otherwise would not be coming forward. And that kind of screening occurs in primary care clinics.

Now, in addition to all that, we know that we have targeted populations that have been growing in suicide attempts and risks. One is the Latino community; another is the LGBTQ community. And the Governor has established a task force which is looking at particularly the gaps in what we are doing, that we are not doing as much as we should.

And that task force is looking particularly at those populations and will be coming out with recommendations I believe towards the end of this year. And they're doing focus groups, they are doing real connections into the grassroots, into the communities, to say what will work.

We are doing all this, and we're hopeful it will have an impact. But nationally, the suicide rate has not gone down despite so many efforts. So one of the things we would like the task force to be doing is getting us some ideas about the

very, very best practices so that when we do do more, we know that we're doing it with the best possible outcome. So while we're doing a lot, we really need to do more.

And it's just unfortunate that -- we know that Zero Suicide, in terms of working with mental health professionals, has an impact. Community interventions do have an impact. But it has not had the kind of impact across the country that we would still like to see in terms of really bringing down the number of individuals who unfortunately die by suicide.

ASSEMBLYWOMAN DE LA ROSA: Well, the only thing that I would say is that as far as the task force is concerned, one of the things that's very important to us is that that diversity exists. You know, not only across cultures, across language, but also across genders. Right? We want to make sure that we have women that are represented there, that we have service providers that are actually doing the work in our communities represented there --

COMMISSIONER SULLIVAN: Yes.

ASSEMBLYWOMAN DE LA ROSA: -- and that we have LGBTQ individuals as well. So I would just say that that's really important for us.

COMMISSIONER SULLIVAN: Yes. Yes. Thank you.

SENATOR SAVINO: Before Senator Amedore asks a question, I would like to note that Senator Gustavo Rivera has joined us.

Senator Amedore.

SENATOR AMEDORE: Thank you, Commissioner, for being here and for your insight.

I've got a quick question, and I'm going to ask the same question to Commissioner Sánchez of OASAS.

According to published reports, over half the population in local jails suffer from substance abuse disorder. Over two-thirds of these individuals have been in jail before. This is a huge problem that needs to be addressed.

So what consideration has OMH or this

administration given to reaching out to serve this population?

COMMISSIONER SULLIVAN: In terms of -- I think really -- in some ways I think that is best answered by Commissioner González.

However, obviously those individuals do come for access to care through our clinics, et cetera, and through our -- to psychiatrists and social workers in our system of care. And what we have done is really upped the ante here in terms of getting our people trained to be able to kind of provide the kinds of services that can be provided to individuals to help divert any of the problems that can come down the road.

So we're working very closely with training and with having dual licensure, having every door be a door that you can open to come in for service. And that's what ultimately can prevent individuals from winding their ways into jails and prisons. And certainly to the extent that when we screen someone in our prison system for mental health issues, we also note any

substance use issues and work with DOCCS, who provide those services in the prison system.

SENATOR AMEDORE: So is there any available funding to the counties through local mental health agencies or the sheriff to deal with this problem?

COMMISSIONER SULLIVAN: Local aid, sometimes state aid has been used for these purposes in the counties. We give state aid to the counties, and the counties then report back to us on how they want to use those dollars. And I know that some of those have been used for jail-based services in the counties.

SENATOR AMEDORE: Okay, thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: It's my last question.

And I think there's now a new requirement to teach mental health in the schools, which I think is fabulous, I really do. But is there going to be any funding in the budget, with all the schools having

mandates, et cetera? They're struggling. And I was wondering if there's any money in the budget to help schools provide this service to our children.

COMMISSIONER SULLIVAN: There's no direct dollars in the budget, but we have met with the schools, and we are providing a lot of technical assistance in terms of curriculum, which is what they really need, in some ways, to provide this. So we're working very closely with them.

And the school district superintendents are very excited about doing this. I think that they have really shown a great willingness to incorporate this into the curriculum.

And I absolutely agree with you, I think in terms of reducing stigma and ultimately being able to have really an impact on future generations, this kind of mental health education in schools is critical. So we're really providing technical assistance in whatever way possible for a standardized curriculum.

ASSEMBLYWOMAN GUNTHER: I agree with you, and I think it's so important that kids recognize other kids' depression, or perhaps -- and I think this is a great learning tool for all of our children.

COMMISSIONER SULLIVAN: Absolutely.

ASSEMBLYWOMAN GUNTHER: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Sepulveda.

ASSEMBLYMAN SEPULVEDA: In that light, was there recently cuts to mental health services at community colleges? I believe there were programs that were set up, but was there a cut recently?

COMMISSIONER SULLIVAN: I don't know that. I'm not aware of that. But I can check it for you. I don't know. I'm sorry.

ASSEMBLYMAN SEPULVEDA: Now, this is by way of statement and a comment. But we hear about wonderful programs that are trying to be implemented or implemented, but do you have any sort of data to indicate the success of these particular programs? In terms of prisons, I'm sorry.

COMMISSIONER SULLIVAN: Oh, within the prisons.

ASSEMBLYMAN SEPULVEDA: Yes.

COMMISSIONER SULLIVAN: We track any of the programs that we put in, and we track it in terms of whether or not assaults go down, whether or not -- individuals' satisfaction with the programs, et cetera. So we do get numbers.

And basically they do show improvement. And I think that we're not where we need to be entirely yet. But yes, when we put in the programs into the prisons in terms of training, et cetera, we get positive responses both from the prisoners and from the outcomes in terms of, you know, a decrease in incidents, which we like to see, and also an improvement in outcomes in terms of mental health, ability to go back into the general population, et cetera. So we track that, and we do see improvement.

These are evidence-based practices which kind of research-wise have been shown to work. So if you do them right, they

should improve care.

ASSEMBLYMAN SEPULVEDA: And does that include any sort of racial assessment, the decisions by OMH, across the board from diagnosis to treatment?

COMMISSIONER SULLIVAN: I'm sorry? I don't --

ASSEMBLYMAN SEPULVEDA: As part of this analysis that you -- the data that you collect, do you also collect data on the racial impact, the racial assessment of the treatment from -- from diagnosis to treatment on some of the programs and policies that OMH is pushing?

COMMISSIONER SULLIVAN: Yes. Yes.

ASSEMBLYMAN SEPULVEDA: Is that readily available?

COMMISSIONER SULLIVAN: I can get it to you by -- we can get to you what we have by program. We look at outcome measures, we look at metrics -- for example, like hospital readmissions, we look at metrics -- length of stay, that kind of thing. We can get you impact on the programs, yeah.

ASSEMBLYMAN SEPULVEDA: And just a general statement.

Since I've been here, the Executive Budget has proposed cutting funding of budgets for these types of mental health programs. I think the Mental Health budget should be sacred, certainly on the issue of suicide. I believe that the funding that's available now is woefully inadequate, and any proposal to cut it more -- I know there's a 20 percent across the board cut for most of the agencies for the state. But when you consider the potentially major issues we have with suicide, especially amongst the Latino community 11 to 19 -- we've spoken about this before. Any cut to these types of budgets I think would be shameful. And I think that we have to do a much better job, the Executive Budget has to do a much better job, to not just prevent any cuts, but should increase the budget so that we can stop what I believe is potentially an epidemic that's happening now in our communities with Latino suicide and suicide amongst communities of color.

So hopefully with the little funding that you have, you can do the best you can. But we shouldn't be discussing cutting any budgets on mental health, we shouldn't be discussing cutting budgets for suicide prevention. If anything, we should be discussing how do we increase it so that we can implement some of these that I know have been successful but are woefully, woefully and shamefully inadequately funded.

Thank you.

CHAIRWOMAN WEINSTEIN: Thank you for being here. I think you've answered many of the -- all of the questions. Thank you so much.

COMMISSIONER SULLIVAN: Thank you.

SENATOR SAVINO: Thank you, Commissioner.

(Discussion off the record.)

SENATOR SAVINO: Next we're going to hear from Kerry Delaney, acting commissioner of the New York State Office for People With Developmental Disabilities.

ACTING COMMISSIONER DELANEY: Good

morning, Senator Savino, Assemblymember Weinstein, Assemblymember Gunther, and other members of the Legislature. I'm Kerry Delaney, acting commissioner of the Office for People With Developmental Disabilities. Thank you for the opportunity to provide testimony today about Governor Cuomo's 2019 Executive Budget proposal and how it will benefit the nearly 139,000 New Yorkers with intellectual and developmental disabilities who are eligible for OPWDD services.

Under the Governor's leadership, OPWDD continues to make significant strides in the transformation to a more integrated, person-centered system of services and supports for the people we serve. The 2019 Executive Budget proposal includes more than $7 billion in state and federal funding for OPWDD programs and services.

The budget proposal supports the investment of $120 million in annual all-shares funding to provide new and expanded services for new and currently eligible individuals; $15 million in capital

funding to expand affordable housing opportunities; and over $275 million in all-shares funding to help service providers enhance staff salaries, $85 million of which is provided to fund minimum-wage increases, and over $190 million of which is provided to support a 6.5 percent wage increase for direct support and direct care staff, and a 3.25 percent increase for clinical staff.

The Executive Budget proposal also supports two new critical initiatives that I'd like to highlight for you this morning. The first initiative is a residential pilot program, to be jointly operated by OPWDD and the Office of Mental Health, to serve individuals with both developmental disabilities and significant mental health challenges. This program will ensure that there are available and appropriate residential opportunities for individuals with significant challenges, to assist them to stabilize and return to the community.

The second initiative would be supported with a state investment of

$39 million to support the transition from OPWDD's Medicaid Service Coordination program to a Comprehensive Care Coordination model.

As you may know, we have developed a new model of enhanced, cross-system care coordination to be implemented by current service providers who are forming Care Coordination Organizations authorized under the federal Health Homes program. Implementing enhanced care coordination will be the first step in our system's multiyear move to managed care.

I'd like to provide you with an update now on how OPWDD has been investing the resources you have been providing to improve the lives of the people we serve. In 2017, nearly 2,100 people accessed either certified or more-independent, noncertified residential services for the first time. Nearly 1,300 people moved to a certified residence, 75 percent of whom came from home.

To meet future demand, OPWDD recently approved the creation of an additional 459 certified opportunities by over 50 service

providers across New York State. This expands OPWDD's residential footprint, which supports more than 41,000 individuals at a cost exceeding $5.2 billion annually and remains the largest in the nation.

OPWDD's more-independent residential assistance opportunities are expanding even faster than certified opportunities. The more than 5,300 rental vouchers issued in 2017 were more than double the number issued five years ago. For the third consecutive year, the budget proposes to invest an additional $15 million in capital to expand affordable housing capacity for individuals eligible for OPWDD services. These funds are in addition to the resources available from New York's five-year, $20 billion affordable and supportive housing plan, which also helps support the development of residential opportunities.

Unwavering support from the Governor and the Legislature in recent years has enabled OPWDD and our service providers to provide an array of services and supports

that are among the richest and most integrated in the nation. Together we have built a system that now supports 78,000 people in day habilitation or employment services; 43,000 people in respite services; and 16,800 people are now participating in self-direction after an increase of nearly 40 percent in 2017.

Thank you for your continued support and advocacy. We look forward to working with you and all of our stakeholders to achieve real and lasting system-wide transformation on behalf of our friends, neighbors and loved ones with intellectual and developmental disabilities.

Thank you.

SENATOR SAVINO: Thank you, Commissioner.

Starting with questions is Senator Krueger.

SENATOR KRUEGER: Hi, Commissioner.

So partly you -- I think you partly answered when you described the joint beds with OMH, because of the concern, again, in

the community -- I don't know if you heard me when I asked the commissioner of OMH about what seemed to be inequity in the payment structure for whether you're running a program serving someone with mental illness as opposed to the other O contracts for supportive housing.

So when you are doing joint projects, are these then buildings with units that are defined as an OMH unit versus an OPWDD unit? And is it the same payment structure for both sets of units?

ACTING COMMISSIONER DELANEY: We actually are working jointly with OMH to develop those units, and we are now working on how they will be certified and operated. But we will ensure that there is sufficient funding for those units to operate.

SENATOR KRUEGER: But would you agree that it would not be right to have two different formulas of payments?

ACTING COMMISSIONER DELANEY: I think equity is very important. I think we need to have adequate payments to make sure that

people can get the services that they need, so that they can receive those community-based supports.

SENATOR KRUEGER: And then in your testimony you talk about 16,800 people now participating in self-directed services, which is an increase of nearly 40 percent in 2017. Can you explain a little bit to me what we mean by self-directed services?

ACTING COMMISSIONER DELANEY: Sure. Self-directed services are an option that we have available for individuals who want to have more control over arranging and the delivery of their services.

So in more traditional service models, an individual works with an agency; that agency will arrange staffing, will arrange the programs the individual needs. In self-direction, individuals will work directly to hire their own staff, to arrange, for example, classes they're interested in attending. So it gives people a lot more control over the services that they're receiving and their staffing.

SENATOR KRUEGER: And how do you evaluate that model compared to models that are actual programs that you contract with?

ACTING COMMISSIONER DELANEY: Well, these are programs that individuals with self-direction participate in. So for example community habilitation, where an individual hires a community habilitation worker to go with them in the community and help them learn skills. So oftentimes they're the same types of work that's happening in traditional provider settings, but the individual is just arranging for their own services.

We look at things like individual satisfaction. We have a number of groups around the state that we are meeting with that contain our stakeholders who are talking with us about either their concerns about self-direction or areas where they feel self-direction is really assisting them to get the services that they need. And overall, it does have very high satisfaction reported from participants.

SENATOR KRUEGER: So your population at OPWDD is sort of one of the later ones to explore moving into Medicaid managed care through Health Homes. And I guess the public comment period just closed a month ago. So yesterday many of us sat through an entire day of hearings on health and Medicaid where there were endless people who testified, Here's what's not working with Health Homes, here we've done Health Homes, or here it's time to stop Health Homes.

So you're late into the entire story line. You still believe that this is a model that makes sense for the population you're serving, even though there's a lot of lessons to be learned about what the state rolled out with different populations.

ACTING COMMISSIONER DELANEY: I do. I do.

SENATOR KRUEGER: And how are you going to be different and not make the mistakes?

ACTING COMMISSIONER DELANEY: I do think it's still a model that needs to be

pursued. We have looked at and spoken with our sister state agencies about challenges that they've had, about things that are working, and we really believe that this is the right model because of the cross-system care coordination.

Oftentimes people with developmental disabilities have needs that cross the mental health system, they have physical health needs, and bringing those services all together behind one care manager we think really will be helpful. But many of the challenges that have been experienced we are working on ways to ensure our system has resolved before we roll out Health Homes later this year.

SENATOR KRUEGER: And how many Health Home providers do you estimate working with?

ACTING COMMISSIONER DELANEY: We have not finalized the review process yet. We had 10 applicants to become CCO Health Homes. We've now approved six. We have four more that are still under review.

SENATOR KRUEGER: And the six that

you've approved are already working with other populations so they have a track record, or they're new entities?

ACTING COMMISSIONER DELANEY: No, we felt that it was very important, after listening to our stakeholders, that OPWDD's Health Homes be comprised of OPWDD providers, who really understand the unique and habilitative nature of our services. So our providers are actually starting OPWDD eligible-individual-specific Health Homes.

SENATOR KRUEGER: My time's up. Thank you.

ACTING COMMISSIONER DELANEY: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: Thank you for coming today.

As you know, last year's budget included funding to increase salaries for direct care workers. The first phase, a 3.25 percent increase, was due to take effect January 1st of this year. Have DSPs been

receiving those increases?

ACTING COMMISSIONER DELANEY: We have been working with the Department of Health on incorporating the funding for that first 3.25 percent increase. That increase in rates will be posted by the end of this week. It will be retroactive to January 1st. So DSPs should start seeing those increases very soon.

ASSEMBLYWOMAN GUNTHER: Since 2010, we have had two COLAs for our DSPs, one being just .2 percent. Do you believe this has had an effect on the ability to recruit and retain DSPs? DSPs is direct support professionals, by the way.

ACTING COMMISSIONER DELANEY: I think there are a number of factors that impact our ability to recruit and retain DSPs as a system, salary obviously being one of the most significant. That is why the Governor and the Legislature last year worked together to provide about $191 million in funding to support what will amount to a 6.5 percent increase over the course of this year, so the

January and April amounts.

So we are going to be monitoring the impact of that increase. There are also a number of other actions that we're taking to try to help develop and continue to professionalize our direct support workforce, including working with community colleges and other entities to try to develop a workforce for our DSPs.

ASSEMBLYWOMAN GUNTHER: Do you believe that it would be beneficial to create a career ladder and credentialing? You know, the care that direct support professionals give on a daily basis to a lot of times our most vulnerable folks, and it's not considered a career. And it's been -- you know, having just opened a casino, which we're grateful for, but the -- as far as the reimbursement.

The other issue I think is important to talk about is most of the people that work in DSPs across New York State are women, many of them women with children.

So I think that, you know, in order to

provide this care, we have to look at the whole picture. And I think a career ladder is important, and I also think that there are women -- and these are low wages. You know, now that we increased minimum wage, look at the care they're giving to this vulnerable population.

ACTING COMMISSIONER DELANEY: Yes. I think the two issues you raised are incredibly important in how we can recruit and retain additional DSPs.

First, with respect to the credential, as you know, several years ago we did a comprehensive study designed to look at how a credential would operate in our system. We have now been working over the last several years to develop a pilot program for a credential, which we anticipate to be operational within the next year or so.

And you're absolutely right, about 75 percent of the direct support workforce are women. And one of the things we've been looking at -- and in addition to the work of the Governor's Task Force on Women and Girls,

we're looking at issues related to improving the economic standing of women -- is we've been looking at how we can make our workplaces more flexible, more individual-friendly, looking at flexible scheduling, working with our providers, on how we can really take the workforce that we have, which is predominantly women, and adapt in some ways to the needs that women have.

ASSEMBLYWOMAN GUNTHER: I've heard complaints from providers that they don't even receive their rates, you know, their rates for the next year in order to make an appropriate budget, until six months after the beginning of the fiscal year.

Is OPWDD doing anything about that? And I hear this from many of the providers: How can you have a budget for a year when you don't know what your rates are going to be? And I just think that they're living on the edge at this moment. You know that salaries are difficult to go up. And basically I feel that the least we can do is give them their rates so they can make an appropriate budget.

And I hear this from all the agencies across New York State.

ACTING COMMISSIONER DELANEY: It is accurate that rates that were effective July 1st of 2017 were only published months later. That is not a situation that we wanted to be in or that the Department of Health wanted to be in. They are the lead rate-setting entity for Medicaid, as you know.

However, we and the Department of Health began hearing a number of concerns from providers about the expected impact of those rates. And we really felt that it was important to take the time, before we just went out with the rates, to understand what those concerns were. And we actually made a number of changes to the methodology based on what we heard from providers during that time period. So we really did take that time to try to improve the rate methodology so that the end product was better and was something that many of our provider associations who helped us in this process could support.

ASSEMBLYWOMAN GUNTHER: Well, they live very close to the edge. And when you get a letter a year later that you owe New York State a million dollars and you have to come up with the money, it makes it very, very difficult to budget at all. And I mean, these are large agencies that are really providing such vital services.

The Executive Budget also provided $30 million for OPWDD service expansion. Do you feel there's a sufficient amount of resources to meet housing and other community-based needs?

ACTING COMMISSIONER DELANEY: So the $30 million becomes $60 million when you add in the federal share. And when you look at the commitments for last year that are annualizing and what we expect to bring online this year, it's really the value of $120 million that we receive for services this year.

We do believe that that commitment will meet individuals' needs. In fact we were able to, as you know, put out a request

for services for 459 new housing opportunities. So we believe that that funding will really help us this year to grow our service system.

ASSEMBLYWOMAN GUNTHER: Do we have an accurate number -- I know that I have a lot of parents that come and meet with our office, and I just think this is an important point. What they feel is like they have young people that have been together since early childhood, and a lot of the housing, it seems that goes to emergent situations. That there's 459 spots, and there's a waiting list, but what happens is when there's an aging parent, that person goes to the top of the list.

So movement in that 459 doesn't seem to be -- there doesn't seem to be much movement. And I think that having talked to parents, that the trepidation, the anxiety -- and also, when we talk about self-directed care, there are young people that I've met, they've been in the same school, they're in the DD community for seven, 10 years. And

the parents are friendly. So their wish in life is that they stay together. And because of the housing situation, that might never happen.

And, you know, in the past like parents have, you know, offered to pay for the house itself, to put their finances together and buy the house. But we need the service. And, you know, I think in the future that what I'm hearing is there are not enough available spots, even though we made some investment, that we don't even have any realization of how many people are waiting in line.

ACTING COMMISSIONER DELANEY: One of the things that we've done over the course of the last several years is to really try to take a proactive look at who will need housing in our system in the coming years. We looked at what the natural turnover is, and with 41,000 opportunities, you can imagine we have significant turnover each year. And then we looked at what we think will be needed investments, so that we can

make sure that parents and loved ones understand that we are developing new opportunities as we need them.

We've actually worked with a number of families who have come to us with those kind of creative options and said they wanted to work towards buying a residence, could a provider provide staffing for that, and we've successfully done that on a number of occasions. And flexibility and creativity --

ASSEMBLYWOMAN GUNTHER: I had one in my community that I know of that worked with an ARC.

ACTING COMMISSIONER DELANEY: Yes.

ASSEMBLYWOMAN GUNTHER: But only one.

ACTING COMMISSIONER DELANEY: Yes. They can sometimes be difficult within our current structure of the Home and Community-Based Services Waiver, but we've done it successfully. We want to do more of that. And in the 1115 waiver that we're moving to, that's the place where we want to try to provide a lot more of that flexibility and ability to more creatively meet people's

needs.

ASSEMBLYWOMAN GUNTHER: The next thing I wanted to talk about is telemedicine, which I'm very fond of.

Do you believe that the use of telemedicine can be an effective way to improve health outcomes and improve efficiencies in the OPWDD system?

ACTING COMMISSIONER DELANEY: I absolutely do. I think, as Commissioner Sullivan indicated, telemedicine is certainly something we'll be talking about a lot in the future of healthcare in the coming years.

But for many of our individuals, the individuals we serve, particularly those who have concerns, difficulty leaving their homes, what we want to do is enable them to receive access to specialty services that they need right from their homes. Certainly it has to be carefully done. We have to make sure that where someone needs emergency response, they can have that.

But we think telemedicine will overall improve the quality of care and individual

outcomes for the people we serve, and also help us provide services in areas where we don't have enough providers and people would have to travel very long distances to see a specialist that they might need.

ASSEMBLYWOMAN GUNTHER: The Executive Budget also includes $38.9 million to support the establishment of Care Coordination Organizations, or CCOs. Can you provide more detail about what this funding will be used for and how it will be distributed in New York?

ACTING COMMISSIONER DELANEY: Sure. We are, as I noted, establishing Care Coordination Organizations under the federal Health Home program. Those entities will have a number of startup costs, including IT, which is a very significant cost --

ASSEMBLYWOMAN GUNTHER: And difficult in places in upstate New York.

ACTING COMMISSIONER DELANEY: And difficult, absolutely.

-- and a number of other costs as they start up these new organizations, which will

be made up of OPWDD providers. So that funding is really going to support these startup costs in IT and in other things.

CHAIRWOMAN WEINSTEIN: Thank you.

Senate?

SENATOR SAVINO: Senator Brooks.

SENATOR BROOKS: Thank you.

And good morning. Or good afternoon, whatever it is. Just a couple of points.

First I think on the caregivers. I think it is absolutely critical that we work on a career-path-type program for them. I think these folks are doing an outstanding job, and we really haven't given them the recognition and the compensation that they deserve.

On your transition plan to the managed care program, we're hearing a lot of concern from the parents, as they're not really sure what's totally happened. Can you talk about how you're providing them the information on what's going on, what benefits they're going to see from these programs, and what input they'll have in the care given to these

individuals going forward?

ACTING COMMISSIONER DELANEY: Sure. We have been talking about the move to managed care in our system for a number of years, and we've held a number of public forums. We have released a number of stakeholder messages, webinars, we have videos on our website. We are really trying to work with the individuals we serve and their parents, to understand what the next several years in our system will bring. We are always looking for how we can improve communication to the people we serve and their families.

But we have been talking about these changes for a number of years. We've been meeting with parent groups, with advocacy groups, and trying to get the understanding out there of the changes coming to our system, and we'll continue to do so.

SENATOR BROOKS: From a housing standpoint, as has been pointed out, there are a number of parents rightly concerned with what the future is going to hold.

Can you address or put together a situation where you're providing some of these parents with an indication of your longer-range planning so they can see that these facilities are going to be available for their children when that time comes? It is a major concern. As has been mentioned, many of the parents are looking to put funds together or use their own home for that purpose. So it's a major concern.

And I think there's that uncertainty for the parents on what the long-range planning is in terms of facilities going forward. I think it's important that we communicate it to the people.

ACTING COMMISSIONER DELANEY: Yes, absolutely. And our hope is that parents and people in our system will see that for the first time in several years, our proactive development of residential supports that we began this year with the 459 opportunities, is exactly OPWDD doing that -- looking at what our needs will be and projecting that into the future, and beginning development so

that we have opportunities available when people need them.

SENATOR BROOKS: Are you comfortable with where you are in terms of facility and what we have in terms of short-term needs right now?

ACTING COMMISSIONER DELANEY: Yes. I believe that with the plans that we have for new development, I believe we'll be able to meet the needs of those who will need housing in our system in the coming years.

SENATOR BROOKS: Okay, thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Melissa Miller.

ASSEMBLYWOMAN MILLER: Hi. Good morning.

ACTING COMMISSIONER DELANEY: Hi. good morning.

ASSEMBLYWOMAN MILLER: I know that we've spoken about this, and I want to thank you for your commitment to working with me on making some of these changes. But for the sake of everybody else, I just want to reiterate a little bit of what we spoke about

and what my concerns are.

As far as self-direction and the self-direction budget that I had some concerns over, my first question was basically about transparency and who decides what funds can and can't be used for. Is there a panel that is put together, and by whom? Because it doesn't seem to me that the family has much input as to what the individuals who are receiving the budget funds -- you know, we should have some input over what those funds are used for.

So I was just curious who decides.

ACTING COMMISSIONER DELANEY: You absolutely should have input into how those funds are used. Every person who comes into the OPWDD system receives an assessment as far as what their needs are, what their strengths are, where they need support. At that point people should be presented with a range of options that will be available to meet their needs. So at that point in our process, families and individuals should have significant input into what services their

loved one will be receiving.

ASSEMBLYWOMAN MILLER: But that isn't what -- at what point are the decisions made? What items or what services are approved in a self-direction budget, and what are not?

For instance -- and this was the next point -- it seems that skilled care services or, in our case, an enhancement of a skilled care service seems to be a nonapproved service. So we were looking to -- since my son has skilled care needs, we were looking to enhance a private-duty-nursing hourly rate. And that was a firm no, as something you cannot do with a self-direction budget.

However, he is excluded from most of the approved items that you can use a self-direction budget for, because of his skilled care needs. So it seems somewhat discriminatory.

So I was just curious, who does decide what is approved and what is not approved?

ACTING COMMISSIONER DELANEY: And I will tell you that self-direction for people that have medical challenges or significant

mental health challenges has been one of the most difficult issues that we have confronted as we've been trying to grow self-direction, because there are some very strict Medicaid rules about how funding can be used in various settings, and the federal government is very concerned that funding streams are separated.

That's one of the very reasons why we're moving into Health Homes and managed care, because we do believe that when you bring these sources of funding together and you look together at all of the different funds that are available to help meet someone's needs, we can do a much better job actually of analyzing and saying are there additional nursing hours needed, how do we make that happen, versus looking at it purely from the, well, in self-direction, we can't pay for this.

We change from looking at what the funding stream can pay for and what the requirements are to what are the individual's needs and how do we bring those resources to

bear to meet those needs.

ASSEMBLYWOMAN MILLER: But it's -- a large part of the population have these medical needs, so it's --

ACTING COMMISSIONER DELANEY: It is. It is. And again, it's been one of our -- one of the greatest challenges that we have had with self-direction, and I know something that has been very frustrating to many parents and loved ones in our system who feel that self-direction really is not something that can meet their needs. And it's something we're really looking to fix.

ASSEMBLYWOMAN MILLER: Especially because the push is so towards self-direction.

ACTING COMMISSIONER DELANEY: Right. Well, we do want to get to a place where everyone who's interested in self-directing can do so. But that should not come at the expense of people who want or need a different type of service model or option. And that should be available to those individuals.

ASSEMBLYWOMAN MILLER: Okay. My next question is about residential facility. And there is a need, obviously, across the state, but I have been contacted by numerous families, and there seems to be a need for one upstate, specifically in the Capital District.

And it seems to be -- the families have been asking for more of a campus-style. I was happy that you were acknowledging that there is a need and that you are in agreement that a campus-style might be an approach that would work to meet the needs for individuals that have both behavioral challenges as well as complex medical needs or skilled care needs. It would provide, you know, similar to like a college-style campus where you could meet all of the needs without having to really leave a facility.

Is there a way that maybe OPWDD could work collaboratively with the Department of Health, similar to how you work with OMH, for funding for setting rates in order to provide the necessary level of skilled care to meet

those needs?

ACTING COMMISSIONER DELANEY: Yes. So first I would say we have looked very closely and worked very hard with our stakeholders to make sure that everyone lives in the most community-integrated setting possible. As you and I have talked about, there are some individuals who because of their medical needs might benefit from living with other individuals. And maybe for them an apartment-style setting is not the right opportunity.

We're certainly willing to talk with you, with our families, with our advocates about how we can design and make sure that we have the right opportunities for individuals who may have skilled nursing needs or other types of needs that sometimes can be difficult in the community.

CHAIRWOMAN WEINSTEIN: Thank you.

Senate?

CHAIRWOMAN YOUNG: Senator Savino.

SENATOR SAVINO: Thank you, Senator Young.

Thank you, Commissioner. Good to see you.

I want to talk about an issue -- as you know, you'll be coming to Staten Island and to Brooklyn soon for the annual breakfast, and one of the issues that always comes up is the length of time it takes for housing opportunities for families. As you know, there's several families who have been waiting a very long time.

And so I know -- I've read your testimony and, you know, the numbers of units that you think will be available soon. But of the ones that are already existing -- and this is an increasing concern. I had the opportunity to visit a home in Staten Island that's run by AHRC. It's a beautiful home, you could see that the people who -- the consumers that live there are very happy there. But as we're seeing, many people are aging in place.

Well, we would like them to age in place in a home that they may have lived in for several years now. And some of these

homes, unfortunately, were not designed to help people who are developing complex physical problems as they age. So they're oftentimes waiting a very long time to get approval for changes to the home that will accommodate people who are aging in place.

Is there anything you can do to expedite that process?

ACTING COMMISSIONER DELANEY: You know, the issue of how people with developmental disabilities age in the community is very similar to that that's confronted by everyone else, which is how do we make sure that we have the right supports in place as someone ages and as their needs change.

Our service system probably has not been as easy to navigate in those situations. We are looking at how we can speed up and how we can make better the process by which providers come to us and say that they need some funding to help make modifications to allow individuals to stay in their homes.

SENATOR SAVINO: Well, I would

encourage you guys to develop that expedited process, because it would be disruptive.

Now, it would not be a budget hearing if I didn't turn to one of my favorite issues that I think every commissioner has to address because it's -- when I embarked on this journey to bring medical marijuana to New York State, I never thought I would be like peeling back the layers of an onion. And so now what we're seeing is patients or consumers who are residing in homes that are licensed and operated by your partner agencies. They are suffering from the same physical ailments and the same chronic conditions that the general public does, and many of them are eligible to become medical marijuana patients in New York State.

But there seems to be some concern about the delivery or the dispensing of medication in these residential facilities. We addressed this with school nurses, who in State Ed issued an advisory to school districts about nurses being able to dispense medical marijuana without it being

in violation of their license, which says that they can't handle Schedule 1 substances. But in this instance they can, because we've made that Schedule 1 substance legal in New York State.

I have heard from some parents of some of the consumers who are residing in homes that they're encountering the same thing, because there seems to be some concern on the part of the partner agencies about whether their staff can administer the medication to people who are entitled to it.

So have you addressed that with the agencies? Or are you able to do that, or do you need some direction on how to make that happen?

ACTING COMMISSIONER DELANEY: Yes, we are working with the Department of Health, which as you know is the lead state agency tasked with implementing medical marijuana in New York State.

There have been a number of complexities that have given us some pause as far as being able to implement as

expeditiously as we would like to. First we had issues with the State Board of Nursing, as you referenced. We're also somewhat concerned about recent federal guidance in this area and the impact of that on direct support professionals. So we are working with the Department of Health on what our next best step should be in light of those complexities.

SENATOR SAVINO: I'm glad to hear that you guys are working on it. I would probably like to speak offline with you about that if there's a legislative issue that needs to address the problem or if it's purely regulatory. But I do think that we need to find a solution.

I wrote to both the president -- as you can imagine, he didn't reply -- but I have also written to the four U.S. Attorneys in New York State to ask them to respect not only the Legislature and the Governor, who have created this program, but the rights of the patients in New York State who have registered for it. Hopefully one of them

will respond to me.

But in the meantime I look forward to working with you on this because it doesn't help us to have patients who become certified and then are incapable of having access to the medication that they -- that we've determined is best for them. Thank you.

ACTING COMMISSIONER DELANEY: Thank you.

CHAIRWOMAN YOUNG: Thank you.

I'd like to announce that we've been joined by Senator Fred Akshar.

CHAIRWOMAN WEINSTEIN: Thank you.

Assemblyman Angelo Santabarbara.

ASSEMBLYMAN SANTABARBARA: Thank you, Commissioner. Thank you for being here today. Thank you for your testimony.

I just wanted to get an update on the development of certified and noncertified housing opportunities that you talked about. What I hear in my district, and a lot of people hear the same issue, parents talk about their child not being able to get a placement unless they're in an emergency

situation. So with the new priority system, how is it working for deciding who's eligible for these opportunities? And does it offer more opportunities to those that are still on the waiting list -- that is still very long -- and that are not necessarily in those emergency situations, but still in need of residential housing?

ACTING COMMISSIONER DELANEY: Sure. So we have heard concern from families, from parents of the individuals we serve, about access to a housing opportunity in our system.

It is accurate that we always prioritize those who have an emergency need first, because they truly have an emergency need, as you can imagine. However, each year we help many other people access residential placements in our system who are not of that emergency need category.

The 459 opportunities that we're now working with providers to develop are not for people that are in that highest category of need, it's for people who are living at home

with their caregivers. In some cases we are seeing some new development for people with mental health needs.

But parents absolutely should understand that we are working and doing all we can to ensure sufficient opportunities for residential placements in our system for those who will need them.

ASSEMBLYMAN SANTABARBARA: And I talked about this earlier, there's still, you know, a significant shortage of DSPs, direct care staff, and the turnover rates are still there, the vacancy rates. And, you know, we talked about the funding in the budget last year, but without continued investment in our direct care staff, the new opportunities that we've seen still, it still presents a challenge, you know, to staff those opportunities.

So what more can be done to support the direct care workers and recruit and retain this critical piece of the puzzle?

ACTING COMMISSIONER DELANEY: I think there are a number of things. Obviously the

$191 million that's going into our system from the increases for the #bFair2DirectCare campaign is one. The career ladders that we are looking at is another. Looking at how we develop and professionalize and continue to professionalize the direct support workforce is another.

So there are a number of things that we need to do to ensure that we have an adequate direct support workforce, from compensation to specific targeted recruitment.

ASSEMBLYMAN SANTABARBARA: And my last question is about children who are remaining in hospitals for too long because they don't have adequate access to services. Is there something being done in the budget to address this issue? It's a very significant issue.

ACTING COMMISSIONER DELANEY: Yes, we are aware of circumstances where children end up in the hospital, end up in situations where we don't want them to have to be.

One of the key things that we look at is how can we prevent this from happening, as

much as how can we help people leave those settings. That's why we and the Office of Mental Health, because it's very often kids that have significant psychiatric issues, are working on a program -- there's actually two programs. There's one for adults, which will be downstate, and one for children that will be in the western part of the state, that will help us to better address the cross-system needs of those children.

Because oftentimes the problem comes in when you have two different government systems trying to work together to meet those needs, developing a cross-system coordinated program we think will really help and assist in this issue.

ASSEMBLYMAN SANTABARBARA: Thank you.

ACTING COMMISSIONER DELANEY: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Assemblywoman Miller.

ASSEMBLYWOMAN MILLER: Thank you.

I just wanted to finish up what I was asking before and then just make one comment.

When I met with your team last week, I did ask for an actual number -- I haven't received it yet -- of the actual number of patients or individuals that are over 21 that are living in residential facilities that are children's facilities, up to age 21, and have been for some time.

ACTING COMMISSIONER DELANEY: Sure.

ASSEMBLYWOMAN MILLER: Just curious what that actual number is. But what that does -- because I know of a few families who have children who are over 21 who have been living in those residential facilities for several years and feel that not enough has been done or that there really just is no appropriate placement. They feel somewhat forced into choosing a less than appropriate placement, and rather than choose that, they're just staying where they are.

But that is what's creating this waiting list and these backlogs for everybody else, and it puts everybody in a very unsafe situation -- the children who are in the home with 22-, 23-, 24-, 25-year-olds when they

shouldn't be there, the staff -- it's a strain on everybody. So it's just not a healthy situation for anybody involved.

So if you could just get me that number at some point, I would appreciate it.

ACTING COMMISSIONER DELANEY: Sure, I will do so.

ASSEMBLYWOMAN MILLER: Thank you.

And I just wanted to make a comment. Like Senator Brooks, I too was getting a lot of feedback and comments to my office when there was the open comment period about the conversion process, the transition process, to the care coordination, the 1115. But I have to applaud you for the efforts you've been making because as a parent myself with a child in the process, the webinars, the workshops, the outreach has been extraordinary and very, very helpful, and I'm hearing that as well.

So I am hearing very positive feedback on the families are responding to that, and that is helping them. So that response to parents asking for help is very -- you know,

something to applaud you for. So thank you.

ACTING COMMISSIONER DELANEY: I'm glad to hear that. Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Everybody set? Okay. So that concludes your appearance today. We truly appreciate it, Commissioner, and look forward to having more positive dialogue.

Our next speaker is Commissioner Arlene González-Sánchez, New York State Office of Alcoholism and Substance Abuse Services.

So we welcome the commissioner. Thank you for being here.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

CHAIRWOMAN YOUNG: Anytime you want to go ahead.

If we could have some order in the house, please. Go ahead, Commissioner.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you. Good afternoon, Senator Young, Assemblymember Weinstein, Senator Amedore,

and distinguished members of the Senate and Assembly. My name is Arlene González-Sánchez. I am the commissioner of the New York State Office of Alcoholism and Substance Abuse Services.

First, thank you all for supporting our mission and providing me the opportunity to present Governor Cuomo's 2018-2019 Executive Budget as it pertains to OASAS.

Before I discuss the specific details of the upcoming Executive Budget, I want to take a moment to share with you our accomplishments to date. We have opened new programs and expanded existing services to respond to the needs created by the opioid epidemic. We have added treatment capacity and have launched Peer Engagement and Family Support Navigator Programs, and opened Youth Clubhouses, Recovery Centers and Addiction Resource Centers in every region of the state.

We have more than 160 prevention agencies, at least one in every county, providing education-based programming, public

awareness activities, positive alternatives and counseling services. Overall, more than 60 percent of our prevention programs target elementary school children. And we recently launched a $2.5 million prevention initiative at 20 SUNY and CUNY colleges designed to help prevent and reduce underage drinking and drug use on college campuses.

To ensure the availability of treatment services throughout the state, we have implemented telepractice and now have more than 20 mobile treatment vehicles, providing services and transporting people to treatment programs. More are expected to come online this year. Additionally, we have expanded our educational campaigns and created a Youth and Young Adult Statewide Recovery Network.

We've opened our first 24/7 Open Access Center, to help people access treatment on demand by providing assessments and referrals to the appropriate level of care 24 hours a day, seven days a week.

It gives me great pleasure to inform

you that today we will be announcing the award of more than $4 million to open 10 more Open Access Centers, resulting in there being at least one in every region of the state. So as you can see, we have been implementing the Governor's strategies for combating the opioid epidemic and developing new programs for New Yorkers in need of our services. But we realize that much more work still needs to be done.

The Governor's Executive Budget proposes nearly $787 million that supports OASAS's ability to respond to needs identified by our constituents throughout the state, and allows us to move forward on our key priorities, including the full annual salary increases of 6.5 percent for direct care and support positions and 3.25 percent for clinical titles, as well as the increase in the minimum wage for funded OASAS providers.

We will open 203 new residential treatment beds and 350 Opioid Treatment Program slots. In addition, we are

continuing a scholarship program to support 250 new candidates to become Certified Recovery Peer Advocates. And in the coming weeks, we will announce the award of $10 million in capital funding to develop new detox beds throughout the state.

The Executive Budget allows us to develop seven regional Problem Gambling Resource Centers and gives us the flexibility to expand evidence-based prevention models in schools that teach children self-regulation and positive decision-making, focusing on school engagement and achievement as protective factors.

The budget also includes funding to support on-site, peer-delivered substance use disorder treatment services in eight homeless shelters in New York City and 14 shelters in the rest of the state, reaching a total of 22 shelters statewide.

There is a proposed surcharge on opioid prescriptions, to be assessed at 2 cents per morphine milligram equivalent. These funds will be used to support opioid

prevention, treatment and recovery efforts. Opioids purchased by OASAS programs to treat addiction, like methadone and buprenorphine, will be exempt from the surcharge.

So to conclude, the 2018-2019 Executive Budget proposal includes funding to support OASAS's continued work to develop innovative new services and advance key initiatives, to confront the opioid epidemic. We look forward to your continued partnership and support as we advance these priorities.

Thank you for your time today.

CHAIRWOMAN YOUNG: Thank you.

Our first speaker will be Senator George Amedore, who is the chair of our Committee on Alcoholism and Drug Abuse. Senator Amedore.

SENATOR AMEDORE: Thank you, Senator Young.

And thank you, Commissioner, for being here today. It's always a pleasure to work with you, and there's no question this substance abuse disorder is wreaking havoc in every part of the State of New York in every

which way, whether it's gambling, alcohol, whether it's tobacco, whether it is now the scourge of heroin and the increase of opiate deaths, we're trying to tackle this in a multipronged approach. And I know that you've given us testimony that you've increased prevention and educational opportunities, so thank you for that.

The 24-hour Open Access Centers have been -- are new, and they have been helpful. The clubhouses have been helpful, particularly with our young adolescents and after-school programs. And the need for more recovery peer advocates and the investment in such plays a big part of how we're going to eradicate this epidemic that we see.

As you mentioned, the Governor has proposed a surcharge on the first sale of opiates. And, you know, I want to discuss that a little bit with you, because according to Commissioner Zucker, the surcharge is meant to be paid for by the pharmaceutical companies. However, under the language of the bill, the surcharge is levied at the

first sale in the state.

So my question is, what is the first sale? And when in the supply chain is it going to occur?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: The last part of your question, when --

SENATOR AMEDORE: When in the supply chain is it going to occur, that first sale?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay, so the way it was written was so that the surcharge would be, of course as you indicated, at the first point of sale to the state, essentially targeting the manufacturers and the distributors who I don't think I have to beleaguer the issue that they have really financially gotten a lot of monies out of the sale of these opioids, and I think that maybe they need to take a little responsibility for the increase in the sale of these opioids.

In terms of --

SENATOR AMEDORE: But -- excuse me, Commissioner, I'm not -- I'm not actually asking who's meant to pay for the surcharge,

I'm asking who actually will pay for the surcharge.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Those specifics, I think it's better to ask the Tax Department, who will be actually implementing that. That is out of my jurisdiction, so I really don't want to say something that's incorrect. So I'm not in a position to answer that.

SENATOR AMEDORE: Okay. So can the first sale be a consumer?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: This first sale is not the consumer. The first sale is who sells the actual product to the state, in which case it would be the manufacturer and the distributors.

SENATOR AMEDORE: Okay, but I'm thinking of those who get their prescription drugs on mail order. Is there any language regarding a mail order pharmaceutical -- or pharmacies?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I am not familiar to that extent on the language of the bill. Again, I think that that's a

better question to the Tax Department, who will be monitoring how this surcharge will be delivered.

SENATOR AMEDORE: Okay. You also mention in your testimony that the exclusions of Suboxone and buprenorphine, which are -- OASAS providers are excluded from this. But what about those who are not and those medically assisted treatment centers?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We've heard similar concerns. And what I say is that I think that there's still room for some discussions around those items.

SENATOR AMEDORE: Has there been any discussion regarding exclusion of hospice or palliative care or cancer patients that -- be considered on --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's the same -- my same answer. We heard of concerns that have been raised, and I believe that there's still room for discussion.

SENATOR AMEDORE: Well, I would hope that there would be discussion and exclusions for this, particularly at the end of life and

at hospice, when there's a large amount of morphine or other opiate type of medication, you know, that it would really put a huge financial burden on those services.

You know, what are -- are there any new opiate prevention, treatment, education initiatives that will be brought online with the funding received from the surcharge?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, it's -- the language says that the money could only be used to develop, you know, opioid prevention, treatment and recovery services. Based on that, my assumption is that monies will be -- we will be allowed to use some of those monies to be able to, moving forward, deliver some of the services that we have planned.

SENATOR AMEDORE: Would that be medically assisted treatment centers?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm sorry?

SENATOR AMEDORE: Would that include medically assisted treatment centers?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It

would include all of our services within our budget.

SENATOR AMEDORE: Okay. How does the department intend to monitor or establish enforcement that requires this legislation to ensure that the surcharge is not going to be passed on to the consumer?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Again, that's something that, you know, I would say that we need to work on and discuss further.

SENATOR AMEDORE: Let's move to for-profit providers. As you know, I have carried a bill for several years, sponsored a bill for several years which would allow providers, all providers in the state, not just not-for-profits, to participate in OASAS's RFP process, the request for proposal. This legislation has passed the Senate several times. What can we do to make progress in this area?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, you know, we welcome for-profit providers to be part of our delivery of care, we just can't fund for-profits. In fact, we do have

several for-profits that we do license. So there's no intention to not continue that practice. If there are for-profit providers that want to be licensed by us and are willing to, you know, give the care that's needed, we will entertain doing so.

SENATOR AMEDORE: Well, I hear from a lot of for-profit providers that a lot of times the RFP process is closed to them and they're not able to apply. And that, you know, when we have such high demand for the services, the capacity that we're trying to build in the State of New York to service this problem that we have in society, I would just think that we would need all hands on deck, everyone who's involved in this to have the opportunity.

So I would look forward to some assistance and your help on this.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Absolutely. I agree. And if there's anything, just -- you know where to find me, we can talk.

SENATOR AMEDORE: As I asked the

commissioner of OMH, I will ask you the same question. According to the published reports, over half of the population in local jails suffer from substance abuse disorder. Over two-thirds of these individuals have been in jail before. This is a huge problem that needs to be addressed.

So what consideration has OASAS or this administration given to reach out to serve this population?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So thank you for that question because, you know, we've been working really very closely with the commissioner of Corrections.

Currently we have -- out of the 54 state correctional facilities, 52 of them provide SUD services behind the wall. And what we do is we have developed guidelines that they are to use performing the counseling that they do behind the wall. We monitor those guidelines, we monitor them, we go, we visit, we do site visits to ensure that they are doing what the guidelines are requiring.

We also meet with some of the inmates that are receiving the services to get their input as to how it's going, and so on and so forth.

Separate and aside from that, there's like five programs that are specifically for parole violators that are under the umbrella of DOCCS. Edgecombe is the one in New York City that a lot of people are very familiar with. And there will be three more opening throughout the state, I believe in Orleans, Hale Creek, and Willard. And these programs will be running a Vivitrol program with these inmates -- or not really inmates but parole violators. And I'm sure you know that Bedford Hills does have a medication assisted treatment program for women who are pregnant who are incarcerated.

Aside from that, you know, there are like 58 county jails throughout the state -- I believe 58, if my brain is working. We have already established 35 Vivitrol programs in those county jails, and this coming year 12 more will come on board. So that means we

have -- 35, 12 -- 47. We will be in 47 out of the 58 county facilities. They will be offering Vivitrol assistance to individuals that come in front of them.

Also let me just remind you that DOCCS also provides a -- you know, Narcan for inmates that are being released back into the community.

So you know, we're very aggressively working with DOCCS to see how we could continue to improve on services and how can we work better with them behind the wall.

SENATOR KRUEGER: Thank you.

SENATOR AMEDORE: Thank you. I'm out of time.

SENATOR KRUEGER: We'll come back for a second round, I'm sorry.

Assembly?

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: On behalf of my good friend Linda Rosenthal, who couldn't be here today -- but she's probably watching -- can you explain why the increases

in the Executive Budget are primarily for continued funding of existing programs and wage support and not new or expanded programming? And why are we not increasing funding to match the scope of the ongoing opioid crisis?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So in general this budget really accommodates over $200,000 -- over $200,000 for programming directed at the opioid treatment, prevention and recovery. It allows us to move forward with programs that will be opening, like I just indicated.

ASSEMBLYWOMAN GUNTHER: Two hundred million, right?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Two hundred, yes. Which I just finished saying, we will be opening more clubhouses, a couple more recovery centers, the 24/7 Open Access Centers. There will be additional residential treatment beds that will be opening up. This is all in this budget. So these are all new services. These are not services that have been implemented. They

will be implemented in this coming year.

ASSEMBLYWOMAN GUNTHER: Thank you.

Is OASAS working with community-based providers and DOH to increase harm-reduction initiatives? Have safe consumption or safe injection sites been part of that discussion?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We always work with our community-based providers to get input on whatever we do.

With respect to safe injection facilities, what I can assure you is that given the epidemic that we have, we are looking at everything very seriously. I'm working with the Department of Health, and everything's on the table. We're giving everything serious consideration.

ASSEMBLYWOMAN GUNTHER: We hear from your presentation each year that there are enough beds for persons in need of care. However, we still hear about people traveling great distances to access appropriate treatment. Are there currently an adequate number of beds with sufficient geographic representation to ensure those who need

treatment are able to receive it?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So you're absolutely right, and thank you for that question. I hear that everywhere I go.

Just yesterday I went online myself, and there were over a thousand beds available throughout the state.

I continuously say, can I promise you that there will be a bed, you know, down the block from where people live and they need? I can't promise that. But is there a bed in this state that will serve the purpose? Yes. I mean, just yesterday I actually looked. So there is quite a bit of beds.

I think that there are other issues that are in play here that get murky into the fact that there are no beds. There are beds. There are beds available at any one time.

ASSEMBLYWOMAN GUNTHER: The last one is -- you know what, I was going to -- I'll ask you something that Linda didn't ask you. What about there are beds available, but insurance-wise and accepting insurances -- I mean, if you're not on Medicaid -- but a lot

of insurances won't pay unless you fail like three or four times, and they will not pay.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: If that happens, it shouldn't be happening because we passed, you know, regulations last year that indicated that that could not happen. And there's no fail-first.

And every time I hear that, I get a little annoyed because that should not be happening. I always tell people, if you know that that is happening, you need to reach out to us. There is no fail-first. You are to get the service that you need, as long as it's deemed necessary by a physician. If a physician says this is the level of care you need, that's where you need to go. Insurance companies cannot deny that access.

If it does happen, please, reach out to us. That's the only way we're going to be able to ensure that this doesn't continue.

ASSEMBLYWOMAN GUNTHER: What progress has the state made in implementing CARA? Has there been an increase in providers in underserved areas as a result of this act?

What is the state doing or can the state do to encourage more providers to prescribe buprenorphine?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay, there's a couple of questions there.

With the CARA, we're hopefully going into the second year. With the first year, we identified 16 regions, underserved regions throughout the state. And we have been able to develop the mobile vans that I've been talking about. We're developing Centers of Treatment Innovations throughout the state in these 16 regions. We've expanded capacity in terms of treatment beds. So we've done a lot with the monies that we got through the STR grant last year.

And moving forward, we're planning now on maybe adding another 16 or 17 more regions to have now a total of over 30-something regions that we will be addressing with the same similar programming. So we've been really hard at work making sure that we, you know, get the money out in the street and do the things that we need to do.

I need to remind you, the first phase we really targeted in the very, you know, rural areas where people -- I've not only heard but I've experienced, as I've traveled the state, where people would have to travel two and three hours to just get medication. I mean, the chances that people would do that will be slim.

So that's where we're focusing on doing the mobile treatment. But we're also focusing on bringing telehealth. You know, until we're able to maybe develop more stable clinics in those areas. But we've been really, really implementing a lot of very innovative work and programming to address this.

ASSEMBLYWOMAN GUNTHER: Through my own office -- we're somewhat in the middle of an area where there is a lot of addiction and treatment, and one of the things that I have spent hours and hours on the phone is -- are people that do have private insurance, et cetera, but a lot of these addiction centers are asking for cash up-front.

Namely, I've had as far as $45,000 to $60,000.

And, you know, I work very closely with Catholic Charities and, you know, we spent an afternoon looking. And it's very, very difficult sometimes when someone is in that moment of readiness and you can't get the bed.

Secondly, I do -- my other thought is, you know, as a nurse, I remember a long time ago when the joint commission said that no one should be free of pain {sic}. And it seems to me at that point in history was when the use of Demerol, morphine and all those wonderful drugs and sending people home, you know, with a prescription not with two pills but 40 pills, happened.

And what are we doing to control these drug manufacturers about, number one, advertising on our television and kind of encouraging everybody to be pain-free, that that's what life is all about. And, you know, doing something to correct, I think, something that went very, very wrong.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So a couple of things. You know, we've been very proactively out there with our own campaign, really reaching out to as many people as we can, trying to educate folks around what their rights are and, you know, what to do in certain situations.

It's very complicated. I don't know that, you know, we could address all of those. But what we are doing is very aggressively out there with campaigns, talking to as many people as we can, informing them of their rights. And when we are told that things are not going the way they should be going based on revised regulations, we will enforce them.

ASSEMBLYWOMAN GUNTHER: But again, I know right now we're going to charge them a surtax because I guess somebody must think there's some responsibility there. But I also think that at this point in time using the television to like pound it in people's heads, you know, I think that's important to address. And also prescribing habits.

And I think that with prescribing and also addressing some of those issues, we educate the public with an advertisement. So --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: And we are doing advertisement -- TV advertisement is a little over the top, but we are doing advertisement --

ASSEMBLYWOMAN GUNTHER: Not you, I meant the drug manufacturers.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

ASSEMBLYWOMAN GUNTHER: Not you at all. You're good.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Our next speaker is Senator Akshar.

SENATOR AKSHAR: Thank you very much, Madam Chairwoman.

Commissioner, always good to be in your company. Allow me to begin, of course, by thanking you for being a good partner to me and the people that I represent in the

Southern Tier, you and your team.

I want to publicly thank you and the Governor for all of your hard work on the work we did at the former Broome Developmental Center to bring additional treatment services online there. It was a very heavy lift, of course, in our community. However, it's done and I applaud you and your staff for that.

I just want to hit a couple of things if I can. I want to go back to the surcharge, as Senator Amedore spoke about. I just want to be clear about something, that this surcharge could in fact, as the Governor has proposed, generate something like $127 million in revenues. Is that your understanding?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. If it passes, if it starts July 1st, yes, that's what's anticipated.

SENATOR AKSHAR: Okay, you know that there is probably no bigger fan of OASAS than I, so I have concerns about this surcharge, of course, because my understanding is that

that $127 million is simply going to supplant current funding, and it's not for new services. Is that your understanding as well?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: That is not my understanding, being that the way it is written, it says it goes into a fund and it's to be used only for treatment, prevention and recovery services to deal with the opioid epidemic.

And as I indicated, moving forward, you know, I would expect that some of that funding we would be able to tap into for future programming.

SENATOR AKSHAR: So with all due respect, Commissioner, am I to believe sitting here that we will have access -- I say "we," you and your agency will have access to an additional $127 million if passed as proposed by the Governor to deal with this particular issue?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: What it says is that the monies could only be used to provide prevention, treatment and recovery

services to deal with the epidemic.

Having said that, there may be other departments like the Department of Health that may provide and do provide very critical services around addiction that they may be able to access dollars. That's the way it's written.

But it's our anticipation that we will be able to access some of those dollars as well.

SENATOR AKSHAR: One would always feel so much more comfortable if we could put that $127 million in the proverbial lockbox and make sure that nobody else took that money from you, of course.

Let me change topics, if I may, and go back to substance use disorder within the confines of correctional facilities. Are you familiar with the recent report published by the Conference of Local Mental Hygiene Directors in which they're asking for $12.8 million to address SUD in the 57 county correctional facilities throughout the state?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes, I

am familiar.

SENATOR AKSHAR: So is that something that you would support?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I think we need to talk about it and look at it. It's something that has been presented to me. It's something, as I indicated, we ourselves have been talking with the commissioner of DOCCS to see how we could better implement services and complement services that exist there.

So it's under review, and that's all I can really say at this point.

SENATOR AKSHAR: Sure, I appreciate that.

With that said on that particular issue, giving local control to the local mental health providers and so on and so forth, with oversight from OASAS -- of course it's under review, as you just said -- is that something that you're comfortable with, or that too needs additional discussion?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I think that needs additional discussion.

SENATOR AKSHAR: Okay, let me move to the topic of fentanyl and -- I'm running out of time. Is OASAS seeing an influx of overdoses related to increased use of fentanyl?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.

SENATOR AKSHAR: Okay. Is the agency taking any particular steps to deal with this particular issue?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well like I said, we are very aggressively out there, campaigns -- we have a lot of campaigns to inform people of fentanyl, because a lot of the overdoses that we are seeing is really the fentanyl that is lysed in the chemical.

So it's really important that we get the word out there, that we educate people as much as we can about the dangers of fentanyl, and the fact that people think they know what they're buying but they really don't. Never before have we heard of people OD'g on cocaine. Well, it's not the cocaine, it's the fentanyl that's in there.

So we are aggressively doing whatever we can to inform the public about the fentanyl piece and to access, you know, treatment. We're out there also aggressively trying to get people to seek treatment.

SENATOR AKSHAR: As you well know, my background's in law enforcement. And one thing that I have been consistent about since the day I was elected in dealing with this particular issue is that we should focus less attention on enforcement and more on prevention and treatment, recovery and so on and so forth.

However, this is one particular area in which I think we need to make improvements. Clearly the federal government has moved fentanyl, its derivatives, so on and so forth, into a schedule. We are lagging behind in that particular area, and I'm wondering if you have a position on whether or not it's time for the State of New York to make some changes as -- where fentanyl is concerned.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I

believe just recently there was a press release that there is consideration to have fentanyl and fentanyl analogs as well as synthetic marijuana to be part of this scheduling.

SENATOR AKSHAR: I would hope that regardless of our politics or regardless of what side of the aisle we sit on, that this is an area where we could come together and find some common ground. Because clearly this influx of fentanyl is killing people by the masses, and we have to address it.

I'll end on this, by simply saying thank you once again for your commitment to the people of this great state. And you have a difficult job, and I want to personally thank you again for the friendship that we've developed. Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you, Senator.

SENATOR AKSHAR: Thank you, Madam Chairwoman.

CHAIRWOMAN WEINSTEIN: Assemblyman Oaks.

ASSEMBLYMAN OAKS: Yes, thank you.

One of the Governor's proposals in the budget is allowing BOCES to enter into an MOU with non-component school districts to develop what have been called Recovery High School programs. So I was just checking -- at this point, have any BOCES expressed an interest in operating one of these types of schools?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. Actually, we did an RFI, we got 11 responses from throughout the state, so there are 11 areas that have expressed interest. And in the coming weeks, we will be meeting with all 11 to discuss next steps.

ASSEMBLYMAN OAKS: And that would include, obviously -- so is the proposal just to do a single one, model one, or is it --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Originally we had anticipated three, but we're going to meet with the schools and see how far they are. Every one will be different, and we will be able to implement as many as we can throughout the state.

This has been something that has been very well received, and not only well received but very much needed, especially with a lot of our young people who are addicted and are in the high-school age and really should be able to finish their education in a setting where they get the support that they need.

ASSEMBLYMAN OAKS: And do we have a sense of how the funding would work for those recovery schools?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah, I don't have that. I could try to get something to you, but I don't have it off the top of my head.

ASSEMBLYMAN OAKS: I'd appreciate it. Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

CHAIRWOMAN YOUNG: Thank you.

Actually, I have a couple of questions, Commissioner. And again, we appreciate you being here today.

But I know that this is an issue of importance that we would like to have

answered, and I know that Senators Amedore and Akshar both asked about it. We want to have the specifics of the opioid surcharge proposal that the Governor has put forward, the $127 million. And you've been asked twice about it, and you haven't given any specifics. So we're hoping that you can provide those to us.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay. I will try. I mean, I've been as specific as I can.

CHAIRWOMAN YOUNG: So how would the $127 million actually be spent?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: The way it indicates in the bill is that it could only be used for the prevention, treatment, and recovery of opioids.

CHAIRWOMAN YOUNG: But -- so that's kind of a broad, broad, broad, broad overview. But what exactly would the money be spent on to meet those ends?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, from a department perspective, it would be to develop more clubhouses, recovery supports,

if we need to expand residential treatment programs, if we need to continue to expand mobile capacity. It would mean all of that if that was to go forward.

I mean, all of that is what we have in our current budget system moving forward to address the opioid epidemic. I can't tell you I'm going to open six clubhouses, seven -- because the details have yet to be determined. And I need to also make some analysis as to where there's still some needs, you know, in terms of areas that there are gaps that we don't have certain basic things that we would maybe need to look at.

So I'm not being evasive purposely, I'm just trying to be honest and up-front.

CHAIRWOMAN YOUNG: So you don't have that analysis already as to where there are gaps in the system?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We do have -- I do have -- I have -- I know where the gaps are, and we know what we would need to do if we needed to move forward, and we have the money to address those gaps, yes.

CHAIRWOMAN YOUNG: Okay. So you just said you need to do the analysis, but now you say that you haven't. So what I would say to you is if you have a specific plan, I would recommend that you get that to the Legislature as soon as possible.

This is a serious issue, to raise these taxes. And without any kind of specifics, it's hard for us to make any kind of informed decision on whether or not we would go ahead with this. As you know, we have a concern about the tax burden already in New York State, and to have kind of this open-ended -- not even plan that you've talked about, really doesn't do much to advance the issues that you're talking about.

So we would like to see if you could get it to our offices, a detailed explanation of the plan, how the money would be used, where it would be used, when it would be used. That would be very, very helpful to us.

And just following up on that, you had said that you're trying to fund new services

and those are coming online. The question that I have, are these actual services that were supposed to be put forward this year, and they're not new services but they're services that were already funded in this year's budget and they just haven't come online yet?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: No, these are -- the new services that I spoke about are services that are coming online this fiscal year.

CHAIRWOMAN YOUNG: So they are not --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: They are new services.

CHAIRWOMAN YOUNG: But are they new, or should they have already been services that were already established?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Some of them may have been procured last year but weren't operational. They will become operational this year, and the funding is in this year's budget.

CHAIRWOMAN YOUNG: And what are those new services again?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: The 203 treatment beds, the 75 -- up to maybe 75 detox beds throughout the state, the $10 million. I believe we have a couple of clubhouses that we will be bringing online. The 24/7 access centers that we're announcing, that we just announced, these are all new services, and all the dollars are in this current budget.

CHAIRWOMAN YOUNG: Okay, thank you.

(Discussion off the record.)

CHAIRWOMAN WEINSTEIN: Thank you --

CHAIRWOMAN YOUNG: No, we have other speakers.

So on the list we have Senator Savino, then Senator Rivera, Senator Krueger, and finally Senator Brooks. We have a lot.

SENATOR SAVINO: Thank you. Thank you, Senator Young.

Good afternoon, Commissioner.

So I'm going to ask you the same question that I asked Commissioner Sullivan from OMH. Knowing that there are so many patients suffering with addiction treatment

disorder that also have mental health issues, do you believe there's sufficient coordination between your agencies to help address that, whether it's through detox beds, into inpatient settings, or a coordination of programs?

And is there -- what more can we do to bring in, I think, the medical providers, particularly psychiatrists who are treating these patients, many of whom are taking psychotropic drugs, they're also taking Ativan or Xanax or Valium for their anxiety disorder or posttraumatic stress, as well as pain medication?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So as Dr. Sullivan indicated, you know, we've been very proactively working among ourselves, including with the Department of Health, to better get a better integration of care, not only between mental health and addiction but also primary health.

There's language actually in the budget now that allows for one single licensure, which I think is going to really

help and move this integration process further.

And, you know, we continue the best that we can to work together to ensure -- because I believe that that's the key. You can't treat people for different parts. You know, you have to treat them altogether, everything in the same. So we continue to work towards, you know, a better integrated plan, and I think we're getting there.

Now, with the single licensure, I think you're going to see that that may open other opportunities.

SENATOR SAVINO: I certainly hope so.

Assemblywoman Gunther asked about the denial of coverage by some insurance carriers. And while there may not be as many instances of the fail-first requirement -- because as you pointed out, we outlawed that -- I do think the bigger problem is a lot of insurance carriers don't provide the right type of coverage.

So if you're on Medicaid, you're fine, because there's no restrictions. If you are

a 55-year-old woman who's disabled and is on Medicare, you're pretty much on your own. There's no programs that accept Medicare, and that is I think the bigger problem that we're seeing, is an inconsistency in insurance coverage for addiction treatment.

And so that leaves a lot of people out. So if they get out -- if they go to detox and they get out, they have to go to outpatient, and many of them are not able to go to -- I mean, this is, as you know, this is a new kind of addiction problem we're seeing where, you know, people are saying that they can't get off of these drugs because they're that much more potent and that much more dangerous.

So I think -- I really think that's the challenge for us, is how do we get consistency across all insurance carriers so that everyone, when they finally realize that they need help, are able to access the help best suited for them.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah. And we have been working with DFS along those

lines to see how we could maybe implement some changes along those policies.

But it is difficult. I mean, it's something that -- you know, it's outside of my realm. But, you know, DFS has been very helpful in terms of listening to us and working with us to see what we can do to resolve that issue.

SENATOR SAVINO: And I think someone asked you about the issue of locations where people could -- what is the term that's used? Where they can come in and be -- supervised injection sites? I have my own concerns about that because of what they're injecting.

But I have a piece of legislation that I've introduced, along with Assemblyman O'Donnell, to add addiction treatment disorder as a qualifying condition under the medical marijuana program.

As you know, the majority of opioid abusers who are in treatment are under medical therapy as well. So they're either replacing their opioids with Suboxone or methadone or Vivitrol or whatever the other

medications are.

And so there's sufficient evidence in other states that have medical marijuana programs that placing your opioids with medical marijuana, instead of one of the other medical treatments, has been successful.

I don't know if you have an opinion on that. If you don't, that's fine. What I would appreciate is, though, if you could look into it and see if you think that would be something that would work here in New York.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah. I don't have an opinion right now, but what I can tell you is that we are looking at everything, together with DOH.

SENATOR SAVINO: Okay. Thank you.

CHAIRWOMAN YOUNG: Thank you.

Our next speaker is Senator Rivera.

SENATOR RIVERA: Hello, Commissioner. How are you? Just -- I just -- just a couple of quick questions.

A few of my colleagues already asked

about this, and I just want to reiterate that -- so that it's clear on both sides of the aisle, whether it's Senator Young, Senator Akshar, or Senator Amedore and myself, who is obviously in quite a different wing of the thing, we both are concerned about the details of this surcharge, the opioid surcharge.

I want to reiterate, like Senator Akshar said, that language should be added -- and I did not see it -- that is -- that -- so it's a lockbox. And I know this is not you, but I just want it for the record, there needs to be a lockbox on it. We know too much about dedicated taxes that don't actually go to the things that they're dedicated to. Ask MTA about that.

So there's that. The fact that having a more detailed plan about $127 million -- which is a good chunk of change, certainly necessary for the crisis that we're dealing with -- having a more detailed plan would be a welcome -- would be something very welcome to us.

And also clarification on the issue of first points of sale. We had -- just yesterday we had pharmacists come in and tell us that they were extremely concerned. Because even though they were, like the rest of us, concerned about the crisis, they -- because of the way that many pharmacies do their purchasing, they would be the first point of sale. So it would not get the manufacturers or the distributors. It would get the pharmacists.

And if you have local pharmacies, that's going to be a problem. They would have to restructure the whole way that they do their business, and they might not stock some things that are necessary in some medical cases.

And so on that first point of sale, do you have any further clarification on that issue?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I don't. I don't.

SENATOR RIVERA: Okay. So that is something -- again, and I know it is not you,

Commissioner, but it is obviously -- it is going to potentially, hopefully accrue to the agency that you run so that you have more resources to do the good work that you do, so that would be important.

And lastly, I just want to -- just like Assemblymember Gunther asked earlier about supervised injection facilities, I'm glad that the state is looking into them. We had a brief discussion about it yesterday with the commissioner of Health, and he said basically the same thing, that the state is looking at it. I would certainly suggest that we need to seriously look at it, as it is a policy area that is -- it is an area that we need to go into if we're really going to deal with this crisis.

So I just wanted to put those things out there. Sorry that you do not have further clarification, but I am hoping that we can get you more resources to do the work that you do.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

SENATOR RIVERA: Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Our next speaker is Senator Krueger.

SENATOR KRUEGER: Hi, Commissioner.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Hi.

SENATOR KRUEGER: Okay. So Senator Rivera just started off where I was going to, which is it's critical we understand what's new money for new things versus just replacement. Because your budget shows an $80 million increase, and yet you're expecting $127 million from this tax. So that's why there are red flags being raised. Okay?

Second, even though it was also asked, but I was not satisfied with the answer -- and you said ask Tax and Finance, but I think it's very important for you to go back and help us get the answer. So the Governor has proposed this opioid manufacturer surcharge. If you sat through yesterday's hearing, you heard from the pharmacies, panicked that they would be the ones expected to collect the

money, which would be a charge to the consumer which they wouldn't be able to bill the opioid manufacturers for or the wholesalers for, because they have no negotiating room with the wholesalers or manufacturers, many of which are out of state.

What I think we need to know, is the Governor proposing this as a kind of excise tax, the way we do excise taxes on alcohol or tobacco? Where, even if you're a manufacturer out-of-state, we make you pay it? Or are we talking about a situation where this would land on pharmacies and consumers to deal with? Which I think most of us here think that's the wrong punch line.

Okay? So yes, maybe it's someone else's division, but as the commissioner who sits here for OASAS, we need to get that information back from you --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

SENATOR KRUEGER: -- about who actually would pay it and how it would be collected. Okay.

So I want to go on to ask you about something that people didn't ask about yet. In your testimony you talked about having funds to open up up to seven gambling addiction sites. So are we going to open up seven gambling addiction sites? And tell me what the basis for that is.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes, actually we should be making the announcement shortly.

The monies come from -- remember, last year we said that there would be some fees on table games and so on and so forth. That's what's funding this initiative.

And there are seven centers that have been identified throughout this state, and currently I believe the RFP is being reviewed by OSC, so it should be out shortly and we should be able to identify these seven centers in the very near future.

SENATOR KRUEGER: And so you're going to put out an RFP to providers to run these?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. Yes.

SENATOR KRUEGER: So --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We have to bid it out, yes.

SENATOR KRUEGER: Right.

Is there going to be any coordination between the gambling addiction sites and other substance abuse providers for alcohol or drugs?

Because I've been doing quite a bit of reading of the scientific research, and basically the researchers have concluded that it's a comorbidity of being someone who could be trapped in gambling addiction and also addiction to other items such as alcohol and/or drugs, because it has the same triggers in the brain. And that we have more and more models that trigger addiction in our brains on a daily basis.

So we've been expanding gambling -- and as I told you, I was concerned about the fact that there's more and more research showing that smartphones and computers and games are also being programmed to train us for an addiction. I actually think Cathy

Young and I need a 12-step program for our phones.

(Laughter.)

SENATOR KRUEGER: I'm naming myself first. But --

CHAIRWOMAN YOUNG: I'm not giving up my phone.

(Laughter.)

SENATOR KRUEGER: I'm not either. But I'm just highlighting the addiction issue.

So is there going to be co-programming between other addiction issues and gambling at these centers?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Absolutely. There has to be, yes, coordination of care.

SENATOR KRUEGER: And so the money for gambling addiction treatment is a formula off of the casinos?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. The funding came -- remember, there was a $500 charge for each table game. And the results thus far has been the $3.5 million.

SENATOR KRUEGER: So $3.5 million for

this coming year with -- as there's a growth in the table games. But not the slot machines, just the table games?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I think it's table games and it could be slot machines too. I can't remember right now, but -- yeah, I think so. Yes. Yes.

SENATOR KRUEGER: Yes, okay.

So as these sites come online and get -- the assumption is they'll get bigger, although maybe not -- that we will have an increased, ongoing funding stream that can't be used for anything else?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's the way I understand it, yes.

SENATOR KRUEGER: Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

CHAIRWOMAN YOUNG: Senator Brooks.

SENATOR BROOKS: Thank you, Madam Chair.

Commissioner, it's good to see you.

Obviously we're in a situation with the opioid addiction that's an epidemic throughout the country, and one that we're

not doing so well with. Back at home, I'm a first responder, and I see many of these cases firsthand.

One of the things we did in our offices, we established workgroups in all of the communities that we're trying to address and put programs forward, including drug take-back programs and educational programs for the community.

But the reports show last year, on Long Island alone, more than 600 lives were lost from addiction. Do you have any specific programs targeted for Long Island that you're working on?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Actually, yes. We actually opened the first recovery center, THRIVE, in Long Island.

SENATOR BROOKS: Right. I was there.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We've also opened family support programs there. We've also expanded young adult beds in Long Island. And as we move forward, we're going to continue to see -- my understanding is that, you know, there's a request for

additional recovery centers in Long Island. And so as we move forward, these are some of the things that we're going to continue to address and look at.

Having been in Long Island for a while, I understand the complexities of the travels and so on and so forth.

So yes, we are looking at Long Island the same way we're looking at other parts of the state that need, you know, specific attention.

SENATOR BROOKS: Okay. I think -- I've been at THRIVE, I think it's a great program. Obviously, I think we should be expanding that.

The fentanyl is an absolute problem we've got to be addressing.

I think one of the driving points that's being made here by everyone, you know, we're putting in place a fee to raise an additional $127 million to go into this effort. Everybody, I think, in the Legislature, regardless of party, is absolutely committed to addressing this

epidemic. But I think we are asking, and we have a right to know, exactly how those funds are going to be used specifically, enhancing programs that you know are working or changes in new programs.

But, you know, there was a commercial years back: Where's the beef? I think that's what we're saying, because this problem isn't going away. We're making limited progress. We're asking people in a state right now that pay some of the highest taxes going, we're going to put in a new program, a new tax that hopefully is not going to be passed on to the residents, but funded by the manufacturers of these drugs.

But I think it's critical that we know exactly how these funds are being used, and I think it's critical that we start measuring the various programs that we have in terms of what is successful and not. And certainly the programs that you have that are successful can be passed down to workgroups like we have, or we can work with you to enhance and utilize those programs.

So I think this whole problem has been a cooperative effort. But I think the Legislature is saying we're going to put forward a significant money source, but we want to see exactly how that's going to be used. This problem is an everyday problem in every single community, in almost every family. And we've got to get it resolved.

So I thank you for everything that you're doing. I think it's clear both sides have the same request: What are we doing with the money, number one? And perhaps most importantly, how is that being charged, how is that being collected?

And I apologize, that was -- Madam Chairman -- Chairwoman, excuse me, I apologize. Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

CHAIRWOMAN YOUNG: Thank you, Senator.

I think we're done? Okay. Well, thank you, Commissioner, for being here today. We really appreciate your testimony.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

CHAIRWOMAN YOUNG: Our next speaker is Executive Director Denise Miranda, New York State Justice Center for the Protection of People with Special Needs.

Thank you for appearing today. We appreciate it. Anytime you're ready.

EXECUTIVE DIRECTOR MIRANDA: Good afternoon, Senator Young, Assemblywoman Weinstein, Assemblywoman Gunther, and other distinguished members of the Senate and Assembly.

CHAIRWOMAN YOUNG: Could you get closer to your mic?

EXECUTIVE DIRECTOR MIRANDA: Sure. Is this better?

CHAIRWOMAN YOUNG: A little bit, yeah.

EXECUTIVE DIRECTOR MIRANDA: My name is Denise Miranda, and I am the executive director of the New York State Justice Center for the Protection of People with Special Needs. I would like to thank you for the opportunity to testify today regarding

Governor Cuomo's 2018-2019 Executive Budget proposal for the Justice Center.

New York has a history of implementing changes that shape the course of the nation, and the Justice Center is no exception. I can unequivocally say those receiving services in the State of New York are safer today than they were five years ago. Our agency's Staff Exclusion List has prevented 400 people who committed heinous acts against individuals with special needs from working in direct care positions. The Justice Center's Criminal Background Check Unit prevents several hundreds of applicants with convictions including assault, rape, and murder from working with vulnerable populations.

But we believe our mission consists of more than investigating after an incident has happened. It also centers on preventing it in the first place. To do that, the Justice Center works extensively with providers, advocacy organizations, and other relevant stakeholders. In 2017, more than

125 external on-site training and outreach seminars involving various stakeholders were conducted across the state.

Another key agency effort focuses on reviewing cases and identifying abuse and neglect-related trends. The agency produces the Spotlight on Prevention, a tool developed for providers, individuals and family members. The Spotlight includes educational materials on the dangers of being left unattended in vehicles, of recognizing caregiver fatigue, and on the danger of the inappropriate use of restraints. These efforts will continue in 2018.

While we are very proud of the work that has been accomplished, the Justice Center is no stranger to criticism, and l want you to know that we have heard you. I recognize there needs to be a balance between our oversight responsibilities and the anxiety and fears of the dedicated workforce. I have spent the past year meeting with service recipients, caregivers, direct care workers, and providers to hear

their feedback.

I have also spent considerable time reviewing the operations, policies, and procedures of the Justice Center. To support quality and efficient investigations, we continue to regionalize our staff to high volume areas. This move, combined with technology improvements and training for staff, has cut case cycle time by 40 percent.

Another key initiative was the creation of the 72-hour case assessment model. This process holds initial classification of an incident while additional information is gathered from the provider, to ensure appropriate classification. This allows investigators to process serious cases of abuse and neglect more efficiently.

In our continued effort to expedite cases, we have secured a memorandum of understanding with the Department of Health, giving our investigators immediate access to death certificates.

Additionally, in response to concerns,

we've eased the burden on mandated reporters. In cases where there are multiples witnesses, only one is now required to report. This model allows workers to focus on providing care while still giving the Justice Center critical information about an incident.

In the interest of transparency, we post monthly aggregate data reports summarizing the Justice Center's abuse and neglect work. Additionally, we are now publicly posting our findings regarding visits to New York State correctional facilities to monitor their compliance with the Special Housing Unit Exclusion Law.

While our goal is to maintain an environment free from abuse and neglect, unfortunately incidents do happen. It is our duty to hold workers involved in abuse and neglect responsible for their conduct. We believe the work of the Justice Center is crucial to the health, safety, and support of our most vulnerable populations.

The Governor's Executive Budget supports the Justice Center in a number of

ways, by operating 16 regional offices and a 24/7 hotline to receive reports of abuse and neglect; expanding our Individual and Family Support Unit to help family members and individuals throughout the investigative process; offering extensive training for both internal and external investigators; supporting training for all staff on the various ways diversity fosters professional and culturally appropriate interactions with our varied stakeholders; and collaborating with provider agencies and our Advisory Council on the best ways to educate the workforce about their responsibilities.

This year will mark the five-year anniversary of the Justice Center. It will be a year of continued improvement. We will be evaluating the processes by which the agency operates and examining areas for efficiency improvements. This includes an audit of all investigatory training, a thorough examination of our intake model, exploring an expedited track for cases with certain fact patterns, and a shortened time

frame for appeals. We will also be enhancing our collaborative efforts with stakeholders at all levels.

The Justice Center looks forward to working with our partners in the Legislature, state oversight agencies, and our other stakeholders to enhance the protections for some of New York's most vulnerable people.

I now welcome your questions.

CHAIRWOMAN YOUNG: Thank you very much. And I appreciate your testimony. I'm glad to hear of some of the advances, because the Legislature has brought those to the agency's attention in the past.

So for example, on the mandated reporters, if, you know, 10 people are witnessing an incident, only one has to report now. That's what you're saying?

EXECUTIVE DIRECTOR MIRANDA: The requirements for mandated reporting have been relaxed. So if a person is a mandated reporter and they're aware that a report has already been made and that they were named in that report as a witness, they no longer have

the obligation to make that report.

We're hoping that that will ease the burden for providers in ensuring the safety and quality of the people that they're caring for.

CHAIRWOMAN YOUNG: That seems like a great change, because it was very duplicative before. So it sounds like progress.

But one of the issues that we still see is that staff who are being investigated as a result of a complaint may either be placed on administrative leave or terminated. The length of time for investigation forces providers to hire new staff, and employees then can be left in employment without pay until the situation is resolved. So obviously those situations create a lot of issues. And this -- these situations may last a significant amount of time.

So you talk a little bit about some upcoming reforms. What specific actions has the center taken in response to the numerous complaints regarding the length of time for investigations? Because from what we're

hearing, it continues to be an issue.

EXECUTIVE DIRECTOR MIRANDA: So I've traveled the state, and I heard that concern throughout the various meetings that we've had.

We recognize the burden that's placed on providers, and so in an effort to be responsive, we're constantly trying to improve our cycle times. But we have to be mindful that we do have to balance the need for a thorough investigation with efficiencies.

I'm very happy to report that case cycle time is down by 40 percent. In 2016, the average was 117 days. In 2017, we're down to 71 days. Cycle time is still a priority for us, and we'll continue to improve those numbers.

We also have a 72-hour protocol that was introduced this year, and the 72-hour protocol seeks to pull certain cases of abuse and neglect so that they can be assessed for the accuracy of the classification.

And so what happens in that process is

that we're able to communicate directly with a provider and get information that will help us make a more informed decision regarding the category. These are desk-review sort of audits.

And so what we found in looking at 2500 cases is that we were able to reclassify approximately 47 percent of those cases. So looking at that model and seeing what we've learned, we hope to implement that overall at the Justice Center to make sure that we can be responsive.

CHAIRWOMAN YOUNG: Anytime you can get the time period -- any time period to be shorter -- even over two months still -- I don't know, it still seems like a long time for some of these investigations to hang out there.

But we really want to make sure that people are protected. And -- however, there continues to be complaints that the Justice Center has a law enforcement approach for every investigation, regardless of the nature of the complaint. And this has led to fear

and anger among provider staff.

I know that I've personally spoken to people in my district office who have come to me, and they're very concerned about the very heavy-handed way things sometimes are handled by the Justice Center.

So how do you respond to these allegations, and what actions have been taken to make it more a helpful approach and less of a coming-down-on-your-head approach? Because not everything that you investigate has the same level of seriousness.

EXECUTIVE DIRECTOR MIRANDA: Absolutely. And so we recognize that that is an important concern that is articulated by many of the providers, and so we've engaged extensively in outreach. We've conducted over 48 workshops for DSPs, to make sure that we're able to answer questions and correct misconceptions that exist regarding the Justice Center.

We employ 175 investigators. I think it's noteworthy that only 15 percent, a little less than 15 percent of these

investigators are sworn police officers. We recognize that very few cases are criminal in nature, which is a good thing. And so we recognize that we need to certainly make adjustments in our tone.

And so to that end, we're very proud to share with you that our investigative workforce comes from a background of employment within the settings that we have jurisdiction. So over 50 percent of the investigators have actually worked in these service settings. Additionally, many of our investigators also have family members who are in these service settings.

So with respect to the approach, there have also been some policy changes. We eliminated the use of the word "suspect" this year, which I think was very important. I think the word "suspect" should only be used in a criminal context. I think language matters, and I think that reflects a shift in how we're approaching business at the Justice Center.

CHAIRWOMAN YOUNG: I think language

matters too, and I -- I mean, that's a great example to point out the power that you have. And by calling somebody a suspect, obviously that has very negative connotations. And oftentimes I talk to people who are being investigated by the Justice Center, and they just feel like their lives and their careers are over.

So if it's not a serious complaint, you still have to follow up on it, we understand that. But at the same time, anything that you can do to kind of parse out the levels of seriousness, I think it would be helpful.

Now, the most recent information from the Justice Center indicates approximately 11,254 closed cases. Does that sound correct to you?

EXECUTIVE DIRECTOR MIRANDA: That sounds correct.

CHAIRWOMAN YOUNG: Okay. So of this amount, only 4,169 -- or 35 percent -- were found to be substantiated. So that's quite a difference. And I was wondering -- I wanted

to get your thoughts about it, because of the Justice Center's closed cases, with approximately 35 percent found to be substantiated, there is a discrepancy there.

So why is there such a discrepancy between the reports of abuse and neglect that are investigated and the actual number of cases that are substantiated? Is this a staff training problem? What is it?

EXECUTIVE DIRECTOR MIRANDA: No, I would maintain that the staff is extremely well trained at the Justice Center. But the reality --

CHAIRWOMAN YOUNG: No, but I mean also out in the field.

So say, for example, you're at an OPWDD facility. I had one person come to me and say they were put on report because there was a participant in the house, a program participant who had a nickname that he preferred to go by. And apparently the supervisors wanted him to be called by his full name, his real name, whether it's William or Robert or whatever. And they were

reported because they continued to call him by his nickname.

So like -- if there are complaints like that, isn't that a staff training issue more than anything else? So -- that's a two-part question.

EXECUTIVE DIRECTOR MIRANDA: So with respect to the example you gave, I'm not familiar with the specifics. But I can certainly assure you that in 2018 the Justice Center would not find that, as you described it, to be an incident of abuse and neglect.

We do realize that these cases are substantiated approximately one-third, as you mentioned. And I think it's important to remember that these are extremely complicated cases. We're dealing with sometimes multiple victims with very different capacities. We're dealing with trauma. We're also dealing with circumstances that are difficult with respect to the care that these people are receiving.

So I think that the substantiation

rate is consistent with the Child Abuse Hotline, which is the 33 percent number. And so we're confident that we'll continue to assess cases in a reasonable way to make sure the cases like you're mentioning, Senator, are not part of that pool of cases that are classified as abuse and neglect.

CHAIRWOMAN YOUNG: Okay, thank you.

And you just brought up trauma, which is great, because that's where I wanted to go to next.

And the Justice Center provides background information and contact to assist providers, and also they give it to family members for individuals who have been suffering from some sort of trauma. Can you share more details of your efforts in that direction? Because I think that's a great idea.

EXECUTIVE DIRECTOR MIRANDA: So we've trained all of our investigators to make sure that they are using an appropriate approach when investigating these cases. And this is a trauma-informed, evidence-based,

victim-centered approach that we are using.

We've also been doing a lot of education with our investigators to help them understand that when we're talking about trauma, we're talking about trauma across the field. Right? So if you're a witness, or perhaps you are a subject in an investigation, inherently this is a traumatic experience. And so we want to make sure that our investigators are leading with that in mind, and using that approach, whether you're a witness, whether you're a subject, or whether you're a victim of abuse and neglect.

So we've done extensive training and invested a significant amount of resources in that effort.

CHAIRWOMAN YOUNG: Okay, thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYMAN GUNTHER: Well, we just met the other day, and I was certainly impressed by the changes that you've initiated in the Justice Center -- not making

it punitive, but more educational. And we do appreciate that.

Do you think that the definition of abuse and neglect should be changed, like statutorily?

EXECUTIVE DIRECTOR MIRANDA: I believe the statute as it exists is fine. I believe that we are able, as an agency, to make sure that we're using a reasonable standard when we're making these assessments.

There's been a lot of discussion about the use of "neglect" and making sure that the appropriate cases are being classified. That's not a function of changing the statute. That's a matter of making sure that the lens with which we're looking at these cases is appropriate given the circumstances that people are working in every single day.

ASSEMBLYMAN GUNTHER: Thank you.

CHAIRWOMAN YOUNG: Thank you.

Senator Krueger.

SENATOR KRUEGER: Hi. Thank you for your testimony today.

So I think I want to just do a little

bit of follow-up on the questions. So if -- I just want to double-check on the record you're right, that if a third of your cases are being concluded as something needed to be done, there was in fact abuse or neglect, that is a standard that is not uncommon in other kinds of mandatory reporting hotline type of situations?

EXECUTIVE DIRECTOR MIRANDA: So every case that comes into the Justice Center that's classified as abuse and neglect will conclude with either a substantiation or an unsubstantiation.

Cases are unsubstantiated perhaps because we're unable to meet our burden, our standard of proof, which is preponderance of the evidence. Sometimes they are unsubstantiated because there may be false allegations, we see that as well. So there are a host of different reasons why a case is unsubstantiated.

But I think, you know, the Justice Center is here to ensure that that one-third of the people where cases are

substantiated, that those individuals are held accountable. Right? And that we're able to issue corrective action plans. And whether that's retraining, changing policies or looking at supervision levels, that abuse and neglect is being accounted for but also being prevented.

SENATOR KRUEGER: And just to remind us all, the reason that we created the Justice Center was because there were so many complaints being brought to the state, to individual legislators, to police and DAs of problems happening, so to speak, on the state's watch for the most vulnerable people. I mean, all the agencies that you oversee serve people who are in institutional-type settings and are quasi -- the responsibility of the State of New York. That's correct, right?

EXECUTIVE DIRECTOR MIRANDA: Correct.

SENATOR KRUEGER: So while there is going to be a stress between those who think you're pushing too hard and those who may think you're not pushing hard enough, again,

I think I wanted to remind myself that there was a very specific reason we created the Justice Center.

My understanding is that there was a decision concerning whether the Justice Center had prosecutorial authority and whether you needed DAs to be the leads in court. And I'm curious whether, based on that decision, you're finding that you need to change your protocols or that you need the Legislature to change the statute.

EXECUTIVE DIRECTOR MIRANDA: So the constitutional issue is an important question. Thank you for asking it.

There's nothing in the State Constitution that prohibits the Legislature from appointing a special prosecutor. We receive our authority in the same fashion as county DAs, through the Legislature. We have concurrent authority with county DAs, and we enjoy a very collaborative and supportive relationship with them.

There are, as you mentioned, a small handful of cases in Albany County, but there

are also cases downstate in the Bronx as well as in Kings County where motions to dismiss based on the constitutional challenge of prosecutorial authority have been denied.

We're very confident that upon appeal, the cases here in Albany -- that we will be successful and the Justice Center will remain in good stead.

SENATOR KRUEGER: Thank you. Thank you for your work.

CHAIRWOMAN YOUNG: Thank you.

Assembly?

CHAIRWOMAN WEINSTEIN: Assemblyman Santangelo -- I'm sorry, Santabarbara. Angelo Santabarbara.

ASSEMBLYMAN SANTABARBARA: That's okay. It's sort of a combination of names.

CHAIRWOMAN WEINSTEIN: It's been a long couple of weeks.

ASSEMBLYMAN SANTABARBARA: That's okay.

Thanks for being here today, and thanks for your testimony. Just a few questions.

In the testimony you talk about you've eased the burden for mandated reporters, and you list a couple of changes. How are these changes going to help compared to what was in place before that?

EXECUTIVE DIRECTOR MIRANDA: Sure. So previously -- and under the Justice Center, there's an obligation, mandated reporting of any abuse and neglect. That's any person who witnesses or has knowledge of an event.

So we take for an example an incident, perhaps, of abuse or neglect that may occur in a dining room where there are four or five DSP workers. Under our previous guidance, all four or five would have to make their own individual report to the Justice Center. Now, with the relaxed requirements, we only require for one person to make that report.

And I think it's important to realize that that one person who makes the report doesn't necessarily have to be a DSP who's providing care, it can be a supervisor. So our hope is that we are leaving workers where they need to be, right -- working, taking

care of individuals with special needs, and not creating situations where we're pulling staff away to make phone calls that are duplicative.

ASSEMBLYMAN SANTABARBARA: And my next question is around the -- sort of the auditing process. You're talking about looking for improvements on operations and efficiency. How often does that happen? Is it every time an incident is reported, or is it periodic?

EXECUTIVE DIRECTOR MIRANDA: I'm sorry, can you repeat the question? The beginning again?

ASSEMBLYMAN SANTABARBARA: You talk about evaluating the process and the efficiencies of your operations, and you talk about an audit of investigatory training that's going to happen. Does that happen every time, or is it just a periodic --

EXECUTIVE DIRECTOR MIRANDA: So audits are built into the agency. I will say, though, upon arriving here a year ago, we've done a deep dive as to our various processes

to see where we can make improvements.

You know, the Justice Center is also a new agency, we'll be turning five years old this year. I think it's important for us to use this opportunity to assess what has worked and what hasn't worked so well, and to make those changes.

So while some of the audits that I mentioned are operationalized and occur on a regular basis, we're taking a more holistic look and view of the entire agency to see where we can improve efficiencies, whether it's investigative cycle times or the appeal process. All of these areas are areas that are points of focus for 2018.

ASSEMBLYMAN SANTABARBARA: And my last question is on the training for internal and external investigators. What does that training consist of?

EXECUTIVE DIRECTOR MIRANDA: Sure. So our internal investigators receive an extensive training process when they come on board. As I mentioned, about 50 percent of them actually have experience working in

the service settings, so we find that to be, I think, of great value to the agency. They will receive training on forensic interviewing, evidence collection, working with people with special needs, as well as, as I mentioned before, the victim-centered, evidence-based, trauma-informed approach of investigating these cases.

Additionally, every year we convene an in-service, and all 157 of our investigators are brought up to Albany and we have a three-day training program where we will discuss new trends, perhaps there will be some training on legal issues that have presented within the past year. We'll discuss different approaches, and there will be guest speakers. And so we'll offer a more robust training. But we ensure that that occurs every single year and that every investigator participates.

With respect to external investigators, our law enforcement academy conducts trainings, and they trained over 500 individuals outside of the agency. And

the goal there is to make sure that we're able to educate people as to working with this population that has very distinct and special needs.

ASSEMBLYMAN SANTABARBARA: Thank you.

CHAIRWOMAN YOUNG: Are you all set?

CHAIRWOMAN WEINSTEIN: Yeah. We're done.

CHAIRWOMAN YOUNG: Okay. So I want to thank you for your testimony today. And we need to protect our most vulnerable New Yorkers, and I know that you're working hard at it, and I know that you've made several changes at the center which sound like they're very positive, and I would just say to you, keep going.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

CHAIRWOMAN YOUNG: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN YOUNG: Our next speaker is the Arc New York and its executive director, Mark van Voorst. The Arc.

Welcome.

MR. VAN VOORST: Excuse me?

CHAIRWOMAN YOUNG: Welcome.

MR. VAN VOORST: Thank you.

CHAIRWOMAN YOUNG: Good to see you. Look forward to your testimony.

MR. VAN VOORST: Thank you.

Senator Young, Assemblywoman Weinstein, Senators and Assemblypeople, thank you for giving me the opportunity to speak to you today.

I come to you today with two and a half months of experience as the executive director of the Arc New York, but 40 years of experience in the field. I started off as a direct support worker, and before coming to the Arc New York I had completed a 16-year stint in the city, so I'm familiar with the upstate/downstate issues.

One of the things that I wanted to point out before we get into some of the more specific requests that we have is that a lot of our requests probably wouldn't be even relevant had the Legislature, OMRDD -- or OPWDD, as it's now called in the voluntary

sector -- not actually established what is truly the gold standard of service provision in the entire country.

We have historically done a tremendous job. The Arc of New York itself serves roughly 60,000 individuals. It employs 30,000 staff and it operates in 52 counties.

With that as a backdrop, though, there are serious issues that we are currently facing. I'm not going to go through the testimony which I have provided to you in writing, but there are a couple of things that I do want to highlight.

The most significant problem we are facing is our ability to hire and retain competent staff. We are extremely grateful for the money that has been given to us, the 3.25 -- 3.25 for direct support and then 3.25 for clinical staff -- is obviously a tremendous help to our burden. However, having said that, we also want to highlight that it is only the beginning of a process that we hope continues. And we actually need it to occur at a faster pace than it was

originally planned, because the statistics seem to suggest that not only are our vacancy rates increasing, but our turnover rates are increasing.

Now, ironically, this should not have come as a surprise to anyone. In 2006, HHH provided a report to the United States Congress on direct support professionals. And at that time, so 12 years ago, the vacancy rate was already noted to be roughly 37 percent and was estimated to hit 50 percent by 2020. We are well on our way to hitting 50 percent.

The voluntary sector has prided itself on providing the best quality of care for individuals with developmental disabilities. Our ability to continue to do that is being weakened at this point because we cannot find and retain sufficient staff. The numbers suggest at this point that our vacancy rate is somewhere around 24 percent. Our turnover rate within the first six months is somewhere around 30 percent. And the way you have to understand this, I think, is to put it in the

context -- if you had a family who was in a nursing home or receiving medical care and you had that kind of turnover rate, what would your level of comfort be?

We can hardly get staff trained before they're leaving. It's costing us a fortune to hire new people. And so accelerating the dollar amount that we can pay staff and doing a couple of other things that I've outlined, I think, in my testimony would be extremely helpful to trying to stabilize the field. But this is a long-term problem, and we need to begin to work on it extremely quickly if we hope to maintain the gold standard.

Thank you.

CHAIRWOMAN YOUNG: Thank you.

Where are staff leaving to? Where are they going for jobs?

MR. VAN VOORST: Probably any job that's somewhat easier. It's an extremely difficult position. This is not a specialty where you can say, okay, this person does one thing. Direct support professionals do just about everything that you can imagine with a

person of need. But they're leaving for jobs that pay more. They're leaving for jobs with less responsibility. We're competing with the Burger Kings, with the Walmarts. There are tremendous stresses that are placed on the staff that work for us.

I know that, you know, the executive director of the Justice Center has made tremendous strides in trying to improve the relationship between the Justice Center and the field, and I give her tremendous credit for that because the past year has seen many changes. However, direct support staff still are extremely fearful of the Justice Center, because once your name is on that list as a -- she doesn't call them suspects anymore, but they themselves would call themselves suspects -- they're sitting out there for weeks, if not months at a time, not knowing what their future is -- and for things that, you know, probably in the criminal world would not be regarded as criminal, but in our world can come very close to having sort of criminal consequences. Peoples' lives are

getting ruined.

The other thing I just wanted to quickly highlight, though -- and again, this is not to take away anything from the #bFair2DirectCare campaign, because it has been a tremendous success -- is that's what we actually looked at, one level of staff that we're hurting for. We actually have a huge need for mid-line supervisory staff, who are leaving in droves and we cannot seem to find clinical staff who want to work in this field at the salaries that we can pay as well.

So you have actually three types of employees who are critical to our ability to perform top-quality care who we actually are now having a difficult time attracting.

CHAIRWOMAN YOUNG: Thank you for that answer.

And just to switch gears for a second, I've had several agencies that serve people with disabilities, and they've come to me and said that they have a very substantial case for a rate appeal, and rate appeals are

almost impossible to get through right now.

MR. VAN VOORST: Correct.

CHAIRWOMAN YOUNG: Could you address that problem?

MR. VAN VOORST: The only thing I can tell you, Senator, is rate appeals don't exist anymore. They stopped several years ago, and that's a huge problem.

In fact, one of the chapters of the Arc of New York went out of business -- actually merged with another county -- because it was costing them so much to operate one four-person facility that they financially couldn't sustain themselves, and they collapsed. So there are no more rate appeals.

CHAIRWOMAN YOUNG: And what happened to the people served by that agency?

MR. VAN VOORST: Well, fortunately the Arc of New York is comprised of 52 chapters, and we had a chapter that was adjacent -- actually, it wasn't adjacent, it was somewhat south of where this chapter was -- where they were able to take over the operations and

continue to supply the services to the individuals.

CHAIRWOMAN YOUNG: So this would be Niagara County and Cattaraugus County.

MR. VAN VOORST: Correct.

CHAIRWOMAN YOUNG: Okay. All right. Thank you for that answer.

I think we're all set, but we appreciate you taking the time today.

MR. VAN VOORST: If I'm not going to be asked -- I would like to put one thing on the table, and I spoke to Assemblymember Gunther about this.

Telemedicine has been mentioned a couple of times today. It is absolutely essential that OPWDD begin to move this forward. You know, for years and years our industry has been criticized for overusing emergency rooms and hospitals. Well, there's a reason for that. There's a reason when state survey teams -- or prior to Denise taking over the Justice Center, there was this constant questioning of nursing decisions. To protect themselves, nurses

would say: Well, I'm not going to make that call, I'm going to send somebody to the ER.

There are organizations out there now where you can use telemedicine where you're actually -- the person picking up the phone is an ER physician. There's tremendous costs savings associated with it. And at this stage I can't conceive of a reason why we wouldn't want to push telemedicine as quickly as we possibly can.

CHAIRWOMAN YOUNG: I totally agree on telemedicine, telehealth.

Thank you so much.

MR. VAN VOORST: Thank you.

ASSEMBLYWOMAN GUNTHER: Thank you.

CHAIRWOMAN YOUNG: Our next speakers are Executive Director Harvey Rosenthal and Director for Policy and Public Engagement Elena Kravitz, from the New York State Association of Psychiatric Rehabilitation Services, Incorporated, and also Glenn Liebman, CEO of Mental Health Association of New York State. I think. Is that correct?

MR. LIEBMAN: Yes, it is.

CHAIRWOMAN YOUNG: Okay. Very good.

MR. ROSENTHAL: Good afternoon.

CHAIRWOMAN YOUNG: Good afternoon.

MR. ROSENTHAL: Thank you, Senator Young, Assemblywoman Weinstein, and members of the committee, Ms. Gunther --

CHAIRWOMAN YOUNG: As you know, we're asking the speakers to summarize their testimony, so --

MR. ROSENTHAL: What's that?

CHAIRWOMAN YOUNG: We're asking the speakers to summarize their testimony instead of reading it word for word. So if you could do that, that would be great.

MS. KRAVITZ: A summary. Summarize.

MR. ROSENTHAL: Summary? Oh, a summary. I'm sorry. I didn't bring my hearing aids.

(Laughter.)

MR. ROSENTHAL: So speaking of my hearing aids, this is my 25th year of providing testimony, and I hope that 25 is the charm.

So I want to first introduce Elena

Kravitz to you. She is our new policy director. I'm particularly proud to have stolen her back from New Jersey. She was a Brooklyn native, but -- she has a great story, we won't have time for you to hear it today. And she'll be doing some incredible work. But we're also proud that she sits on the highest body in the nation, which is the Interdepartmental Serious Mental Illness Coordinating Council.

So Elena -- and welcoming Glenn, of course. You'll be hearing from him. He's my partner and colleague, and we'll be going over a number of issues. So I'm going to go fast.

NYAPRS is a statewide -- a unique statewide coalition of people with mental illnesses, like Elena and me, and community providers who have been working for 37 years to try to transform the system, to move one from illness to wellness and from institutions to the community and from coercion to rights and things like that.

Over the years we've worked on a

number of issues together with the Legislature, and last year we were very grateful that you funded the $1.9 billion for supportive housing over 35 years, crisis intervention teams, raised the age of criminal liability, and the increase in the workforce that you just heard about.

We're very grateful for that, and we're also grateful to the Governor for some of the things he put in his budget -- the ACT teams reinvestment, the crisis in community beds.

I'm not going to talk about -- I am going to talk about the housing issue. Housing, stable housing, is essential to hope and health and recovery. We work on the streets of New York City with people that are frequently readmitted in emergency rooms or hospitals, jails and prisons, and the one thing they share, so many of them in common, is they didn't have stable housing.

So it's really important not only to build new housing, but to keep and maintain the housing we have now. And even though the

Governor -- he puts up $10 million, it's not enough by any means. And so we're a member of the Bring It Home, Better Funding for Better Care Campaign, and we urge the Legislature and the Governor to make a commitment to put in $120 million to stabilize 40,000 units of mental health and permanent housing in five program types over the coming years.

I'm going to focus a little bit on criminal justice. I was so glad to hear the questions earlier. This is a top priority for us. We have way too many people in jails and prisons. Right now we have people suffering in the box who are 23 hours a day in the dark -- and you heard earlier today that's 850, I think. And even though we have that law we all worked on to pass, there still are these procedures where people can be put in the box.

Actually, I'm out of order here, but the way to really prevent folks even getting into prison is at the arrest level. And so the training of police to be more responsive,

and to not escalate but to be able to handle a situation and avoid a tragedy or an arrest, is critical. The Legislature has been great on that, the Senate in particular has funneled money -- if you look at my testimony, you'll see a broad number of communities that have received that funding. And Mrs. Gunther, last year you funded for half a million dollars an alternative to outpatient commitment that's very -- it goes to people before tragedy and before crisis whenever possible. We're looking forward to seeing how that goes.

I mentioned earlier about solitary confinement. There are 844 people in the OMH caseload in the SHU. Thirty percent of the suicides in 2014 to 2016 happened in the SHU. Rates of suicide attempts and self-harm, 11 times higher in solitary confinement. Even though Colorado has implemented a program to cut solitary confinement from 1,500 to 18, for our population, New York is still -- is lagging behind.

As part of the Mental Health

Alternatives to Solitary Confinement Coalition, we urge the Legislature to pass the HALT legislation. We want to particularly appeal to the Senate because our understanding is last night Speaker Heastie, he made a commitment to pass this bill, which would not only get into this issue about serious mental illness, or mental illness, it would ban solitary confinement with vulnerable groups -- the young and elderly, people with physical or mental disabilities, pregnant women and new mothers, and LGBTQI individuals. Long overdue.

If you're not mentally ill before you get in the SHU, you will be afterwards. We really have to stop this practice. So we urge you, we urge you for help in this area.

I won't talk about the living wage, because Glenn will. You heard earlier about adult homes. I think it is tragic that only 14 percent of the 4500 that were supposed to, by a court settlement, be able to move into supportive housing have moved. I know there's been some progress, but it's

miniature.

And I'm glad that the Governor's budget is funding $5 million for specialized peer supporters to go to the adult homes and instill hope and trust and help the people move all the way through the very complex process into the community. I think you heard earlier, too, that -- I know last year, at the end of last year, the operators, adult home operators, were able to get a bill passed through both houses that would increase their rates. The Governor, he vetoed it, partly because he didn't want to do budget outside of budget.

But we really urge and insist that if there's a hike to the operators, there needs to be an equal hike to the personal needs allowance of the residents. They live on so little money.

We are very -- again, one more year, really happy to see the funds from the downsizing of facilities into the community. This reinvestment money, $11 million this year, goes to mobile intensive outreach

teams, peer bridger and respite programs, crisis intervention, warm line and housing services, family empowerment services, managed care transitional supports, forensic ACT team and social club services. It's critical, and we're grateful to the Governor and the Legislature for supporting this year after year.

Are you doing prescriber prevails?

MR. LIEBMAN: No --

CHAIRWOMAN YOUNG: Yeah, Harvey, I was wondering if you could kind of summarize --

MR. ROSENTHAL: Actually, you know what --

CHAIRWOMAN YOUNG: And then we'll let Glenn go.

MR. ROSENTHAL: -- the rest of my issues he's going to take.

CHAIRWOMAN YOUNG: Perfect.

MR. ROSENTHAL: So I'll yield to my partner.

CHAIRWOMAN YOUNG: Thank you.

MR. LIEBMAN: Thank you very much. And I appreciate you squeezing me in here at

the last minute. I thank Harvey as well for working with me on this.

So my name is Glenn Liebman. I'm the director of the Mental Health Association of New York State, and this is my 16th year of testifying. I really appreciate it very much.

Our organization is comprised of 26 affiliates in 52 counties throughout New York State. Largely we provide community-based mental health services; we're also involved in a lot of education and advocacy as well. And we want to thank Assemblymember Gunther for being part of our press conference yesterday when we introduced a new mental health license plate -- as well as Senator Ortt, who I know is not here today. But we thank them for all their support, not just for that.

But there has been a major sort of change, and New York is leading the way on a lot of anti-stigma efforts. The license plate, we have a mental health tax check-off. And more significantly, we even have a mental

health education bill in New York State now, which is great. And I appreciate questions being asked about that, because it's going to be operationalized on July 1st of this year.

And we're very excited to make sure that all schools across New York State and all students across New York State now have a greater knowledge about mental health in schools, and I'll get into just that briefly. And I'll be very brief, because frankly there are 13 issues we're covering, and I obviously won't cover -- carry -- Harvey did carry most of them.

But I did want to talk about workforce specifically. I think workforce -- you've heard it from everybody, it's a continuing theme. What you all did last year was phenomenal. The #bFair2DirectCare campaign and everybody who was involved -- and this was the greatest change in over a decade for living wage, for the direct care workforce. It was a great victory, and we as the mental health organizations and behavioral health organizations also were able to receive

funding for that. And again, that was terrific.

But it's a step. It's a step in a staircase of need, frankly. We have a lot of issues that are going on. This is a great add to the workforce, but we need so much more. We need continuous support. We're looking for -- and it's in our budget proposal -- we're looking for a 3.25 percent increase, much like you had last year, to be implemented January 1st of this year for the so-called 100, 200, 300 series in the direct care workforce, which also includes clinical staff as well, which we think is essential to support because many of us in the mental health system recognize that our clinical folks are really in many ways our direct care folks. So we're really appreciative of hopefully your support in this.

And the other thing I'll just touch on is the mental health education bill. Again, we look at this as a groundswell of support. We look at this as a major transformation of the system of care, but there is absolutely

no money behind it. And this is -- we don't want this to go down as an unfunded mandate. We don't want to look at this as the great experiment -- we finally broke through the schools and all that, and yet there's no money behind that.

So we have a proposal that we put out that's in your testimony as well in creating a mental health education resource center, which we think is very important.

And again, I keep -- so many of these issues are so important, and Harvey did a great job in covering them, but I just want to also thank Senator Krueger.

Senator Krueger, thank you for bringing up gambling prevention. And really, nobody talks about it, and it's so important. We have a $4 billion gaming industry in New York State, and we work very closely with the gambling prevention folks -- they get $1 million. A $4 billion industry, $1 million in prevention. So there's got to be a complete sea change in that area.

And again, I can go on and on, but you

have my testimony. And we're very strongly supportive of NYAPRS and many of our other colleagues who you will hear from.

CHAIRWOMAN YOUNG: Thank you.

I do have a couple of questions. So -- and I appreciate everything that you said. I had a conversation with Commissioner Sullivan regarding the Governor's plans to actually close more inpatient beds, which I'm very concerned about because, as you know, we're over census in several of the facilities, so beds stay closed and there are too many people that need to be served.

Could you give your perspective on that?

MR. ROSENTHAL: Well, we have been a supporter of the downsizing of the state hospital system. I started when there were 5,000 beds, and at one point there was 92,000 -- 90,000 to 100,000 -- 92,000.

But I think the OMH has taken the right direction with preinvesting the services before the closures and putting in play the kinds of services and the continuum

that should really support people and prevent readmissions.

I will say, too, that the Governor's managed-care redesign is very street-based and very outreach, engagement, and diversion. So I think there's a number of instances where the right resources are on the street and that in -- we don't want to keep expensive hospital beds open. We have I don't know how many campuses all over the state, and we really -- the focus ought to be on the community.

And when people do need inpatient services, they are available, including the Article 28s.

CHAIRWOMAN YOUNG: But we do have people that go to the hospital and just -- or the emergency room, and they're languishing there in some cases. So I think there's a balance.

And I agree with you that the pendulum has swung, I think. So back in the day, we used to have all kinds of developmental centers and psychiatric centers that were

just warehousing people inappropriately, I fully agree with that. And then the pendulum swung in the other direction.

And I guess what we have to find is the balance. Because people with mental illness, let's face it, are still severely underserved in this state in so many ways, whether it's been urban areas -- and we see the exploding homelessness that we discussed earlier. But that's all over the state where we see homelessness on the rise. We see people in jail cells, as you pointed out, local jails. The sheriff's departments aren't equipped to deal with people with mental illness. And so we see a lot of the problems that are out there.

And one of the questions I have, though, has to do with whether or not -- so let me preface it by saying this. I'm excited about the transitional housing and supportive housing that's included in the budget, because I think that's sorely needed. But is that sometimes quite a step down, to go from inpatient to transitional housing?

And you talked about the managed care, but could we just talk about that for a second? Because I'm concerned that maybe there's too much of a step down. Is there something that should be in the middle?

MR. ROSENTHAL: Well, you mean -- for example, the crisis respite beds to some degree are --

CHAIRWOMAN YOUNG: Right.

MR. ROSENTHAL: -- a diversion.

CHAIRWOMAN YOUNG: Yeah. Right. So things like that.

MR. ROSENTHAL: And maybe will function if people do relapse sort of quickly, they'll be able to go there?

CHAIRWOMAN YOUNG: Right. Could you address that? Because it's -- I think that there may be a gap --

MR. ROSENTHAL: I understand your point. I have seen people backed up in the Capital District Psychiatric Center waiting for a bed.

I'm not saying this is black and white either, Senator. I just -- I don't know the

answer is to keep the state hospital beds open, though.

CHAIRWOMAN YOUNG: But again, we have a census that is going over in some cases.

Glenn, did you want to say something?

MR. LIEBMAN: Just from my perspective -- and I agree with Harvey that we have been long, strong advocates of reinvestment for many years. And we're glad to see that there's over $100 million now annualized for reinvestment.

There -- you know, as a family member, and many of us are, you know, I've seen firsthand some of the issues around housing and bed use and inpatient facilities. But I really, you know, agree and the Mental Health Association agrees that, you know, we are very supportive of, you know, that money going to the community.

And I think that the failure of the system -- and the closures of the beds aside, the failure of the system is we've been so underfunded for so long -- you know, the outcomes in terms of community-based services

are so much stronger than what you're seeing in outcomes from other arenas. And yet we have been severely underfunded for as long as we've been doing this.

So had we been properly funded from the get-go, I think a lot of the issues that we see right now would not be appearing to as us, unfortunately, as they are.

CHAIRWOMAN YOUNG: Thank you, Glenn.

Assembly?

CHAIRWOMAN WEINSTEIN: No. We're done.

CHAIRWOMAN YOUNG: I think we're done.

Thank you. Thanks for testifying today.

MR. ROSENTHAL: Thank you.

SENATOR KRUEGER: Thank you very much.

MR. LIEBMAN: Thank you.

CHAIRWOMAN YOUNG: Our next speaker is Executive Director Wendy Burch, from the National Alliance on Mental Illness of New York State.

Welcome.

MS. BURCH: Thank you. Good

afternoon. Can you hear me okay?

My name is Wendy Burch, and I am the executive director of the National Alliance on Mental Illness of New York State. With me today is Ariel Kaufman, a NAMI-NYS board member and a family member of someone with a serious mental illness. We represent thousands of New Yorkers living with a mental illness as well as the family members who love and support them. We appreciate the opportunity to testify today.

You have our written testimony, so briefly, our focus is to ensure that those living with a mental health condition have the tools necessary to pursue their recovery. One of the most important is access to safe and affordable housing, which is why NAMI-NYS is an active participant in the Bring It Home campaign.

When providers don't have the adequate funding to retain qualified staff, our loved ones suffer. Instead of focusing on improving their health, they find themselves hospitalized, incarcerated, or living on the

streets. They must have a home before they can begin to think about the things that many of us take for granted, like having a job and being an active part of the community.

NAMI-NYS also wants to ensure that the budget addresses community reinvestment. For someone living in recovery, access to services is vital to sustained progress. For every hospital that closed, we've been assured that $110,000 will be invested in community resources. These community investments are not only essential for those living with mental illness to have meaningful lives, they also save the state the astronomical costs associated with hospitalization and incarceration.

MS. KAUFMAN: I'm proud to be here today representing NAMI-NYS and the tens of thousands of New York State families and individuals who live daily with the devastating effects of serious and persistent mental illness. Not only have I worked in the behavioral health system for nearly 20 years, I am also the caregiver and

daughter of a father who lives with a serious mental illness. So these issues mean more to me than just data, statistics, and politics.

I ask all of you to envision a family member that you care deeply about struggling to recover from a life-changing illness that affects their ability to reason, their physical health, and their ability to maintain the social ties that mean so much to them. This is what families and caregivers of people with serious mental illness face every day.

We work tirelessly to troubleshoot a fragmented health system that lacks appropriate resources just to ensure that our loved ones get the medication, healthcare, and housing that they so desperately need in order to remain stable and connected to daily activities that many of us just take for granted -- like planning a meal, calling a friend, or following up on our physical health needs.

As deinstitutionalization has progressed, families have been faced with the

troubling reality of whether or not their loved one will be able to integrate into a community that they have limited ties to in a world that frequently stigmatizes their battle to recover from mental illnesses that they did nothing to cause.

My father lives in mental health housing and receives treatment at a certified community behavioral health center on Long Island. Most recently, he experienced a life-changing event. In his mid-60s, he began to experience tremendous pain in his back to the point where his 6-foot-5 frame was literally bent over a walker for months. He couldn't get out of the house to shop, and we needed an aide to come to his house just to complete simple daily tasks. During this time his psychiatric symptoms began to spiral due to his fears about surgery and his inability to fulfill his daily routine.

Fortunately, this story does not end in sadness like so many others, because my dad lived in a permanent subsidized apartment in Long Island. He was able to have surgery,

go to rehab, get consistent psychiatric treatment, and return home to an apartment that was safe and supportive. Without the mental health housing system, these triumphs would not have been possible.

That is why funding existing mental health housing at sustainable rates is imperative. When properly funded and staffed, this type of housing allows people to focus on recovery in a supportive and safe environment. I believe that it is the duty of our Legislature to set aside political discourse and achieve a moral imperative by ensuring people like my father do not lose their housing or face limitations on their opportunities to leave institutional settings because there are no appropriately funded community housing options with wraparound services that fulfill the obligation that the state has to ensuring that disabled citizens receive the best quality care and treatment possible.

NAMI-NYS calls upon the Legislature to make our families a priority by funding

mental health housing and services in the community at sustainable rates, to ensure access to mental health services, properly prescribed medication, and adequate resources such as psychiatrists, psychologists, and mental health professionals.

Adequately funded mental health housing and services keep people from falling through the cracks, help avoid unnecessary incarcerations, hospitalizations, and repeated trips through the homeless system.

I do thank you for your motivation and desire to fix these long-standing issues, and thank you for allowing me to talk to you today.

CHAIRWOMAN YOUNG: Thank you.

MS. KAUFMAN: I've taken a lot out of this hearing today, and I do believe that all of you are on the same page as me, so I know --

CHAIRWOMAN YOUNG: Good. Thank you.

MS. BURCH: And I had a couple more points to make, which I won't, because -- in the interests of time. But I just wanted to

mention that as you'll see in our testimony, we do address enforcing insurance parity, funding for CIT, and also reinstituting prescriber prevails.

CHAIRWOMAN YOUNG: Thank you very much. We really appreciate it.

MS. KAUFMAN: Thank you.

MS. BURCH: Thank you very much.

CHAIRWOMAN YOUNG: Next we have Executive Director Kelly Hansen, New York State Conference of Local Mental Hygiene Directors.

(Discussion off the record.)

MS. HANSEN: Good afternoon, ladies and gentlemen.

CHAIRWOMAN YOUNG: Good afternoon.

MS. HANSEN: My name is Kelly Hansen, and I am executive director of the Conference of Local Mental Hygiene Directors. We represent the county mental health commissioners in each of the counties and the Department of Mental Health in the City of New York.

We have several topics on the budget

to talk about, but I'm going to limit my testimony to one specific issue, and it has to do with the opioid and heroin epidemic.

Attached to my testimony is a copy of a report that was conducted by the Conference of Local Mental Hygiene Directors, our organization, in collaboration with the New York State Sheriffs' Association and the New York State Association of Counties. And what it does is it provides the evidence base and the research that shows that providing substance abuse disorder treatment and transition services to individuals in jails will increase public safety, save costs, and most importantly, save lives.

In listening to all of this testimony, I think almost everyone has raised an issue about the opioid and heroin crisis. So the reason we did this study is that our directors of community services and the sheriffs have continually been seeing an increase in the number of individuals coming into the jails with a substance use disorder. And because we have kind of this drone view,

the DCSs see all of the system together, they're able to see the linkages between criminal justice, foster care, all of this other extra-collateral damage that's happening because of the opioid epidemic.

And what they were finding is that there is no funding to offer services inside the jail. And that while there's been a lot of support, with the Legislature and the Governor providing funding to provide services in the community, there's no money going into the jail.

And while they're putting together these new services -- on-call peer programs that can meet people in the emergency room, a 24/7 crisis center, recovery centers, family support navigators -- there's all of these community services being put together, but there's a donut hole right in the middle, and that's the jail.

Because we know that addiction is directly linked with criminal justice activity. National data will tell you that drugs and alcohol are implicated in

80 percent of the crimes related to DWI, drug abuse, domestic violence, property damage, and personal injury.

And we also know -- when we surveyed our jails, we asked the sheriffs on this particular day how many individuals -- what was the percentage of individuals who have come in on substance-use-related crime who have been in the jail already. And that number was 68 percent.

So people are coming in and out of the jail, and we know that that's an area where we're missing an opportunity. So what the conference, the Sheriffs' Association, and NYSAC are doing is we're coming to you to ask for funding to be able to provide these services. Because like it or not, the jail is part of the continuum of care. We know that the jails are housing thousands of individuals with substance use disorder, and they have no money to provide any treatment.

We also know from the clinical standpoint, even more importantly, is that we are missing a huge opportunity to be able to

offer treatment when an individual is clean and sober and may have some insight into their addiction, insight as to why they're using, and be able to put in place, you know, treatment services so that they know when they leave there is another option other than just going out and starting to use again, and being able to transition.

In New York State there's several counties who have put together model programs, so I'll just talk briefly about the Albany County SHARP program. This is Sheriff Apple's program, the Sheriff's Heroin Addiction Recovery Program. I actually had the opportunity to visit the program a couple weeks ago in preparation for our advocacy here, and it's a separate unit of the jail. It's outside of the general population. They have a CASAC, who everyone loves, they have peer programs, they do groups, they do individual counseling. And in talking with the women and the gentlemen who are in that program, they were grateful that they had this opportunity, they appreciated the

support and the safety they had with other folks in the unit as well.

But I want to just give you this number, because the reduction in recidivism is astounding. So Sheriff Apple's county numbers are generally, out of everyone who is coming into jail with a substance use disorder -- they're screened for suicide and substance use at booking -- 40 percent of those individuals are going to recidivate. That's what their number is.

For individuals who have been in the SHARP program, that number drops to 12 percent. That's a 28 percent reduction in recidivism. And think of what that means for public safety for the community. It means less crime, less court costs, less prosecution costs. And it's a diversion program, because those folks will not be coming back into the jail after.

And in fact, a DCJS study that looked at over 1,000 New York State specific data elements, looking at the cost benefit of specific criminal justice interventions --

and by the state's own data, they indicated that if you provided substance use disorder services during incarceration, it would save the system $2,100 per person in cost avoidance. Again, court, prosecution, law enforcement, incarceration costs.

And they also went a step further and said it would save victims $670 per person served in the program. And those costs are tangible costs -- medical costs, mental health costs, property damage, and loss of earnings due to loss of wages due to injury.

So we have evidence that shows that this works in county programs in New York State. We have New York State data that indicates that there's a savings to the system. And we haven't -- these are just the numbers. We haven't even talked about the human component as well, which I know you all hear about repeatedly from the constituents in your county.

CHAIRWOMAN YOUNG: Could you summarize the rest, please?

MS. HANSEN: Yup, absolutely.

So what we are asking for is an annual appropriation to the counties of $12.8 million, which we find and think is a very reasonable amount, and --

(Interruption.)

CHAIRWOMAN YOUNG: Okay.

MS. HANSEN: So that is what we're looking for in terms of some funding to go to the counties to be able to provide substance use disorder treatment and transition services for people to be able to re-enter into the community with housing, hopefully, and treatment, and we would hope that we would have your support.

Those are my formal comments. I don't know if you're interested, Senator; I could catch you at another time in terms of what the county directors are experiencing in terms of bed closures.

CHAIRWOMAN YOUNG: Okay. Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Oaks has a question.

ASSEMBLYMAN OAKS: Just -- I know one of the questions that came up before was on

the jail-based restoration. And I know in speaking -- I know in this instance you're talking about sheriffs and county mental health kind of working together to say we can do this within our setting.

When I asked the question have any counties come forward to do the restoration one --

MS. HANSEN: Competency restoration.

ASSEMBLYMAN OAKS: The sheriffs have not been as supportive on that end, I don't think, because of some of the challenges, or maybe feeling not capable of actually having success. Are there any comments --

MS. HANSEN: Yes, absolutely. And a very good question.

So what we're asking for for the substance use disorder treatment -- and these are individuals who we know have a substance use disorder. They're competent, they've been charged with a crime, and that we can -- the counties can bring in services from the community to be able to provide treatment in the jail, and hopefully they will not come

back again.

On the jail-based restoration, which the conference does not support -- it relates to individuals who've been charged with a crime and have been deemed incompetent to stand trial and understand the charges against them. Those individuals will go from the arrest and the county jail, they have a psych eval, a determination of competency is made, and then they are sent to a state psychiatric center to be restored to competency, for which the county pays 50 percent.

The state is saying that this jail -- that restoration could be done in the jails. As you said, the sheriffs are not supportive. We are not supportive because it is not the right therapeutic place, for someone who has been deemed incompetent, to be restored to competency in a jail. They don't have the resources, they don't want to build these programs, and they're just not appropriate.

So in fact last year, when you guys were nice to take that provision out of the

budget, at Commissioner Sullivan's direction, OMH staff had been meeting all over the summer with our attorneys, mental hygiene legal services, the DAs association -- they put together the workgroup that we wanted them to and started working on what can we do to help move the process, what can we do to share information, what can we do -- because what my members would tell you, what the county directors would say is it's extremely difficult to get a 730 bed -- which is what we refer, 730 of the Criminal Procedure Law.

And if you have an inmate who has a serious mental -- has a mental illness, serious mental illness in the jail and just needs that level of care -- 508 is what they refer to it as -- they don't even ask anymore, because there's no bed. They can't get a bed.

So we're not a fan of the jail-based restoration. I was disappointed to see that the state booked savings again with this, after we had thought we had made some pretty significant progress. And I'm sure we'll

continue that workgroup.

But yes, you're correct, Assemblyman, there is no real appetite out there.

ASSEMBLYMAN OAKS: Thank you.

CHAIRWOMAN YOUNG: Thank you.

ASSEMBLYWOMAN GUNTHER: Just before you go --

MS. HANSEN: Yes.

ASSEMBLYWOMAN GUNTHER: You know what? I do believe that there should be some sort of education, because you know, we just -- sometimes if -- the way that we approach a person, that some other approach would be different, but that if you do it calmly -- and a lot of times -- you know, we just saw something, and it's your approach. And, you know, somebody else -- if you approach certain people quickly or fast or without any knowledge of what's going on, the reaction and the outcome is so much different.

So that's why these kinds of programs in jail situations, incarceration situations, that you have to have that education to be able to approach and get better outcomes.

MS. HANSEN: Absolutely. Absolutely.

Thank you for your time.

CHAIRWOMAN YOUNG: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN YOUNG: Our next speakers are -- actually, a very good crew. We have the New York State Public Employees Federation. We have Darlene Williams, occupational therapist at OMH; Greg Amorosi, legislative director; Randi DiAntonio, licensed master social worker.

So welcome. Thank you for being here today.

MR. AMOROSI: Thank you for having us.

MS. DiANTONIO: Good afternoon. I want to start by thanking Senator Young, Assemblywoman Weinstein, and Chairwoman Gunther and members of the Senate and Assembly for the opportunity to speak to you today about the 2018-2019 Executive Budget proposal as it relates to OPWDD.

My name is Randi DiAntonio. I'm a licensed social worker, and I've been employed by OPWDD since 1999. I'm here today

representing the New York State Public Employees Federation and the more than 3,000 members who provide services across New York State to the developmentally disabled.

Our members take very great pride in the work that they do. They care deeply about the individuals that we serve. And as we've heard today, for the past several years OPWDD has undergone a massive system transformation. Some of these initiatives have resulted in positive impacts, while others have sounded really good on paper but unfortunately resulted in closures as well as services and choices being diminished, mostly due to lack of staffing and resources being provided.

You have our written testimony, so I am going to touch on a few things briefly. This year's Executive Budget has some positives and some negatives. We were very pleased that there were no additional closures in this budget.

We were also very pleased to see the continuation of the blue ribbon panels for

the IVR facility in Staten Island, so that there are ongoing discussions as to whether it is logical or reasonable to move that facility under the auspices of CUNY. We are supportive of it remaining under OPWDD, and we believe the 100 or so PEF members there have a lot to contribute.

We're also very positive about the salary increases for the direct support professionals, even though they're not in our sector. We believe that this really improves the likelihood of our system continuing to do the great work that it does.

We are also supportive of the plan to convert the Bernard Fineson program into a transitional program for individuals who are being discharged from the OMH system into the OPWDD system. We believe this model gives us a chance to evaluate and assess before plunking somebody into a setting that might not be in their best interest or anybody else's best interest.

We actually believe this model should be evaluated and potentially expanded across

the state. We've had several situations where placements have occurred because of emergencies, and they've been very unsafe for both the consumer and the other individuals in the home, as well as the staff.

Now on to the things we're not so pleased about. When it comes to residential opportunities, we do see that there's $120 million in the Executive Budget, but not one single dime of it is going towards the state-operated end. It's our position that this is really short-changing the needs of consumers with very highly specialized needs.

We have undergone closures throughout the state for the last several years, reducing the number of specialized inpatient and intensive treatment beds by 1300, give or take. We have realized down to about 150 beds, but that is not sufficient to take care of the needs of those who have behavioral, medical, or severely challenging psychiatric issues and are dually diagnosed.

We believe that some of this money should be given towards the state-operated

end to develop specialized services so that people with these needs can be served in the community-based settings and can be treated in ways that will allow them to be successful.

Additionally, we are pleased to hear from the Justice Center that things are changing. However, I'm not sure that this is rippling out into the field. PEF continues to be concerned about the Justice Center and some of their practices. We certainly understand and support the importance of thorough investigations, but in many cases their frivolous accusations end up putting people out of work and scaring people from coming to work with us, and for us, that are really skilled in their field.

I can tell you in my own district we have over 50 employees, primarily direct care, that are placed on administrative leave. That ripples into how our members do their work, because if we don't have people in the homes that are familiar with our individuals that are supplying staff from one

place to another, the quality of care and ability to provide clinical services is diminished.

The last thing I'd like to touch on, just for the sake of time, is the money being put in towards the move to managed care and CCOs. While conceptually PEF supports the idea of care coordination -- we ourselves provided Medicaid service coordination from the state side for many, many years -- we are very skeptical that this is again another initiative that is not well resourced, not well thought out, and that there's almost unlimited numbers of details in how it's actually going to be implemented and what the impact will be on those living in state-operated homes.

What we have found is that the further disconnected the care coordinator or Medicaid coordinator is from the person and the treatment team, the less accountability and communication there is. And we would like this to be slowed down, possibly done as a pilot, or to have more dialog about the

direct impact this would have on the consumers in the state system.

I thank you for your time. I will give the rest of my time to my colleague. And I appreciate being here with you today.

CHAIRWOMAN YOUNG: If you could summarize, because you've gone over a lot of time. But that's fine. If you could please summarize, though, that would be good.

MS. WILLIAMS: Yes, I will. I will not read the testimony, and I'll try my best to speak more from the heart than reading off information.

CHAIRWOMAN YOUNG: That's always the most effective.

MS. WILLIAMS: Every Tuesday afternoon before I start my 4 p.m. patient rights group, I tell our clients: Your illness doesn't define you. For the past 37 years, I have entered an OMH facility. And my name is Darlene Williams, and I work as a certified occupational therapist. And I'm a PEF member. So I know the good, the bad, and the ugly.

For 2018-2019, OMH has proudly emphasized their downsizing plans of inpatient beds in order to reinvest more resources into outpatient. A 150-bed reduction -- I think we heard someone else talk about this earlier.

With money being allocated into outpatient, it hasn't done anything for our outpatient staff members. PEF members are still overburdened with excessive caseloads.

I was just talking to a social worker during a health and safety conference where she explained to me that she had a list of 20 patients she was going to see for the day. She was starting her day at 9:00, and she was going to leave at 6:00, but her day actually was supposed to end at 5:00. Well, her day didn't end -- she didn't go home until 9 o'clock because she had to see -- three additional patients came in, with the 20 patients that she was already scheduled to see. Those three patients were released from their treatment facility. Those three patients had no food to eat. And she had to

make sure that they had a place to live and food to eat.

But our problems are not just limited to outpatients, they also extend to recruitment and retention. I was just watching television this morning, I heard that President Trump has a problem also with recruitment and retention.

(Laughter.)

MS. WILLIAMS: PEF continues to be concerned about recruitment and retention of professionals in OMH. Recruitment and retention is still ongoing with our nursing professionals as well as psychiatrists. But OMH has challenges recruiting other titles. I was just looking online for our civil service, and I think there are only maybe five occupational therapists within the State of New York.

Occupational therapists as well as other titles go to the private sector, where the pay scale is more. But these challenges are -- just don't boil down just to money. It's also the Justice Center, nurses working

multiple voluntary or involuntary overtime, not getting time off, and dealing with health and safety issues of violent attacks. Those issues have not decreased.

One of the things that I have a guilty pleasure of is that I look at Facebook, and I saw that a nurse sent a meme with a skeleton looking out of the window. The skeleton represented a nurse, she was waiting for her break to come. I know nurses who keep food in their pockets so that they can treat patients and eat at the same time.

First I would like to thank you for passing the bill last year to stop the closing and consolidation of the Western New York Psychiatric Center. Unfortunately, the Governor vetoed the legislation. But moving forward, we hope that you will continue to work with us to keep this children's facility open at its current location. That just as well as there are plans for Hutchings Children Psychiatric Center, that all stakeholders be provided with the opportunity to weigh in on potential

changes and deliver mental health services.

Lastly, the previous speaker spoke about the jail-based restoration to competency. As an OMH employee, I know firsthand that most of our patients would want to receive treatment in a hospital facility and not in a jail. I have a son who's a New York City detective, and each day he's out there on those streets looking and taking care of the citizens of New York City. And he sees full well that we have people with mental illness who he has to arrest and place them in jail. And he always says, "Mom, I think the best thing would be is to make sure that those individuals got help within a treatment-like setting instead of in a prison or in a jail."

So I'm going to end by saying that at the end of the day we have limited resources, but like I said, our limited resources -- the mental illness doesn't define our patients, and our limited resources don't define us as mental health professionals. We will continue to do our best with what we have.

And thank you for this opportunity.

CHAIRWOMAN YOUNG: Thank you for being here today.

Any questions?

SENATOR KRUEGER: We appreciate your testimony.

MS. WILLIAMS: Thank you.

MS. DiANTONIO: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you for your work in the community.

CHAIRWOMAN YOUNG: Out next speaker is Executive Director Samantha Howell, National Association of Social Workers, New York State Chapter.

Welcome.

MS. HOWELL: Thank you. Good afternoon.

CHAIRWOMAN YOUNG: Go ahead. If you could summarize your testimony, please.

MS. HOWELL: Of course.

CHAIRWOMAN YOUNG: Within five minutes.

MS. HOWELL: Thank you very much for allowing me to testify today and to be here

with you. My name is Samantha Howell, and I'm the executive director for the National Association of Social Workers. I'm here today also on behalf of our partners, the National Association of Social Workers for New York City, the New York State Society for Clinical Social Workers, and the New York State Association of Deans for the Schools of Social Work.

NASW is the largest social work membership association in the world, and the primary mission of social work is to enhance human well-being and help meet the basic human needs of all, with particular attention to vulnerable communities.

Social workers possess a varied and broad set of skills necessary to practice appropriately and, therefore, the current licensure law that guides and directs social work in this state reflects the importance of education and experience that we think is necessary to engage in this profession.

The current licensure law was passed as a consumer protection measure to ensure

that licensed clinical social workers were providing care to those in need. But at the time that the law was passed, there also was included an exemption. That exemption allows seven state agencies, and the programs that are funded and directed by them, to not hire licensed social workers to provide the skills that have been expressly reserved for social workers.

New York State, despite being the 49th state to pass a licensure law for social workers, has some of the most stringent requirements including an MSW with over 900 hours of curriculum-based content involving social work, at least 12 semester hours of clinical social work with a focus on skill development and diagnosis and assessment, and clinical social work practice, clinical social work treatment, and clinical social work practice with general and specific groups, as well as at least 2,000 client contact hours under appropriate supervision.

This ensured that the people who were

providing mental health treatment and diagnosis have been properly trained and supervised in those very skills. But with the exemption, these seven state agencies -- OMH, OPWDD, OASAS, OCFS, OTDA, the Department of Corrections and Community Supervision, as well as the Office for Aging, and any local mental hygiene or social services department -- are exempt from hiring social workers for those very responsibilities.

This is an unfathomable exemption for us to have in New York State. One of the criticisms that has come up over the request to end the exemption this year is that it would be costly to hire licensed clinical social workers to provide diagnoses and treatment in these facilities. But I ask you, where else would this happen within a profession?

Imagine going into an emergency room with a broken leg, and rather than seeing a surgeon to fix it, you're told: Well there's somebody here who passed biology and they've been working on the job for a couple years,

so we're going to let them patch you up. That wouldn't happen.

Nor would it happen in the legal profession. You couldn't go into a courtroom and say, You know what, I passed civics, I failed the bar a couple of times, but I think I can handle this capital murder case. That doesn't happen.

And yet we are allowing individuals who don't have those 2,000-plus hours of supervised training to provide mental health diagnosis and treatment for people in need.

As a result, we are calling on the Legislature to finally end this exemption.

There's a couple of steps to this, because we are cognizant of the concerns that have been raised by other organizations. We don't want people to lose their jobs unnecessarily, so we have requested a financial contribution in investing in the profession of just over $22 million total, which would include an $18 million incentive program for currently exempt agencies to increase the number of licensed social

workers available; $4 million for a loan forgiveness program, to encourage people to enter the profession; and then an additional financial contribution to help develop appropriate test materials and do data analysis.

We also have included several recommendations we went over in testimony today that I think will also go to help the profession, including a grandparenting window for people who have MSWs with at least two years of documented supervised experience to become licensed at the LMSW level, so that we can help move people who are currently unlicensed into licensed positions within these seven agencies.

Appropriately licensed clinical supervisors being directly involved -- there was testimony earlier today that while unlicensed individuals might be the first person of contact, that there's an institutional hierarchy of supervision. We contend that is not enough. We want direct supervision to be part of these provision of

services, and we think that the state can do this.

And so, in conclusion -- I see I'm out of time -- I want to just thank you so much for your work. Thank you for allowing me to be here today. And I urge you to let this exemption end and implement a financial investment in the social work profession.

Thank you.

CHAIRWOMAN YOUNG: Thank you for being here today. We appreciate it.

Our next speaker is CEO Paige Pierce, Families Together in New York State.

MS. PIERCE: Good afternoon. How are you?

CHAIRWOMAN YOUNG: Good afternoon. Well.

MS. PIERCE: I'm Paige Pierce. I'm the CEO of Families Together in New York State. We're a family-run, family-governed organization that represents families of kids with social, emotional, and behavioral needs. We represent thousands of families across the state who have had children in multiple

systems including mental health, substance use, special education, juvenile justice, and foster care.

I'm here today just to talk about the mental hygiene budget. You know, you guys have seen me here before for Raise the Age, you've seen me here for the child welfare funding, but this is the year -- this should have been the year that the state budget put children first. It should have been the year that children were up at the top of the list.

And unfortunately, we weren't. Children and families really got a raw deal as it relates specifically to this budget. The Office of Mental Health's budget should have included $15 million for -- it wouldn't have been in Office of Mental Health budget, but it was for children and families with behavioral health needs, $15 million that was to shore up the -- to match the federal match for Medicaid managed care for children's behavioral health. And they decided to kick the can down the road for two years.

And what they did by doing that was

not only put providers in a difficult position -- because they spent the last several years gearing up for this, and have reduced the services that did exist -- but more importantly, it affects families and children. The children that would have gotten those services are not going to anymore.

We spent six years, as part of the Medicaid Redesign Team for Children's Behavioral Health, designing a system that would be comprehensive and wrap around the child and family. We used a lot of research, we knew -- we had experts on the team who knew what would work and what wouldn't, and we all agreed. And we applied to CMS to get it approved, and it was approved.

And now, at the 11th hour, when it's time to flip the switch in July, they kicked it down the road for two more years. The kids who are currently needing those services can't wait two years. There's no reason for them to be at the bottom of the list, except that we hadn't already been -- because of

other delays, we hadn't already implemented the Medicaid managed care in our system. But that made us low-hanging fruit. And just because our kids weren't getting the services they needed now, doesn't mean we can continue for two more years.

So we're asking that $15 million that was supposed to be earmarked for the state match for the children's behavioral health Medicaid managed care be allocated for children's behavioral health services -- specifically, SPA services, which are what we call -- the State Plan Amendment, we call them SPA services. It's SPA services like family care support, youth peer support, respite. We know that those are the kinds of services that are inexpensive and will save millions of dollars down the road, millions.

Because the average childhood experiences that happened that are going to cause health problems later and all kinds of other problems later can be avoided if we can get children and families served first.

Any questions?

CHAIRWOMAN YOUNG: Are you done?

MS. PIERCE: I'm done.

CHAIRWOMAN YOUNG: Well, I do want to make a comment, I guess.

And so what you're talking about was actually brought up in the questioning of the commissioner of OMH.

MS. PIERCE: Right.

CHAIRWOMAN YOUNG: And could you give a little bit more of a sense -- and I think you've done a great job covering it, because now everyone's geared up to provide these services. The families and the children are expecting these services, the providers are ready, and the plug is being pulled for two years.

So could you give us a better sense of the impact on the providers and where they're at in the process?

MS. PIERCE: Yes. So they spent a lot of money, a lot of money getting technical assistance so that they could make sure that they had like electronic health records and value-based payment structures. Because

that's all part of the scheme, right? It's all part of what they needed to have come July 1. None of that is going to be necessary for the next two years, so they've spent that money when they didn't have it.

And worse is that the kids that would have been being served under our Home and Community-Based Waiver, which is a waiver that we've had for, you know, 20 years that provides those kinds of soft services, they were -- people weren't being -- families weren't being referred to the Home and Community-Based Waiver. We have 1800 slots statewide, 500 vacant waiver slots, 500 slots for kids who would have -- should be getting those services and they're not because they thought waiver was going away in July. They thought that they were going to have the SPA services, and it was going to be available to so many more thousands, literally thousands more children.

And now not only are the kids that need the waiver not getting the slots filled, but the other kids who would have gotten the

SPA services aren't going to get them.

CHAIRWOMAN YOUNG: So it's really created a crisis, right?

MS. PIERCE: It really has, for both the providers and for the children and families.

CHAIRWOMAN YOUNG: Okay. Thank you for that. That's very valuable testimony.

Any questions?

SENATOR KRUEGER: Thank you again for coming back.

CHAIRWOMAN YOUNG: Thank you.

MS. PIERCE: Thank you.

CHAIRWOMAN YOUNG: Our next speaker is Dr. Ellie Carleton, residential treatment team leader, from Astor Services for Children and Families.

DR. CARLETON: Good afternoon. My name is Ellie Carleton. I'm a residential treatment team leader for the RTF, the Residential Treatment Facility, at Astor Services for Children and Families. I am a licensed psychologist, and I have been working at Astor in the RTF for 20 years.

And I appreciate the opportunity to be here today.

Astor is a large provider of children's early childhood and behavioral health services in both the Hudson Valley and the Bronx. Last year, we served 10,000 children throughout our various programs. Our RTF serves 20 children between the ages of five and 14.

RTFs were created as a subclass of hospitals and were able to have -- the program has been funded 100 percent by Medicaid, as children were deemed a family of one for Medicaid purposes by virtue of their mental health disability. RTFs have been viewed as a less restrictive, community-based alternative to state psychiatric inpatient treatment.

There are currently 18 RTFs in the state that serve nearly 500 children. For many children and families, the RTF is their last hope. The children that we serve in these programs have very serious emotional and behavioral disorders. They are

physically aggressive, lack social skills, and demonstrate problems with impulse control. Many have psychotic disorders, learning problems, and are prone to self-injury. Many have a history of tremendous trauma.

The children's mental health community has been participating and planning for the transformation of the healthcare system; however, we've only been able to access a relatively small amount of money. We have not been able to access capital dollars to any significant degree.

Older RTFs do not have the physical facilities to provide the kinds of services that children need and deserve. Our programs are committed to reducing restraints, shortening lengths of stay, and the facilities that we have are not adequate to do so. Programs that want to redesign their units to meet the needs of the children do not have a access to capital dollars.

RTFs are a critical safety net and need to be able to have the environments

necessary to provide the highest quality of care.

Astor is one of the few programs that's been able to construct a brand-new facility. Our space is state-of-the-art and allows for single bedrooms for each child. The space was designed and constructed in accordance to all OMH standards, and it's a safe space, physically and emotionally, that helps meet the children's needs.

We obtained a mortgage for construction, and those costs are being paid down due to an add-on on our Medicaid rate. If the RTF is to continue to operate as it has been since opening, there would be no concerns with this debt. However, given all the work that is going on to transform the systems, we believe the future of our agency could be in jeopardy. It is not a given that managed-care companies would include the rate in any payments that would occur when the program transfers to managed care.

We're budgeted at 98 percent occupancy, something we have achieved without

difficulty. However, we expect that commercial payers will want to significantly reduce length of stay, and this will result in reduced occupancy as a percentage of care days, which would put our ability to pay the debt in jeopardy.

We believe debt relief would provide us with long-term security as well as the flexibility needed to adjust in an environment that demands that we are very nimble to respond to the needs.

In summary, RTFs are a vital provider in the continuum of care for the most needy and the most high-risk children. We need capital to be able to provide the therapeutic facilities for this population that we are being asked to serve. Hospital systems have been able to access hundreds of millions of dollars. We ask that in the name of mental health parity, RTFs have the same opportunity.

Thank you.

CHAIRWOMAN YOUNG: Thank you for your testimony.

Any questions?

ASSEMBLYWOMAN GUNTHER: Yeah. I actually visited the one in Rhinebeck.

So your length of stay in your facility, average length of stay? And just because I visited there -- these children really had very few options as far as where to go, and I just think that it would be important for people to know your success rate.

DR. CARLETON: Mm-hmm. Our length of stays are over a year, the average length of stay.

And in terms of about 30 to 40 percent of our population is able to go to a lower level of care, typically back to their home. About another 40 percent move on, either to an adolescent facility or a slightly lower level of care, such as a community residence. And a small percentage go on to a long-term hospitalization before they can be stabilized and returned to a lower level of care.

ASSEMBLYMAN GUNTHER: Thank you. Thank you.

CHAIRWOMAN YOUNG: Thank you. Appreciate it.

Our next speaker is CEO and President Christy Parque, Coalition for Behavioral Health.

MS. PARQUE: Hi. Good afternoon.

CHAIRWOMAN YOUNG: Good afternoon. Thank you for being here.

MS. PARQUE: Thank you for this opportunity. My name is Christy Parque. I am the president and CEO of The Coalition for Behavioral Health.

And The Coalition is the umbrella advocacy and training organization of New York's behavioral health community, largely New York City and the outer counties surrounding New York City. We represent about 140 community-based providers of substance use and mental health services. We serve about 500,000 New Yorkers with these services. And proudly, I represent about 35,000 workers, and that's a lot of what I'm going to talk about today.

You have my testimony, but I just want

to give you some context. I know that you've had a lot of hearings and testimony in the last two days, but as you know, the behavioral health field in New York is in the midst of transformation. There's greater emphasis on meeting the needs of people in their communities, and that's rightly so, while at the same time we seek to improve efficiencies and outcomes in the delivery of Medicaid services. The Coalition thoroughly embraces these goals and is trying to be an active partner in these areas.

Our members comprise an intricate network of safety-net providers throughout all the neighborhoods they serve. They care for our most vulnerable among us. They provide all kinds of services -- PROS, day treatment, clinic programs. They provide it in every language, they provide it in sign language. It is a comprehensive network of services that they provide.

The Coalition's budget priorities reflect this comprehensive approach that we provide to our communities. We strongly

support measures that preserve and strengthen community-based mental health and substance use programs through reinvestment of resources in community-based programs.

I will be focusing my testimony, and you have it there, in three areas, which is workforce, infrastructure, and access. And what I ask for you to do is as we move forward through this transformation, invest in our success.

So you've heard the discussion of the 3.25 percent. Hooray, we really appreciated that last year. We really are having a workforce crisis currently. Our retention rates are challenging because people are leaving to go into other sectors like hospitals or government or managed-care organizations.

There is truly a workforce crisis trying to find culturally competent and language-proficient folks to run our programs. And we are moving forward towards a sector where people can come in any right -- there's no wrong door -- any right

door, any time, to get the services, and we need the staff to do that.

And things like regular COLAs, which we've not had, and things like the 3.25 percent, go a long way to helping us to retain our staff. And there are some other great ideas about helping to retain our workforce.

I also want to talk about the clinical practice exemption. We are absolutely a partner in trying to resolve this long-standing issue. However, we cannot have a solution that exacerbates our workforce crisis. Again, the biggest place where we would be impacted is around culturally competent and language-proficient folks.

I have one provider I was meeting with today, they have 35 LMHs, and they're all bilingual in Spanish or Haitian or French. None of their LCSWs are. They receive supervision. We have a highly qualified workforce, it's been highly qualified. We have intense supervision, we have oversight by multiple agencies. We're very confident

in the high quality of the services we provide.

We of course want to be at the table when we look at opportunities to deal with this issue that I know that you're as tired of as we are. However, I have grave concern for not just my workforce, but the bigger piece of access. If that one provider has to let 35 staff go, who will serve those people in the languages that they need to be served in?

Related to enforcement of supporting our sector, we have a request related to the Statewide Health Care Facilities Transformation. You were tremendous last year -- last year's budget put in $30 million, the Legislature came in at $75 million. That was heroic. We are so grateful. That's going to get us to where we need to go.

This year, however, have a $425 million budget for that pot. Last year, the percentage we got was 15 percent. This year we're at about 9 percent. What we're

requesting is that we get proportionally a larger share of that. We support that assisted living, they should get what they need. However, we need to pull them out of our pot and strengthen the community health centers and the behavioral health clinics in the districts.

So we look for your support to try and bring that parity up. It's not a dollar ask, it's just rejiggering what that bucket looks like.

The other piece related to strengthening our sector is the Nonprofit Infrastructure Capital Program, which affects folks that are not in healthcare transformation, but it could be a senior center that needs a new boiler or a shelter that needs a program or a new heating system. This is available to all the nonprofits in the state.

Two-thirds of the folks that applied -- over 634 organizations applied -- two-thirds were denied. So clearly there's a need for that. There's no money in this

year's budget. We'd love to get some money back in the budget.

And the final piece, as we address our services related to access, we must keep in mind that whatever actions the agencies take, whatever actions the state takes, that we have to preserve access because we are in a crisis. We're facing an opioid crisis. We have to ensure, as you heard around kids, that kids have the access to services. We support the request that Paige mentioned.

We also support the Bring It Home campaign, because housing is healthcare, and the best way for recovery is in a safe, stable place.

And you have the rest of my recommendations. I'm happy to take any questions.

CHAIRWOMAN YOUNG: I don't think we have any questions, but we appreciate your testimony. Thanks for being here.

MS. PARQUE: Thank you.

CHAIRWOMAN YOUNG: Our next speaker is President and CEO Ann Hardiman, New York

Alliance for Inclusion and Innovation.

MR. SEEREITER: Good afternoon. I'm Michael Seereiter, the executive vice president and COO of the New York Alliance for Inclusion and Innovation.

Since the last time we presented before you all, this is a new organization, resulting from the merger of the New York State Rehabilitation Association and the New York Association of Community and Residential Agencies. My colleague and I, Ann Hardiman, are the two respective organization heads of those, and we're coming together as a new organization.

Our number-one priority is the workforce issue, which Ann is going to speak about right now.

MS. HARDIMAN: Yes, I wanted to take the opportunity to thank you all, on behalf of the Be Fair coalition. You were awesome last year in supporting our move toward a living wage for DSPs. The Executive Budget includes full funding to support 6.5 percent salary increases, and we thank you for that

important increase.

Since then, we've done another snapshot survey, and our data is worsening. Providers in 2017 have vacancy rates of one in seven, 14.4 percent. They have a turnover rate of 26.7 percent, up 8 percent from 2016 and up 42 percent from 2014. One in three DSPs leave in less than six months. If you calculate using $4,000 as their on-board training and recruitment cost, that's just a waste of money when people leave in under six months.

Our overtime is 10 million overtime hours in 2017. Due to this worsening crisis, we respectfully request a third installment of direct support for direct support professionals in the Be Fair campaign, with an investment of an additional $18.25 million in the budget this year.

I also want to briefly mention around housing. We all know how important housing is for people with developmental disabilities and with psychiatric disabilities. They're foundational to health and well-being. And

the New York Alliance has created a housing navigator training initiative that includes some innovations in using assistive technology to live more independently, and also around other innovations like shared living.

We know those are important. We respectfully ask, in light of the success of this housing navigator program, where we've trained 150 housing navigators, that there be an additional add of $500,000 to expand that program.

We appreciate all your work and thank you for the Be Fair dollars. And over to Michael for comments on managed care.

MR. SEEREITER: Our last component that we wanted to bring to your attention revolves around that systemic transformation for the OPWDD systems -- specifically, the Care Coordination Organizations and the shift towards managed care.

We submitted comments to OPWDD in three areas -- the Health Home application, the 1115 waiver, and the care coordination

transition plan -- that were all made available for public comment. The common theme, I think, from our comments in those comments was our concern about the unrealistic time frames, or what we think are unrealistic time frames, and the insufficient resources made available thus far to really, I think, get those transitions right.

The Care Coordination Organizations are proposed for essentially creating the Health Home model for the I/DD population. There are many unclear aspects of the transition that's scheduled to take place on 7/1. Technology is going to need to immediately replace the communication that has taken place between the care manager and now -- or, excuse me, the MSC and now the care manager and the provider of the services themselves.

What is the preparedness, what are the preparedness activities that organizations that are providing those services need to be undertaking now to be prepared for that 7/1 implementation?

Likewise, on the managed-care transition, the larger managed-care transition that's scheduled for a few years out, we believe that there are major investments that are necessary in terms of readiness, the tools and the capacity that providers need to be ready to participate in that new structure.

I think IT is a wonderful example of that. You were talking about EHR, participation with the Statewide Health Information System, and the ability to collect and analyze data in a way that really prepares organizations to participate in that new structure. The ability to answer a question about whether the funding that is proposed to support one individual is actually sufficient, based on previous experience of the overall supports that are necessary for an individual.

That transition, I think, actually has been exacerbated or will be exacerbated by the experience that we've been through with the rate rationalization exercises over the

past four years, where we've moved actually further away from some of the goals of moving toward managed care and value-based payments.

I think that this really speaks to the need for larger investments in the system, particularly in provider readiness activities and investments in the technology and capacities of providers to participate in the new environment of managed care that's coming very, very quickly.

Thank you.

SENATOR KRUEGER: Thank you.

CHAIRWOMAN YOUNG: Thank you very much.

MS. HARDIMAN: Thanks so much.

CHAIRWOMAN YOUNG: Our next speaker -- actually, we have two. We have Administrative Director Arnold Ackerley and director of Policy Clint Perrin, from the Self-Advocacy Association of New York State.

If people want to get closer, too. After them, we have the Association of Substance Abuse Providers, and after that, Friends of Recovery. If you could get closer

to the front, that would be helpful.

Thanks for being here. Please summarize your testimony.

MR. PERRIN: Hello.

MR. ACKERLEY: So first we just want to thank you for allowing us to be here and give testimony today.

MR. PERRIN: New York State's system of services for people with disabilities is undergoing a big change. Part of this intent is to change -- to create more community integration and choice for people with disabilities.

Funding is needed so that this change meets the goals in a real way of our lives. For people with disabilities, solutions need to consider a full range of supports and services to ensure that the person has meaningful choices and sustainable opportunities for independence and inclusion.

It is important to consider housing, staffing, transportation and employment opportunities together when planning development for people with developmental

disabilities.

In addition to people with DD, there are many people in need of housing and better services -- veterans, the elderly, people with mental health concerns. We urge you, we urge the Legislature to think of how to mobilize communities to think of all its members together to offer solutions and create real communities.

MR. ACKERLEY: Okay. So there's just a few points that we want to make. Of course you have our testimony, so I won't read the whole thing. But one area of concern that's come up is housing and the investment in housing opportunities.

The state -- which we're very grateful for that investment, and we're very grateful that OPWDD's budget was able to be increased again by 4 percent. However, there's a preponderance of investment in legacy services still to this day -- traditional group homes, traditional day programs. When you contrast that, there's about $120 million proposed, $15 million into independent

settings.

There's many people with developmental disabilities that are currently living and residing and receiving legacy services that really could be in more independent settings. There could be significant cost savings if we were to invest more into getting people into places they need to be, in more independent settings. And for those that really require these legacy services, moving them into them rather than continuing to invest in new development, which we know is still ongoing.

In terms of #bFair2DirectCare, you know, workforce and the DSP turnovers, I think that you really understand that, and I'm sure you've heard a lot about that over time today. I think the most important thing we would ask to you remember is that you've heard a lot of numbers, but I think it's important to remember there's lives behind those numbers. For the DSPs, of course. But for people with developmental disabilities in many cases, when they don't have that person available to them or they have high turnover

rates, really their lives are being put on hold. They're really not able to participate in their communities as they would like to. They're not really able to hold down jobs that they would like. They're simply not as successful as they would like to be.

So we just stand with Be Fair, and we really ask for that to be expedited to solve that issue. There's also real risk to safety, dignity and well-being, you know, with these current numbers.

Transportation I know is a difficult issue, and we certainly don't have some sort of a magic spell, but I do think it's important for people to understand that throughout the state, for people with developmental disabilities, their options for transportation are vastly limited.

Even in our case, our office -- we share an office with OPWDD, that has been very generous in giving us office space. A couple of years ago in Buffalo, our Buffalo office, the paratransit line was cut. So even for us, the Self-Advocacy Association,

we no longer have an accessible office through paratransit. So we are using remote sites and exploring other alternatives. But I think that's a good example of how bad it can get.

Another thing is for people in rural areas, they really don't have any options. So when you combine these staffing shortages -- who may be their only line to sort of transportation community integration -- with the fact that there's no public transit for them, it can lead to tremendous isolation.

CHAIRWOMAN YOUNG: Thank you.

MR. ACKERLEY: Thank you very much.

CHAIRWOMAN YOUNG: Thank you. I think self-advocacy is extraordinarily important, and we appreciate you being here today.

MR. ACKERLEY: Thank you very much.

MR. PERRIN: Thank you.

CHAIRWOMAN YOUNG: Next we have Executive Director John Coppola, Association of Substance Abuse Providers.

Thank you for being here.

SENATOR KRUEGER: Hi, John. When you're ready.

MR. COPPOLA: Good afternoon. I want to just start out where I left off last year. When we came here last year, we asked for a significant increase in commitment to prevention treatment and recovery. And we predicted that if we didn't do that, there would be a continued upward trajectory of record deaths and overdoses, et cetera.

Well, that's exactly what happened, at least the latter part of that. We had a record number of overdose deaths in 2017. And I know that each one of you has a personal awareness of one of your constituents who lost somebody to an overdose. There will be a record number of overdoses in 2018, and there will be a record number of overdoses in 2019. People who know about health trends are saying this. And what hasn't happened is a massive infusion of resources.

I want to correct the record. Last year I believe the Governor at some point was

talking about the commitment that was being made to the opioid crisis, and I believe he used the number $213 million, a substantial number. If you look at the chart in my testimony that lays out local assistance -- and I would strongly encourage the Finance and Ways and Means folks to take a look at the local assistance budgets over the course of the last five years and ask a very simple question: How much money did we commit to OASAS for prevention, treatment, and recovery services in the communities across New York State? You will not see anything remotely resembling the number $213 million.

And I don't know that the Governor frankly was representing that that was the case. I think the Governor was simply describing that based on the influx of people into our system, that is essentially how much resources were being consumed by the system. Okay?

So if you look at the local assistance dollars over the course of the last five years, we have barely kept pace with

inflation --

ASSEMBLYMAN GUNTHER: Are you on page 2?

MR. COPPOLA: Yes.

ASSEMBLYWOMAN GUNTHER: Okay.

MR. COPPOLA: Yup. So we've barely kept place with inflation. It's less than 3 percent from year to year to year, okay?

So again, I do think it's not a misrepresentation to say that $213 million is being used to fight the opioid crisis; that's simply because of the demand of the people coming into the existing system.

And the thing that you have to ask yourselves and think a little bit about is you are acutely aware of all of the changes that were necessary when we moved from fee-for-service to managed care. People were buying electronic health records, people were hiring billing clerks.

You have to ask yourself the following question. If we weren't keeping pace with inflation, which is for your utilities and your healthcare costs and everything else --

so if we weren't keeping pace with inflation, and if these programs had to buy electronic health records and if they had to hire billing clerks, how did they possibly do it?

Well, it cannibalized existing open positions. So you're going to hear in a little bit from our prevention friends in New York City, and I was shocked when I heard this. Fifteen years ago, there were about 500 prevention specialists in New York City schools -- and we did a survey statewide, similar numbers for upstate -- 500 prevention professionals in the New York City schools. Today, there's 280. Well, 220, or 40 percent of the workforce, went poof.

Now, that's in part because the federal government walked away from prevention. But I just want to reiterate the point very simply, that there has been barely enough money to keep pace with inflation, much less giving the commissioner of OASAS the resources that she needs to deal with the pandemic.

Quickly on the Governor's

recommendation of a surcharge, $127 million. And I believe a number of you asked questions of the commissioner and others, you know: Well, where's the $127 million? Well, the reason why you are asking that question is because you don't see it in the OASAS budget. It's not clearly articulated, right? And what we don't want to do is take $127 million from the surcharge, put it in the OASAS budget, and then shuffle $101 million out the door to go pay for something else -- and then say we just took $127 million as if it's new dollars. Okay?

So again, I'm just asking you to please keep an eye on the real numbers. And the Ways and Means and Finance staff can kind of look at these numbers and let you know that they're very real.

I just have a couple of additional points I'd like to make. The executive director of NASW was here a little while ago to talk about licensing issues. The Governor put something in his budget that would continue to address a very significant flaw

in the social work licensing bill.

There's a reason why it's been 14 years that it hasn't been enacted, and the reason for that is that it was way beyond what was initially conceived, and there was very little awareness about how significantly implementing that licensing statute would impact the workforce in addiction programs and mental health programs, et cetera, extraordinarily highly regulated environments where people in recovery and people with lived experience can work and practice as part of larger teams.

And what we don't need is to have the State Education Department implementing a statute that is seriously flawed and significantly -- and we will be displacing thousands of people working in addiction programs if we just let those exemptions sunset, right?

So we're not talking about putting people -- making them do diagnoses. That scope is a serious problem. OASAS, OMH, and others have documented it, and it's really

not fair to sort of suggest that the workforce which has been doing addiction treatment for years under a highly regulated environment is somehow incompetent and somehow OASAS and the other state agencies are abdicating their responsibilities by not hiring nonexistent licensed professionals, okay?

So I just strongly suggest that you don't just dismiss this because it's been on the table for 15 years. There's a reason why it's been an issue for 15 years. It's extraordinarily difficult to fix, but I think we can come up with a solution better than displacing people from the addiction workforce at a time when we can least afford to do so.

Just one final point, and that is that as you contemplate -- and again, we need you to make a serious commitment of resources to address this pandemic, and I ask that you seriously think about the existing programs -- it's not just about putting up a new clinic here and a new clinic there.

And Christy talked about the workforce crisis that we're having, right? We have to make an investment, and most of my written testimony speaks about strengthening the prevention workforce, strengthening the treatment workforce, and strengthening the recovery workforce. We've got to take care of the existing infrastructure. It's not okay that for years we have failed to keep pace with inflation with our allocation, in the midst of the death and addiction associated with the opioid crisis and the ongoing addiction to alcohol and other drugs.

SENATOR KRUEGER: I'm going to ask you to sum up.

MR. COPPOLA: Yeah. So one final point is we did commission a workforce survey with the Center for Human Services Research, and there's a number of the findings in my written testimony. And they really just demonstrate that there is a decreased ability to deal with the existing demand for services that is being caused by turnover and by the inability to fill positions.

And frankly, I think I mentioned it a little bit earlier, that some of those positions have been cannibalized and we'll never see them again unless, you know, you come in and really -- but, you know, I would end with the following question. What is it going to take?

What is it going to take for you all, for the Senate and the Assembly, what's it going to take for you to just do something dramatic to deal with an issue that's quite dramatic in and of itself? Like, what's it going to take, you know? It's going to be a record number of deaths again. What's it going to take?

We'll work with you in whatever way that we can to address this. It's tragic, it's horrible, but we have to do more. We're not doing enough.

And on the very last page is a graphic illustration of the juxtaposition of flat funding and elevated level of overdose deaths, and I think the red line for the flat funding is a little bit on the generous side.

It probably should be a little flatter than it actually is.

SENATOR KRUEGER: Thank you.

Question?

ASSEMBLYMAN GUNTHER: I just want to say that I agree with you 100 percent, and I think that we're not addressing this crisis the way that we should. And I think that in my opinion, we need everybody on board that is on board today, and a lot less people I think are going into social work and becoming CASACs.

It's a very difficult program, and we need more beds, we need to do more long-term care for this issue, and hopefully we'll be able to do something about it.

MR. COPPOLA: Well, just thank you for all that you guys do, and I really appreciate your service to the community and for, you know, the questions you've asked and the consideration you give this.

I think the Legislature is more knowledgeable about addiction today by far, unfortunately, for reasons that are really

tragic. But I really appreciate your engaging with us on this.

ASSEMBLYWOMAN GUNTHER: There are so many people that get to the point where they do want recovery and they've been long-term addicts and they've been through it once, twice -- but sometimes, as you know, it takes three times.

And at this moment in time the difficult of getting inpatient stays is unbelievable. And I said before, I called for hours and hours and hours. And, you know, and I knew because of being a nurse -- and I worked at a detox unit when I was younger -- and being a nurse and working with Catholic Charities a lot that, you know, at least I knew what to do.

But for people that it's a new thing, and it's becoming new to so many families across New York State -- we have never seen young people involved, robo-tripping, all these kinds of things. It's just different than it was before, or maybe because of social media we're just more aware of it.

MR. COPPOLA: And Assemblywoman, if a secret handshake is necessary, I know it in every single region of the state. And I have the exactly same experience that you do.

I was trying to get a 23-year-old woman who had an alcoholism problem into a treatment program on several occasions. Time number one, waiting lists every place that I knew. Time number two, waiting lists everywhere. Time number three, her father, who lives in Albany, put her in the car, took her to Buffalo, and she found a bed in Buffalo. Right?

So this is really -- you don't forget that experience.

ASSEMBLYMAN GUNTHER: No, I don't.

And also I know that -- I mean, there are some bizarre things going on in the world that I think we should be aware of, like if somebody is stoned or high. But some people actually, I have heard now through the grapevine -- they actually shoot up to get an admission into a hospital. And I'm sure you've heard that.

MR. COPPOLA: Mm-hmm.

ASSEMBLYWOMAN GUNTHER: You know, because they'll take you when you're stoned, I guess, and not when you're not. So people actually do it one more time. And it is absolutely true, because I work with a lot of people in that community.

MR. COPPOLA: Yeah.

SENATOR KRUEGER: Thank you very much, John.

MR. COPPOLA: Thank you.

SENATOR KRUEGER: Stephanie Campbell, Friends of Recovery New York.

And then for people watching the lineup, to move down closer. After that, DC37. After that, Coalition of Provider Associations.

Good afternoon.

MS. CAMPBELL: Good afternoon.

SENATOR KRUEGER: Thanks for being with us.

MS. CAMPBELL: Thank you so much.

ASSEMBLYWOMAN GUNTHER: You're so happy after waiting so long.

MS. CAMPBELL: I know. It's so true.

My name is Stephanie Campbell --

ASSEMBLYWOMAN GUNTHER: This is a half-day.

SENATOR KRUEGER: Don't listen to her. We're very early today. We're fine.

MS. CAMPBELL: Oh, good.

(Discussion off the record.)

MS. CAMPBELL: -- and as the executive director of Friends of Recovery New York, I'm honored to be here at today's hearing to discuss how we can address the public health crisis of addiction here in New York State.

As you may know, Friends of Recovery New York represents the voice of individuals and families living in recovery from addiction, people who have lost a family member and folks that have otherwise been impacted by this scourge.

The stigma and shame that surrounds addiction has prevented millions of individuals from seeking help, and FOR New York is dedicated to breaking down some of those barriers to access to addiction

treatment, healthcare, housing, education, and employment.

But more importantly, my name is Stephanie Campbell, and I'm a person in sustained recovery. And what that means for me is I haven't used alcohol or drugs in over 17 years. And that's allowed me to be the mother of two beautiful girls, one who recently graduated from Sarah Lawrence College, and one a teenager in her senior year of high school.

It's allowed me to be a partner, an employee, a taxpayer instead of a tax drain. It's allowed me to save the state of New York millions of tax dollars because someone made an investment in my recovery. And as a result, I went from being a homeless street kid in New York City to having a master's degree from Columbia University and New York University.

So instead of bouncing in and out of jails and institutions, I advocate for folks that have been impacted by this illness. And I know that you folks know that heroin use

and prescription opioid use are having devastating effects on the public health and safety of New Yorkers. According to the CDC, drug overdoses, as you know, now surpass automobile accidents as the leading cause of accidental death for Americans between the ages of 25 and 64.

And since I've begun this work -- the first year I was here in 2015, we were losing about 129 people a day. That number jumped the following year to 144, and this year it's 174. So as John Coppola just said, and other folks have said, this is not going away. It's going to continue to increase if we don't address it the way that it needs to be addressed.

And so the surge of people dying from this crisis continues to rise. And given right now the $4.4 billion shortfall that the New York State budget is facing, we must have a steady revenue stream of critically needed funding for prevention, for treatment and recovery services that are desperately needed to address the greatest public health crisis

this nation has seen in generations.

New Yorkers have been fearless in taking on previous epidemics, like HIV and AIDS. And I worked -- I sank my teeth into advocacy early on in ACT UP and, you know, we saw a real change that happened not only here in New York State, not only here in the United States, but globally when we took that epidemic seriously.

So we wholeheartedly see that it is time for the drug manufacturers who contributed to this public health emergency to cover state expenses that are associated with the epidemic here in New York State. And we see that proposed surcharge, which -- language is everything, right? So we really see this as an opioid stewardship fee, is what we're calling it, to expand support services to address the pandemic through new prevention, treatment, and recovery programs that will effectively address this public health emergency.

And I just want to say that, you know, part of my recovery process was from

prescription drugs. You know, and there's many of us, there's thousands of us across the state who I've talked -- you know, some of them I've talked to in recovery talks that we've had who have said, you know, "I relapsed, you know, on prescription drugs. My doctor didn't know." Right? And it's not that they don't care, but the overuse of these prescription drugs has really created, you know, part of this pandemic.

So, you know, I just want to reiterate that we see this surcharge as a clear message not only to manufacturers that they too have a responsibility to pay their fair share, and for its recognition that additional funds are needed to stem the tide of this devastating epidemic. But we feel strongly that the state's first priority for these funds must be the needs of OASAS prevention, treatment, and recovery.

And I also want to say that we want to see that this not -- we don't want to see this passed on to the consumer. And there's a way to do that. There's a way to have

conversations in which, you know, the right appropriations are made to the right people. And so we certainly support that.

So as a person in recovery who continues to hold her illness in remission, I see this proposed opioid stewardship fee as the way to holding those who contributed to this crisis accountable, while reducing that demand.

As individuals continue to struggle with addiction with no end in sight for grieving families who continue to lose loved ones to overdose deaths -- and I can't tell you folks how many people I've buried in the past two years alone. You know, how many funerals -- and I know you guys have gone to funerals as well.

It's -- it's -- it's time. It's really time. You know, addiction --

SENATOR KRUEGER: Could I ask you to summarize, to wrap up? Sorry.

MS. CAMPBELL: Oh, no. Thank you.

It doesn't discriminate. You know, I know that we have Senator Brooks here from

Long Island. You know, we've got a wonderful THRIVE Recovery Center that's doing extraordinary work, they're facilitating referrals, mobilizing resources, and linking individuals to community supports.

We must continue this work. We need more recovery community outreach centers, we need more recovery community organizations, more peers that are engaging with folks, family support navigators, and youth clubhouses. It's really time to stop investing in the problem and start investing in the solution, which is recovery.

Any questions?

SENATOR KRUEGER: Any questions?

ASSEMBLYWOMAN GUNTHER: Thank you very much.

SENATOR KRUEGER: Thank you very much for being here today and for all your work.

DC 37 Local 372, Kevin Allen and Donna Tilghman. Did I get that right?

MS. TILGHMAN: Yes.

SENATOR KRUEGER: Welcome.

MS. TILGHMAN: Thank you.

SENATOR KRUEGER: Whenever you'd like to start.

MR. ALLEN: Good afternoon, everyone. Good afternoon, Chairwoman Weinstein. Thank you for inviting us. On behalf of DC 37 and President Francois, we thank you so much for listening to what we have to say.

We're representing a group of 1.2 million school students. SAPIS provides work in the following areas: School programming, clubs, leadership, mental health awareness, peer mediation, classroom presentations, counseling services -- which is at-risk counseling, group, and individual sessions -- drug and gang prevention, and a host of additional mental health services for a variety of conditions.

These counselors help children keep their focus on remaining learning-ready through the use of coordinated and collaborative proven methodologies to cope with the myriad of societal pressures that detract them from their daily work in life.

We're excited that we seem to be a

unique group that counsels groups from the letter A to the letter Z. We counsel children from the letter K to the number 12. We're excited about that. In a community of over 1800 schools, which incorporates 1.2 million students -- if you do the numbers, that breaks down to 6,000 students per SAPIS. In reality, each SAPIS provides direct classroom lessons and counseling services to an average of 500 students each, with services available to only 325 out of over 1,800 schools.

We're passionate about that because just look at what we see on TV, just look at the daily grind, look at what the influx of social media has done with the students that we work with. That's why we provide that means on an ongoing basis, and Local 372 SAPIS are employed to bring that research. SAPIS have consistently implemented evidence-based programs with fidelity.

In addition, SAPIS are used to support schools during crisis -- unfortunately, one of the recent crises that we talk about is in

the Bronx, in the Urban Assembly School for Wildlife Conservation, when that student unfortunately died due to an incident. SAPIS counselors was one of the groups that came and that was called less than one half hour after getting the information that that happened. The reason why I can speak so passionately about that, I was one of the staffers that was there, that were on the scene.

The result of that is priceless. The result of that is catastrophic to a neighborhood, to a school, and to a community.

For the past three years, the Assembly has allocated an additional $2 million, and that has provided the funding for approximately 25 additional SAPIS positions. Together, these 25 SAPIS are able to provide prevention, education in the classroom, and direct counseling for approximately 12,500 at-risk students and their families who would otherwise not have the support that they needed.

For us to be able to maintain the current number of employees, we are asking the Assembly to maintain this $2 million allocation in the 2019 budget, and for the Senate to contribute an additional million dollars to support the hire of an additional 12 counselors.

We thank both the Senate and Assembly for their expressed support and recognition of the 1.2 million students taught in more than 1800 schools. The resources and the services that SAPIS offer to help keep pace with adverse societal pressures -- suffice it to say that New York City schools need to be safeguarded for that funding.

While there are limited state resources, which we all understand, New York State has always been a leader in prioritizing opportunities for the children. Local 372's goal is to partner with the state in making a smart investment in the qualities of life for both New York students, their families, and communities at large. Of course we look forward to working with you to

make this possible.

Again, we thank you for the opportunity to come before you on behalf of DC 37, Local 372 of the New York City Board of Education employees and the 280 Substance Abuse Prevention and Intervention Specialists that are on the ground each day looking and working for that change, all about children.

We will answer any questions that you have.

SENATOR KRUEGER: Thank you.

So any questions? Any questions, Assembly?

MR. ALLEN: Thank you very much.

SENATOR KRUEGER: You did explain it beautifully.

MS. TILGHMAN: Thank you.

MR. ALLEN: Thank you.

ASSEMBLYMAN OAKS: Thank you.

SENATOR KRUEGER: Thank you. Thank you both for being here today with us.

And our next testifiers -- don't lose your list -- excuse me -- Coalition of Provider Associations, Winifred Schiff and

Barbara Crosier. And then getting ready to line up next, Association for Community Living and then Supportive Housing Network of New York.

Good afternoon, ladies.

MS. CROSIER: Good afternoon.

MS. SCHIFF: Good afternoon. Thank you to Chair Gunther and to all our friends in the Senate and the Assembly for your ongoing support of all of our issues and for hearing our comments today.

ASSEMBLYWOMAN GUNTHER: Thank you for being so patient, all of you.

MS. SCHIFF: No problem.

MS. CROSIER: Thank you for sticking around.

MS. SCHIFF: I'm Wini Schiff, of the InterAgency Council of DD Agencies, and this is Barb Crosier from CP Associations of New York State, and we're today on behalf of COPA, which is the Coalition of Provider Associations.

COPA consists of five associations, which are the Alliance of Long Island

Agencies; CP Associations; DDAWNY, in Western New York; IAC; and the New York Association of Emerging and Multicultural Providers.

And before we get into our comments, I want to just say how grateful we are to your support of our #bFair2DirectCare living wage initiative. Thank you so much.

To give you just a small context for the reason -- you know, for our asks, in each of the past five years the adopted budget contained increases to Aid to Localities spending. But because of midyear reductions, each year it was less than that, the spending was actually less. For example, last year there were $88 million less spent than the year prior. And even though this year the proposed spending is $151 million higher, the cumulative spending over the past seven years has been $53 million less.

In addition to that, we have not received a Medicaid trend -- except for a 1.2 percent increase two years ago -- since 2010.

And we did get two increases that

we're grateful for. In 2015, there were two 2 percent increases just for staff. And then again this past year, the two increases for our direct support professionals, which are absolutely necessary and, you know, still is our biggest priority.

But at the same time, all of our costs are rising, and so providers are in more and more of a precarious situation financially.

From about 1993 till 2010, we got Medicaid trends every single year. Now it's been eight years that we have not received any kind of an overall trend.

In addition to that, rate irrationalization, is what we call it -- because it's based more on an idea than on actual costs of providing services -- have created a situation where there are no surpluses for any of our programs. And so programs that lose money, like clinics, Early Intervention, and other services for people with the most significant needs, are actually closing because they're money losers and we can't afford to support them because

there are no more surpluses to do that.

Getting right into something that you've heard before, which is our request to actually give us the payments toward the living wage more quickly. So in the beginning, we had asked for $45 million every year for six years, to bring us to the living wage, which is $17.72 downstate and $15.54 upstate. But based on new data that we have collected, our vacancy rates have gone up to 14.4 percent, our turnover rate is up to 26.7 percent, and programs are really suffering. So we are asking for the original plan to be sped up and for $18.25 million to be added to this year's budget for the next installment.

So just the other day -- on Liz Benjamin, actually -- I know you had heard that SWAN, which is a statewide parent advocacy network, joined the #bFair2DirectCare coalition, and Barb DeLong and Pat Curran were on there talking about our worsening crisis for staff. And Barb said that she's been given 45 staff hours for

support in their home per week, and she's only able to staff 10 of those hours. So that's pretty telling.

I'll turn it over to Barbara for development.

MS. CROSIER: And I'll just quickly summarize.

As development and particularly residential development for people living at home with aging caregivers is continuing to be a severe problem, we recognize that there is additional funding in the Governor's budget, but most of that is spent before it's even allocated. And then we also have concerns about actually seeing some of the additional what would be $120 million all-shares actually go out the door and be spent.

There's concerns about families are unfamiliar with the new residential request wait list and the certified residential opportunity list; concerns about how backfills are maybe being inappropriate, that people who really -- because there's an

opening, that's the only place they can go. Or that's what they're offered, even though it's not necessarily an appropriate placement for the individual, and that they're no longer being supported in places that are person-centered and really most appropriate. So we would ask that.

Mark mentioned telemedicine. And Assemblywoman, you also asked about it. We think that telemedicine is critically important, particularly for individuals with developmental disabilities. We think it can provide much better quality of care and significant Medicaid savings, particularly on the healthcare side.

There have actually been several pilots that have been funded through PPSs and BIP grants that showed that 86 percent of emergency room visits could be avoided with telemedicine. So that's far better care for an individual with a developmental disability not having to be transported to the emergency room. When we are in the emergency room, emergency room physicians tend to admit

individuals with developmental disabilities.

So it's a huge cost savings to the healthcare side, and we think it is much better quality of care for individuals with developmental disabilities.

What we're asking for is that there's language in the budget for the Office for People With Developmental Disabilities to promulgate regulations. We're asking that that be emphasized and that the office does promulgate the regulations allowing telemedicine, particularly in our residences, but also that there be some funding for agencies that don't have either Article 16 clinics or Article 28 clinics that can access funding through the healthcare facility transformation fund in the health department.

The other thing that we're asking for is that for telemedicine -- in our clinics, we get an add-on, because it's recognized that it takes longer and more staffing to treat an individual with developmental disabilities than it does a typical individual in our like Article 28 clinics.

And so we're asking that a similar add-on be included in the telemedicine rate to be able to bill through Medicaid.

SENATOR KRUEGER: Thank you. I'm just cutting you off because you're at zero.

Does anyone have any questions?

ASSEMBLYMAN GUNTHER: No.

And I think you make a great point about the telemedicine, because diagnosis of a child with a disability or an adult with a disability is so much different. They exhibit pain differently.

And also the transportation itself sometimes -- as you said, it's not just one person, it's two to three people doing the transfer, so it's very, very costly. And really you need someone with a specialty in DD folks.

MS. CROSIER: Right.

ASSEMBLYWOMAN GUNTHER: I think it's a great idea.

SENATOR KRUEGER: Right. Thank you. Thank you both for testifying.

MS. SCHIFF: Thank you.

MS. CROSIER: Thank you very much.

SENATOR KRUEGER: Our next testifier is Antonia Lasicki, Association for Community Living.

MS. LASICKI: Thank you.

Good afternoon. Almost done. How are you?

SENATOR KRUEGER: All right.

MS. LASICKI: So thank you very much for the opportunity to testify today. My name is Toni Lasicki, and I'm the executive director of the Association for Community Living.

ACL is a statewide membership organization of not-for-profit providers of community-based housing and rehabilitation services for more than 35,000 New Yorkers who have been diagnosed with serious, persistent psychiatric disabilities and who have been functionally impaired by those disabilities.

I am going to read parts of my testimony, but I've crossed out an awful lot of it, so it's like a summary.

Today I will be speaking on behalf of

my organization, ACL, as well as the Bring It Home campaign, a statewide coalition of more than 200 community-based mental health housing providers and advocates, faith leaders, residents, and their families. You've heard from Harvey and from NAMI and from others about the Bring It Home campaign today -- Christy Parque as well. We're working to bring better funding for better care to New York, and we strongly urge you to include adequate funding for our critical mental health community-based housing in the final New York State Budget.

New York has historically been a national leader in mental health healthcare. Under the leadership of both Governor Andrew Cuomo and his father Mario -- and with the support of the New York State Legislature, including many of you listening today -- New York set new national standards to care for and protect people with psychiatric disabilities. However, despite building a breadth and depth of mental health housing opportunities that is unparalleled in the

nation, the state has not kept its promise to adequately fund these housing programs that care for the New Yorkers who most need our help.

For more than 25 years, mental health housing providers have received few increases in their funding, and most of those increases that were provided went to New York City, Long Island, and the Lower Hudson Valley, because the state just wouldn't make enough money available. So it focused on the units that would literally imminently fail without immediate help.

In bad years we've been told that there isn't any money, and in good years we've been told there wasn't any for us either. Within the five models of housing programs, only three have received increased funding since 2009. So out of five models, only three have received anything, and only in restricted geographic areas.

All of the programs throughout the state are stretched untenably thin. For example, the Supported Housing program in

New York City spends nearly all of its funding on rent, which leaves little for mandatory staffing, lease management, and other obligations.

With unreliable funding across the state, our mental health housing system has reached a financial breaking point. And the people who feel it are some of New York's most vulnerable residents, who suffer from the disruption that staff vacancies and staff turnover create, not to mention to overworked supervisors.

And I just want to respond to the commissioner for a minute. She spoke about the $42 million that have been added to the state budget over the last few years for housing. That sounds like a lot of money, but it really has to be put into context.

There's a certain model of housing, 8200 units, that had gotten so little increases for 25 years that they had lost 80 percent of their funding due to inflation. They literally got 10 percent in increases over 25 years. So a chunk of that

$42 million went to them. They are now at the point where they have lost 70 percent of their funding due to inflation, even with the investment that the Office of Mental Health made.

The Supported Housing program in New York City, Long Island, Westchester, Rockland, and Putnam, also received a large part of that $42 million. That brought their rates up to, as the Commissioner said, around $17,000 in New York City. Just to put that into context, OASAS pays $25,000 per year per unit. New York City pays HIV-supported housing -- it's the same exact model -- $30,000 per unit.

The new units that the Governor is putting online, the services will be $25,000 a year because they knew these providers -- and it's these providers that will do those new beds -- these providers would not develop those at $17,000 per year for services. It doesn't work. It just doesn't work.

I have a provider on Long Island who has two large facilities, 65 units in each,

and he's losing $250,000 per year on each building, and he has one staff person for 65 clients. And to respond to Senator Young, in terms of what's -- how steep is the step down from a state hospital to the community, those people who are staffed at one staff person for 65 clients, that facility emptied an entire ward of Kingsboro State Psychiatric Hospital.

So an entire ward went into one of those facilities. And they went from a state hospital to one staff for 65 people. It is not reasonable any longer, and providers -- their boards of directors are now telling them, We cannot allow you to continue to do this.

We have providers in New York City, they are losing massive amounts of money at $17,000 a year per bed in supported housing. It just doesn't work.

So I do want to be clear. Mental health housing providers cannot survive under these circumstances. They have reached the point where they'll be forced to reconsider

renewing state contracts -- and some have said that to the Governor's office -- and without adequate funding they are going to shut down. Maybe not tomorrow, but it will eventually happen.

Beyond the moral imperative, taxpayers end up footing a larger bill when our clients fall through the cracks. Without mental health housing options, those with major psychiatric disabilities end up hospitalized, homeless, in nursing homes, or become incarcerated, often due to minor infractions. And I know I'm repeating what Wendy Burch said, but it's true.

Governor Cuomo made a commitment to combat homelessness, and he is funding all those new housing opportunities at an adequate and much higher services rate. So my providers are saying to themselves, Well, why wouldn't I just turn back the ones I've got that I'm losing a ton of money on and develop the new ones which will be fine? So that's the dilemma that they're all in. They're having board conversations all the

time about this.

So as we face the dilemma, we can either become a national model for how states can successfully protect a population that so desperately needs support, or watch the system collapse and become an example of what can go wrong. So it's time to make the right choice. And on behalf of all New Yorkers impacted by mental illness, their families, friends, colleagues, and neighbors, we urge you to increase funding for community-based supportive mental health housing in this budget.

So we're mindful of the state budget environment that we have right now, obviously. On the last page there's a -- the last page of my testimony shows what the financial need is by program type, and it's about $117 million that they need to stabilize approximately 40,000 units of housing across the State of New York. It sounds like a lot of money, but it is 40,000 units of housing that have been really neglected for a very, very long time.

But given the state budget environment right now, what we're suggesting is that the Governor's $10 million which he added to the budget this year for these housing models -- and how it's allocated hasn't been decided yet, so our suggestion is that the Senate and the Assembly support moving that $10 million to the fourth quarter of the state's budget. Then that $10 million would annualize to $40 million.

That would go a long way to helping us, and we think that the Governor might be more willing to make that move if the Senate and the Assembly put something in as well.

If the Senate and the Assembly put in $20 million, the $30 million combined would equal $120 million for the next year, which is exactly what we need. We understand even that might not be possible, but if you match the Governor's $10 million and there are $10 million from the Legislature and $10 million from the Governor in the fourth quarter, that would equal $80 million annualized, and that would go a long way to

helping us in the short term.

We realize we'd have to come back again and continue to try to get more, especially now that I think we're moving into a time of increased inflation. We've been relatively lucky because the last four years have been low inflation, but we're probably moving into a time when we're going to have much higher inflation. And so all of my program types, they're either at about -- they've lost either 43 percent to inflation to 70 percent to inflation. So it's desperate.

And the workforce issue. We are running 50, 60 percent staff vacancy rates, and Assemblywoman Gunther heard just yesterday from a provider who has six staff people per week for a program, and they only have two hired. So four are vacant out of six. So that means the program managers and the supervisors, they're swooping in to cover shifts.

They usually have a group of respite workers they can call in. Respite workers

are going away because, you know, we're at full employment. So it's very difficult to find anybody to do respite work. So we're wearing our staff out. I even have a CEO who does midnight shifts in one of her programs in Ulster County.

SENATOR KRUEGER: I do have to cut you off, but I also want to thank you so much.

And I asked -- I tried to ask these questions of the commissioner earlier today, but you were so much more articulate at laying out how desperate the situation is.

And I'll probably get in trouble for this, but you know what, I think your providers should say "We're not taking the $17,000-a-year contracts," and shift gears. Because it's crazy that we're paying $25,000 under the new contracts for exactly what we need, we say we need -- the next testifier's going to tell me that too -- and that we need to be speeding along our increase in supportive housing. And then you find yourselves being penalized so extremely for having been in the business of doing this

important work for so long.

MS. LASICKI: Yeah. You know, our providers are mission-driven, and they are loath to give back beds. They are loath to do any of this. They really want to continue -- they have wait lists a mile long.

SENATOR KRUEGER: Yeah. Right.

MS. LASICKI: They recognize that reducing the number of beds in the system is a terrible outcome.

SENATOR KRUEGER: Right.

MS. LASICKI: So they do their best to not do that.

SENATOR KRUEGER: Are there questions?

ASSEMBLYWOMAN GUNTHER: We talked yesterday.

MS. LASICKI: Yes, we did. Thank you.

SENATOR KRUEGER: Thank you very much for being here.

And our last testifier today --

(Laughter.)

ASSEMBLYWOMAN GUNTHER: You get the Patience Award.

(Laughter.)

SENATOR KRUEGER: -- from the Supportive Housing Network of New York, is Maclain Berhaupt.

Hi, Maclain. How are you?

MS. BERHAUPT: Hi, very well. Thank you so much for the opportunity to testify today.

My name is Maclain Berhaupt, and I am the State Advocacy Director of the Supportive Housing Network of New York. We represent just over 200 nonprofits who build and operate supportive housing throughout the state.

I mean, I really could just sit here and echo exactly what Toni just so eloquently laid out for everyone. Just a couple of additional points I wanted to make that I think are important to the conversation.

You know, in New York City, where Toni mentioned the increases have occurred -- which were extremely modest, $500 per person -- HUD puts the fair market rent for an efficiency apartment in New York at just over $18,000 annually. The current rate

there is just over $16,000. So while this program 20 years ago was intended -- roughly 50 percent of the funding would go for services and 50 percent for rent, it's not even covering rent anymore. So that's the issue.

You know, a few years ago we were here saying, Oh, there's a couple of hundred dollars for rent, and we're barely making it -- but now it's not even covering the cost of rent. So something is going to give eventually.

The other thing I just wanted to mention is, you know, the way providers are dealing with this right now is they're doubling up tenants. And that's not ideal for any situation, particularly for this population. And you know, again, the chronically low rates, you know, in addition to the doubling up -- we're watching landlords just refusing to renew leases now.

So we're really in a dire situation. And we're urging the Legislature -- through the campaign, as Toni mentioned -- to work

with the Governor, you know, to look at the funding requests of the $10 million that was put in this budget, put it in the fourth quarter and then annualize it into next year so we can really get the relief that we need.

And then the last point I'd like to make, as Senator Krueger had mentioned earlier, is that we advocated heavily for the last three years to see these new supportive housing units come online. There are 6,000 over the next five years. If we watch the existing units just evaporate -- because that's exactly what's going to happen -- we're not addressing the homelessness crisis as the Governor and the Legislature really intended last year by doing the five years of funding for these new units.

So we would just urge you to work with the Governor to support the $10 million, to try to do some additional funding and annualize it going into next year.

So thank you.

ASSEMBLYWOMAN GUNTHER: Thank you.

SENATOR KRUEGER: Thank you.

Any questions? No?

Well, then, thank you for being our last testifier.

And this officially closes the Senate-Assembly budget hearing on Mental Health. For those of you who are used to coming here every day of your lives, don't come back until the 27th for the next budget hearing.

Thank you, everyone.

(Whereupon, the budget hearing concluded at 3:49 p.m.)