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

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
2019-2020 EXECUTIVE BUDGET ON
5 MENTAL HYGIENE

6 --

7

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

10 February 7, 2019
9:37 a.m.
11

12 PRESIDING:

13 Senator Liz Krueger
Chair, Senate Finance Committee
14
Assemblywoman Helene E. Weinstein
15 Chair, Assembly Ways & Means Committee

16 PRESENT:

17 Senator James L. Seward
Senate Finance Committee (RM)
18
Assemblyman William A. Barclay
19 Assembly Ways & Means Committee (RM)

20 Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health
21
Senator David Carlucci
22 Chair, Senate Committee on Mental Health and
Developmental Disabilities
23

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1 2019-2020 Executive Budget
Mental Hygiene
2 2-7-19

3 PRESENT: (Continued)

4 Senator Pete Harckham
Chair, Senate Committee on Alcoholism
5 and Drug Abuse

6 Assemblywoman Linda Rosenthal
Chair, Assembly Committee on Alcoholism
7 and Drug Abuse

8 Assemblywoman Ellen Jaffee
Chair, Assembly Committee on Children and
9 Families

10 Senator Diane J. Savino

11 Assemblyman Angelo Santabarbara

12 Senator John E. Brooks

13 Assemblywoman Diana C. Richardson

14 Assemblyman John T. McDonald III

15 Assemblywoman Melissa Miller

16 Senator Gustavo Rivera

17 Assemblywoman Patricia Fahy

18 Assemblywoman Mary Beth Walsh

19 Assemblyman Félix W. Ortiz

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1 2019-2020 Executive Budget
Mental Hygiene
2 2-7-19

3 LIST OF SPEAKERS

	STATEMENT	QUESTIONS
Ann Marie T. Sullivan, M.D. Commissioner NYS Office of Mental Health	11	18
Roger Bearden Acting Executive Deputy Commissioner NYS Office for People With Developmental Disabilities	133	138
Arlene González-Sánchez Commissioner NYS Office of Alcoholism and Substance Abuse Services	220	227
Denise M. Miranda Executive Director NYS Justice Center for the Protection of People with Special Needs	290	297
Lauri Cole Executive Director NYS Council for Community Behavioral Healthcare	320	
Allison Weingarten Interim Executive Director Friends of Recovery New York -and- Kellie Roe Second Chance Opportunities and FOR-Albany -and- Bennett Reiss Long Island Recovery Association -and- Sue Martin Recovery Advocacy in Saratoga	326	

1 2019-2020 Executive Budget
Mental Hygiene
2 2-7-19

3 LIST OF SPEAKERS, Continued

	STATEMENT	QUESTIONS
Virginia E. Davey Statewide PEF/OMH Labor Management Committee Cochair Public Employees Federation (PEF)	333	339
Andrea Smyth Executive Director NYS Coalition for Children's Behavioral Health	340	345
Patrick J. Curran Steering Committee Member StateWide Advocacy Network (SWAN)	351	359
Harvey Rosenthal Executive Director NY Association of Psychiatric Rehabilitation Services	360	
Mark van Voorst Executive Director The Arc New York	366	371
Ann M. Hardiman President and CEO Michael Seereiter Executive Vice President/COO New York Alliance for Inclusion & Innovation	374	379

20
21
22
23
24

1 2019-2020 Executive Budget
Mental Hygiene
2 2-7-19

3 LIST OF SPEAKERS, Continued

4	STATEMENT	QUESTIONS
5 Winifred Schiff Associate Executive Director 6 for Legislative Affairs InterAgency Council of Developmental 7 Disabilities Agencies -and- 8 Barbara Crosier VP, Government Relations 9 Cerebral Palsy Associations of New York State 10 -for- Coalition of Provider 11 Associations (COPA)	386	391
12 Wendy Burch Executive Director 13 Ariel Coffman President 14 National Alliance on Mental Illness of New York State 15 (NAMI-NYS)	398	404
16 John J. Coppola Executive Director 17 NY Association of Alcoholism & Substance Abuse Providers	407	412
18 Antonia Lasicki 19 Executive Director Association for Community Living 20 -for- Bring It Home Coalition	420	427
21 Glenn Liebman 22 CEO Mental Health Association 23 in New York State	433	440

24

1 2019-2020 Executive Budget
Mental Hygiene
2 2-7-19

3 LIST OF SPEAKERS, Continued

4	STATEMENT	QUESTIONS
5 Kelly A. Hansen Executive Director 6 NYS Conference of Local Mental Hygiene Directors	448	454
7 Paige Pierce 8 CEO Families Together in NYS	457	
9 Shameka Andrews 10 Community Outreach Coordinator Arnold Ackerley 11 Administrative Director Self-Advocacy Association 12 of New York State	462	467
13 Drew Bielemeier Senior Vice President 14 Heritage Christian Services	470	
15 Ken Robinson Executive Director 16 Research for a Safer New York	476	480

17

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1 CHAIRWOMAN KRUEGER: Hi. If you would
2 take your seats so the movie can start.
3 This is the joint legislative hearing
4 on Mental Hygiene in the Executive Budget.
5 My name is Liz Krueger; I'm the Finance
6 chair. I'm joined by Helene Weinstein, the
7 chair of Ways and Means, and many of our
8 members who we will introduce in a few
9 minutes.
10 Pursuant to the State Constitution and
11 Legislative Law, the fiscal committees of the
12 State Legislature are authorized to hold
13 hearings on the Executive Budget. Today's
14 hearing, the 10th of 13 -- wow, we've just
15 been on a roll -- will be limited to a
16 discussion of the Governor's proposed budget
17 for the Office of Mental Health, the New York
18 State Office for People With Developmental
19 Disabilities, the New York State Office of
20 Alcoholism and Substance Abuse Services, the
21 New York State Justice Center for the
22 Protection of People With Special Needs.
23 Following each presentation there will
24 be some time allowed for questions from the

1 chairs of the fiscal committees and other
2 legislators.
3 We will introduce each representative
4 agency as they come to testify. The
5 commissioner's testimony will be followed by
6 a question-and-answer period by members of
7 the Legislature after each agency testifies.
8 After the final question-and-answer
9 period, an opportunity will be provided for
10 members of the public to briefly provide
11 testimony on the budget under discussion.
12 I'd like to introduce the Senators who
13 are here with us today. I see Senator
14 Gustavo Rivera, Senator John Brooks, Senator
15 Pete Harckham. My colleague, the Finance
16 ranker, Senator Jim Seward. Did I miss
17 anyone else? That's it. I think we will be
18 joined by Senator David Carlucci very soon.
19 And the Assembly members?
20 CHAIRWOMAN WEINSTEIN: We have the
21 chair of our Mental Health Committee, Aileen
22 Gunther; the chair of Alcoholism and Drug
23 Abuse Committee, Linda Rosenthal; and Ellen
24 Jaffee. And now our ranker, Will Barclay,

1 will introduce his conference member.
2 ASSEMBLYMAN BARCLAY: Thank you,
3 Chairwoman.
4 We're joined by our ranker on Mental
5 Health, Missy Miller.
6 SENATOR KRUEGER: Great, thank you.
7 I'm just going to explain sort of the
8 rules of the road here. We have timer
9 clocks. They'll be set for 10 minutes of
10 testimony for government representatives,
11 five minutes for public speakers.
12 The lights are -- when you start,
13 you'll see a green light. That will go until
14 you have one minute left, where it will turn
15 yellow to let you know you have one minute
16 left. And then when you hit zero, it will be
17 red and beep at you. We're not too subtle
18 anymore.
19 We urge everyone actually not to read
20 their testimony unless they've practiced with
21 a clock many times and know that their
22 written testimony is exactly the time they're
23 going to be given. But we find, to be
24 honest, it's much better when people can just

1 summarize the key points in their testimony.
2 We all have the full copies of the written
3 testimony. You have an additional seven days
4 to submit testimony, whether or not you're
5 testifying here today, or to amend your
6 testimony. And we are putting all testimony
7 up online for everyone to be able to see it
8 anywhere from anywhere and to respond to it.
9 We also want to just clarify, mostly
10 for the legislators, the light needs to be
11 red for the microphone to be on. And we all
12 make the mistake. But also you need to then
13 turn it off when you're not speaking, because
14 it turns out that people who are watching
15 these hearings online, the way the system
16 works, they hear anything being picked up on
17 any mic, even though you think you're just
18 having a quiet discussion with your
19 neighboring legislator over what you might
20 have for lunch someday. And so -- that was
21 picked up quite a few times yesterday.
22 (Laughter.)
23 SENATOR KRUEGER: And really the
24 choices are not that great here in the

1 Capitol.
2 (Laughter.)
3 SENATOR KRUEGER: So remember, turn
4 your mic off if it's not your time to be
5 actually be speaking. And the light should
6 be off, and that's how you know. Although
7 some of the mics don't work that great
8 either.
9 Anyway, now that I've explained sort
10 of how life works here in our hearing room,
11 I'd like to invite our first testifier up,
12 Dr. Ann Sullivan, commissioner of the Office
13 of Mental Health.
14 COMMISSIONER SULLIVAN: Good morning.
15 SENATOR KRUEGER: Good morning.
16 COMMISSIONER SULLIVAN: Good morning,
17 I'm Dr. Ann Sullivan, commissioner of the
18 Office of Mental Health. Chairs Krueger,
19 Weinstein, Carlucci, Gunther and members of
20 the respective committees, I want to thank
21 you for the invitation to address OMH's
22 2019-2020 proposed budget.
23 As you know, OMH seeks to provide and
24 oversee a high-quality mental health care

1 system which includes both inpatient and
2 outpatient services available to New Yorkers
3 in need. Using the Institute for Healthcare
4 Improvement parameters, known as the "Triple
5 Aim," we are working to optimize health
6 system performance. The Triple Aim framework
7 seeks to (1) improve patient care for
8 individuals, including quality and
9 satisfaction; improve the health of
10 populations; and, through these improvements,
11 reduce the per-capita cost of health care.
12 For decades, there were few options
13 for individuals with serious mental illness
14 in the community. Inpatient care was the
15 only readily available and standard option.
16 Unfortunately, it was not the best option for
17 many people. In the years since
18 institutionalization was the norm, mental
19 health care has evolved so that individuals
20 with serious mental illness need not spend a
21 significant part of their lives in a
22 hospital, but can successfully live and work
23 in their communities.
24 Through your continuing support of

1 reinvestment, our efforts to provide
2 individuals with mental illness the right
3 service at the right time in the right
4 setting have started to bear fruit. Since
5 2014, with a commitment of more than
6 $100 million in annualized investments thus
7 far, we have been able to provide services to
8 more than 67,000 new individuals, bringing
9 the total to over 800,000 people served in
10 the public mental health system.
11 Examples of the new services include
12 new supported housing for more than 1,700
13 individuals; state-operated community
14 services, including crisis residences, a
15 sustained engagement support team, and mobile
16 integration teams that have served over
17 14,000 additional individuals; a wide range
18 of locally operated community-based programs,
19 including peer respite, first-episode
20 psychosis, community support teams, and home
21 and community-based waiver services for
22 nearly 34,000 individuals.
23 Because these community services are
24 available, New Yorkers can get the support

1 they need to avoid hospitalization and access
2 inpatient services only when needed, and live
3 successfully in their communities.
4 This year's budget includes
5 initiatives which will enhance our ability to
6 serve even more New Yorkers through a
7 combination of improvements in existing
8 services and the development of new services.
9 These include:
10 Expanding community-based services.
11 The budget continues to support the expansion
12 of community-based programs serving
13 individuals in less-restrictive settings that
14 are closer to family and other natural
15 supports.
16 Supporting high-need individuals. The
17 budget provides an additional $10 million for
18 specialized supports such as peer support and
19 in-reach, to engage individuals with mental
20 illness who require a higher level of care to
21 transition and live successfully in the
22 community. These resources will be utilized
23 for individuals currently residing in
24 impacted adult homes.

1 Investing in infrastructure. The
2 budget provides an additional appropriation
3 of $100 million to support the replacement of
4 the Mid-Hudson Forensic Psychiatric Center in
5 Orange County, which includes buildings over
6 100 years old not designed for current
7 standards of care.
8 An additional $10 million for existing
9 supported housing and
10 single-resident-occupancy programs statewide.
11 Since FY 2014, annual funding to enhance
12 support for these existing housing programs
13 has increased by over $50 million. The budget
14 also includes $60 million in capital funding
15 to maintain and preserve community-based
16 residential facilities.
17 Expanding children's services into
18 managed care, including the rollout of six
19 new mental health and substance abuse
20 services available with New York State
21 Children's Medicaid, give children and youth
22 under the age 21 and their families the power
23 to improve their health, well-being, and
24 quality of life. These services strengthen

1 families and help them make informed
2 decisions about their care. Services are
3 provided at home or in the community.
4 Governor Cuomo and OMH continue their
5 commitment to a significant prevention
6 agenda, which promotes mental wellness,
7 prevents disorders, and intervenes earlier in
8 the trajectory of mental illness. This Early
9 Intervention and Prevention Agenda includes
10 such initiatives as New York State's Suicide
11 Prevention Plan, expansion of school-based
12 mental health clinics, Healthy Steps, Project
13 TEACH, and the OnTrackNY first-episode
14 psychosis early intervention program.
15 A comprehensive parity reform bill
16 that will enhance state monitoring,
17 oversight, enforcement of behavioral health
18 insurance benefits, and require insurers to
19 apply the same treatment and financial rules
20 to behavioral health services, such as
21 substance use and mental health services, as
22 those used for medical and surgical benefits.
23 The key provisions for mental health
24 include the codification of the federal

1 parity standards in state law for both mental
2 health and substance use disorders; prohibits
3 prior authorization and concurrent review of
4 inpatient psychiatric services for children
5 and youth for the first 14 days of care;
6 authorizes OMH review and approval of medical
7 necessity criteria used by plans; requires
8 DOH to review behavioral health provider
9 networks for parity compliance; requires
10 insurers to provide comparative parity
11 analysis to insureds and prospective insureds
12 upon request; requires mental health
13 utilization review agents to have subject
14 matter expertise; prohibits insurers from
15 retaliating against providers that report
16 insurance law violations to state agencies;
17 and requires behavioral health copayments be
18 no greater than primary care office visits.
19 Finally, OMH's strategy is to improve
20 the mental health of New Yorkers through the
21 development of targeted community services to
22 assist individuals across the state and
23 intervene prior to the need for more
24 intensive and costlier care, such as

1 inpatient hospitalization. For those
2 individuals that continue to occasionally
3 need inpatient hospitalization, New York
4 State has the highest number of psychiatric
5 inpatient beds per capita of any large state
6 in the nation, and we will continue to
7 preserve access to inpatient care as we work
8 to transform the system.
9 Again, thank you for this opportunity
10 to report on our efforts to support and
11 continue the work that we have jointly
12 embarked upon to transform New York's mental
13 health system.
14 Thank you.
15 SENATOR KRUEGER: Thank you. I think
16 our first questioner is going to be from the
17 Assembly.
18 CHAIRWOMAN WEINSTEIN: So we're going
19 to go to Assemblywoman Aileen Gunther for
20 some questions.
21 ASSEMBLYWOMAN GUNTHER: Good morning,
22 Commissioner.
23 We all know that the Executive has
24 once again decided to defer the

1 cost-of-living adjustments across the human
2 services field. I believe the only time they
3 received the statutorily mandated COLA was a
4 2 percent increase a few years ago.
5 So my question is this. With all the
6 economic development programs out there, with
7 New York State giving billions and billions
8 of dollars away to private corporations, why
9 has the Executive seen fit once again to put
10 off a raise for low-wage direct support
11 professionals? And as you know, they are the
12 backbone of the care for people with both DD
13 and with mental health issues. Basically
14 most of them are a greater percentage women.
15 And we deferred it, and it's important
16 that we appreciate the work they do and also
17 make sure that they get the increases they
18 need to have a living wage and an appropriate
19 lifestyle.
20 COMMISSIONER SULLIVAN: Thank you,
21 Assemblywoman Gunther.
22 I think that -- first of all, I want
23 to say just how important the workforce is to
24 us. They are a talented group of individuals

1 who do very challenging work.
2 It's true that the COLA is not in --
3 as of now with standing in the budget. It is
4 important to note that since 2014-2015 there
5 has been a 10 percent increase in -- targeted
6 to salaries and wages for individuals, direct
7 care workers in the system. So there is that
8 10 percent increase that has happened from
9 2014 until now.
10 I also think that we do other things
11 to help people be happy in their jobs as
12 well. We're working on recruitment and
13 retention strategies. We do a lot of
14 education, which is paid for by the Office of
15 Mental Health, that helps individuals grow in
16 their careers. We have a center for practice
17 innovations, which provides a lot of free
18 services in terms of actual education to
19 enable individuals to grow and learn more and
20 be more effective providers in our system.
21 We are looking at ways to work with
22 schools and other entities to kind of grow
23 the workforce. We are looking at some of our
24 regulations and things that sometimes slow

1 down the process of work, that can make the
2 job a little harder, how we can provide some
3 relief there.
4 So we're doing all those things as
5 well. And I think that those are also
6 helpful in terms of retaining and recruiting
7 the workforce.
8 ASSEMBLYWOMAN GUNTHER: I have to say
9 that I do get -- a lot of folks visit my
10 office, and the turnover with DSPs after they
11 are trained is tremendous. The overtime is
12 tremendous. And in order to get more people
13 in the field, they need a living wage.
14 And again I will say that most of the
15 DSPs are women. And, you know, we should
16 walk in their shoes one day and see that not
17 only do they provide activities of daily
18 living, but comfort and friendship to so
19 many. And yet we still don't really pay them
20 the amount of money that they truly do
21 deserve.
22 So I just want to put that on the
23 record. And I think we should reconsider it.
24 Before we give out any money to more economic

1 programs or any other programs in the State
2 of New York, we do have to take care of these
3 very valuable, special people.
4 So -- and also my second question is,
5 what efforts has the OMH made to recruit and
6 retain nurse practitioners? Does OMH have a
7 position on the career ladder? Because at
8 this point they don't have really too much of
9 a career ladder for nurse practitioners, like
10 other professionals have. And we've had a
11 lot of complaints from nurse practitioners,
12 the fact that they don't have a career
13 ladder, that they feel very underpaid and
14 underappreciated.
15 COMMISSIONER SULLIVAN: Well, nurse
16 practitioners are a very valuable part of our
17 system of care, and we do employ nurse
18 practitioners throughout the OMH system. We
19 work with nurse practitioner schools to
20 recruit individuals. We also have nurse
21 practitioner -- RNs who want to become nurse
22 practitioners. We have a program within OMH
23 where individuals can move forward and kind
24 of get their nurse practitioner

1 certification. And then often when they do
2 that, they often will stay with us.
3 So we're very invested in trying to
4 have more and more nurse practitioners in the
5 system, and we are working with Civil Service
6 on the career ladder issue. I think it's
7 something that can be an issue throughout our
8 system. But you're absolutely right that
9 nurse practitioners are critical to our
10 system. We want to continue to have them
11 part of our system, and we work very hard to
12 have our nurses who want to become nurse
13 practitioners become nurse practitioners.
14 ASSEMBLYWOMAN GUNTHER: Housing is the
15 next issue. The Executive has proposed an
16 additional $10 million for existing
17 supportive housing units. However, the rates
18 for existing units still lag way behind the
19 rates of new units. As you probably know,
20 housing advocates are calling for more than
21 $170 million over five years.
22 Do we have a plan? Does the state
23 eventually get these units up to par with the
24 new rates, or will they eventually become

1 completely insolvent?
2 COMMISSIONER SULLIVAN: Housing is so
3 critical for the seriously mentally ill. And
4 I think it's important to note that New York
5 State has over 43,000 units of housing of
6 different sorts, which is actually the
7 largest per capita for the seriously mentally
8 ill in the nation. So there's been a huge
9 investment over time into housing.
10 The particular issue I think that
11 you're talking about is something that is a
12 very important one. And the $10 million this
13 year will continue to enable us to raise some
14 of the housing rates which were lower.
15 Over the past five years there's a
16 total of $50 million that's been invested in
17 raising the rate from the -- for the -- each
18 year, $10 million, for five years, in terms
19 of raising those rates so that, on average,
20 downstate that means a raise of about $500 a
21 year, less or more, depending upon the market
22 rate upstate.
23 But we've been doing that 10 million
24 by 10 million for five years. That's brought

1 things up, but still not to the rate, you're
2 absolutely right, of the higher housing -- a
3 higher rate for the new housing.
4 All new housing will be at the higher
5 rate, so we are no longer doing any legacy
6 housing at the old rate. But we have been
7 substantially committing dollars each year to
8 raise that rate, and this year again there's
9 $10 million in the budget.
10 ASSEMBLYWOMAN GUNTHER: I'll first say
11 small in comparison to the need. And where
12 is the 10 million going to be allocated?
13 COMMISSIONER SULLIVAN: It will be
14 allocated across the state, and based upon
15 the HUD market rate values. So in areas that
16 they happen to be at HUD market rate will get
17 a much lower rate, but it helps every --
18 across the state, the dollars will be
19 allocated.
20 ASSEMBLYWOMAN GUNTHER: You know, when
21 we talk about homelessness in New York State
22 and the number of people that are homeless
23 that are also diagnosed with a mental health
24 disorder. And without the housing and

1 permanent residence and stability, I mean, as
2 far as medication goes, as far as visits to
3 their counselor, their psychiatrist, it's not
4 going to happen. And without this investment
5 and stabilization, we're going to continue to
6 see bad things happen on the streets of
7 New York and also people that do have a
8 history of mental illness, they end up in
9 jail often.
10 So I think this 10 million is somewhat
11 generous. But I think that because we've
12 lagged behind for so many years, that we need
13 more generosity for people that have these
14 issues.
15 CHAIRWOMAN KRUEGER: Thank you.
16 Our first questioner is Senator Pete
17 Harckham, who's also the chair of the
18 Substance Abuse Committee.
19 SENATOR HARCKHAM: Good morning,
20 Commissioner. How are you?
21 COMMISSIONER SULLIVAN: Good, thank
22 you.
23 SENATOR HARCKHAM: It was a pleasure
24 to meet you before --

1 (Microphone problems.)

2 SENATOR HARCKHAM: There we go.
3 There's no light, I apologize.

4 I have two questions, and I will
5 actually ask the same questions to your
6 counterpart at OASAS. They're kind of
7 general questions.

8 One of the things I hear from
9 providers -- and this is related to
10 co-occurring disorders, which we know are one
11 of the reasons for self-medication and also a
12 major reason for relapse -- is that when
13 agencies are trying to access both money from
14 your agency and from OASAS, it's often
15 difficult to combine resources. One group
16 said they actually were told they would need
17 separate waiting facilities in order to do
18 that. Now, that may be as a result of
19 federal law.

20 But the general question is what are
21 you doing -- your agency and OASAS, how are
22 you working together to fund agencies who are
23 treating both substance abuse and perhaps a
24 co-occurring disorder at the same time?

1 COMMISSIONER SULLIVAN: I think that
2 integrated care, which involves individuals
3 coming into wherever they enter to get
4 substance use help or mental help is
5 critical. So we work very closely with
6 OASAS.
7 One major initiative has been
8 something called a one license, so that
9 basically facilities, instead of getting into
10 the trouble that you described of where you
11 wait, what you do, that an agency can have
12 one license which would cover both substance
13 use, mental health services, and really be
14 able to provide those services and get
15 appropriately reimbursed for the services.
16 We also jointly do a lot of education
17 back and forth, because having the
18 availability of the services is one thing,
19 but make sure that the staff are really up to
20 snuff in terms of being able to provide those
21 services. So we do a lot of joint education
22 also with OASAS, in consultation with OASAS.
23 And actually we are working with them on
24 expanding to almost all our clinics --

1 certainly it's mandated in the state clinics,
2 but to our Article 31 providers --
3 medication-assisted treatment this year,
4 which we will be spreading out across all the
5 mental health clinics so that we can also be
6 a source of entry for individuals who come in
7 and need -- many of our clinics do it
8 already, but not everybody. And I think that
9 that's really a lack of that integration that
10 you're talking about.
11 So we work very closely together. We
12 work together to try to make sure that we're
13 financially viable when we work together.
14 And basically I think it's been a good, a
15 really solid partnership. And we're going to
16 continue to grow that connection.
17 SENATOR HARCKHAM: Okay, I think just
18 from what I'm hearing, then, some more
19 outreach may be necessary, because some of
20 the providers are unaware of that ability to
21 get one license and --
22 COMMISSIONER SULLIVAN: Yeah, we
23 will -- we will work with getting the word
24 out, yes.

1 SENATOR HARCKHAM: All right, thank
2 you.
3 Then the other question -- you know,
4 in the law we're talking about codifying
5 federal parity. Is the federal standard
6 strong enough for mental health coverage, and
7 what is the federal standard? Is it the
8 Medicaid standard? Is there a different
9 standard? What are we going to be holding
10 the private insurers to?
11 COMMISSIONER SULLIVAN: I think the
12 federal standard is actually a pretty good
13 standard. I mean, it talks to things like --
14 basically, that you have to have the same
15 system of providing services for mental
16 health services as well as medical-surgical
17 services.
18 What it doesn't sometimes get into is
19 the weeds of what that might involve. So for
20 example, when we talk about the state law, we
21 were saying that we're recommending that the
22 copay for primary care visits to see a
23 primary care doctor should be no different
24 than a mental health copay. That's not

1 specified in the federal law. So basically
2 the state law kind of enhances and gets a
3 little more into the weeds of what some of
4 the problems are. But the federal law sets
5 the table.
6 The other key issues in parity are
7 networks. While it's very important to have
8 an adequate network, what does that really
9 mean? And often it's the states that get
10 into the weeds of determining exactly how you
11 report your networks. Anybody can say "I
12 have an adequate network," but what does that
13 mean and how do you look at it?
14 The other big thing that's happening
15 in the state is that there's $2.7 million
16 that's going to be put into the enforcement
17 of parity. That's critical. Because when
18 states have -- even if states pass laws,
19 often insurance companies aren't quite doing
20 what the law says. You need to have people
21 out there actually look at what the insurance
22 companies are doing.
23 And I think that that's something
24 which, again, falls to the states to do. The

1 feds, you know, don't do that.
2 So I think while the parity law at the
3 federal is strong, it's not sometimes
4 specific enough to get at the issues that we
5 have seen in the practical world of parity.
6 And I think, you know -- I think this
7 legislation is critical. I've been around a
8 while, but parity has been around a while.
9 But across the nation, states have not really
10 been implementing it the way it was intended.
11 And I think New York is really being a
12 forerunner here, carrying the standard to say
13 that this is just not acceptable, and can be
14 a state where parity is truly, truly in place
15 so that -- and especially with the commercial
16 insurers, that basically it's there and that
17 it has to be followed and that we're putting
18 out very specific things and an enforcement
19 that will help -- the other piece is the
20 ombudsman part of the program, where
21 individuals and providers can go to the state
22 ombudsman and talk about access issues and,
23 just as with access issues, talk about
24 parity and if there's any parity violations.

1 And that's an open door which started in the
2 budget last year but has now actually been
3 implemented, and we're spreading that.
4 That's another tremendous help in terms of
5 making sure people are really following what
6 parity says.
7 SENATOR HARCKHAM: All right. Thank
8 you.
9 Thank you, Madam Chair.
10 CHAIRWOMAN KRUEGER: Thank you.
11 Assembly?
12 CHAIRWOMAN WEINSTEIN: We're going to
13 go to Missy Miller, the ranker on Mental
14 Health.
15 ASSEMBLYWOMAN MILLER: Good morning.
16 I'm going to go back a little bit to
17 what Assemblywoman Gunther was asking about.
18 I can't reconcile how this lack of a COLA was
19 even okay or authorized. In every workforce
20 this is a way of life. The cost of living
21 goes up, and people need an increase to keep
22 up with their bills.
23 So in a workforce that is so
24 challenging -- their work is so challenging,

1 they're truly doing God's work here, work
2 that nobody else wants to do. And they --
3 trust me when I tell you the training process
4 that somebody has to go through to train
5 these individuals to do this work is not just
6 showing them for a few hours what to do. It
7 could be sometimes weeks to get somebody
8 trained appropriately in how to appropriately
9 care for somebody.
10 And then if you're lucky, that person
11 will find themselves committed and want to
12 stay and work the overtime. And if you're
13 lucky, they won't get burnt out or sick and
14 leave, and they'll continue to work. But
15 more often, they leave because they can't pay
16 their bills, or they have to work two or
17 three jobs because they're not even making
18 minimum wage to begin with.
19 How is this okay? And it just creates
20 a vicious cycle. And the mental health --
21 the patients, the clients, they are the ones
22 that suffer. I'm all for this push to keep
23 people out of hospitals, get them out into
24 the community. But in order to have them be

1 part of the community, we need the funding,
2 realistic funding for housing, realistic
3 funding for the support in the community.
4 Not everybody has a family in a home that can
5 support them indefinitely as adults, or even
6 as children.
7 If we don't have even the fair wage
8 and COLA for the DSPs that are willing to
9 provide this care, how do we expect this to
10 sustain itself? It's not sustaining itself
11 now. And it's just -- the Executive, it went
12 through this budget, it's just, oh, okay, no
13 increase, no increase in the wage. It's just
14 not acceptable.
15 COMMISSIONER SULLIVAN: Well, I think
16 that again, I agree with you on the value of
17 the workforce and the importance of the work
18 that they do and how difficult the work is.
19 It's very difficult. And we value every
20 member.
21 I think that in terms of the decision
22 that was made -- last year there was a
23 6.5 percent increase in direct care workers
24 in the budget last year. And --

1 ASSEMBLYWOMAN MILLER: It was supposed
2 to continue.
3 COMMISSIONER SULLIVAN: But the
4 decision was made not to include it in this
5 year's budget.
6 ASSEMBLYWOMAN MILLER: So they just
7 went back on their word.
8 COMMISSIONER SULLIVAN: No, no, no.
9 There was -- the commitment from last year,
10 that was 6.5 percent -- I'm sorry,
11 3.25 percent in January and 3.25 percent in
12 April of 2018. That was last year's budget.
13 But there is no withstanding of the COLA in
14 this year. But there was no commitment to a
15 COLA this year, no. There was never that
16 commitment.
17 ASSEMBLYWOMAN MILLER: It's reaching
18 crisis proportions. What are you going to
19 do?
20 COMMISSIONER SULLIVAN: Well, I think
21 we will continue to work with the workforce.
22 There is -- the minimum-wage allotment has
23 been in this year, that's about $8 million to
24 bring up the minimum wage. But we will

1 continue to work with the workforce to do the
2 training and things that are important and to
3 try to improve the quality of the work -- of
4 their experience doing the work. And --
5 ASSEMBLYWOMAN MILLER: But even the
6 funding for housing options, it's just not
7 realistic or enough. You're not putting the
8 support where it's needed. The funding
9 support is not going where it's needed.
10 COMMISSIONER SULLIVAN: Well, the
11 housing option, there has been a steady
12 contribution over the years to help with that
13 legacy housing which was at the lower rates.
14 And it's been creeping up about $500 a year
15 for five years as the highest number. So
16 that is there.
17 You are correct, though, it is still
18 not up to the amount that the new housing is.
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 We've been joined by Assemblywoman
21 Fahy, and Assemblywoman Richardson was here
22 at the start of the hearing also.
23 CHAIRWOMAN KRUEGER: Thank you.
24 And we've been joined by Senator Diane

1 Savino and Senator David Carlucci, the chair
2 of our Mental Health Committee.
3 And the next questioner is Senator
4 David Carlucci.
5 SENATOR CARLUCCI: Thank you,
6 Madam Chair.
7 And thank you, Commissioner. I know
8 you've been working tirelessly for our most
9 vulnerable populations for some time now, so
10 I appreciate your service.
11 I have to start where some of my
12 colleagues left off. And I'm extremely
13 disappointed about the funding level for --
14 or no funding for a COLA this year.
15 And the first question I have is, are
16 you aware of the average wage for DSPs in
17 New York State right now?
18 COMMISSIONER SULLIVAN: I -- it's
19 variable within the mental health workforce.
20 I'm not, so I can't answer that, no.
21 SENATOR CARLUCCI: Okay. Some of the
22 numbers I have is it's about $10.72 an hour,
23 right on par with our minimum wage. And I
24 understand in previous questions it was

1 answered about how there's been a 10 percent
2 increase in wages since 2014 for our DSPs.
3 And that's something that all of us in this
4 room and the Legislature have worked
5 tirelessly on, and advocates in the
6 community. So we understand and appreciate
7 that.
8 However, to leave off there is
9 something that we think would be negligent.
10 I think that we recognize that we've raised
11 the minimum wage for everyone, but we have to
12 recognize that the work that our DSPs do is
13 extraordinary and is something that needs to
14 be valued, and we need to pay for it.
15 Some of the answers that we've seen so
16 far in terms of turnover, the overtime that
17 we have to invest in, the push for a living
18 wager I think is so important. And I think
19 we really have to address that.
20 Maybe you could reiterate to us what
21 is being done in lieu of a COLA. Because
22 every organization I talk to, it's at crisis
23 levels, to attract and retain quality
24 employees. So what is -- what are you doing

1 in that regard?
2 COMMISSIONER SULLIVAN: We are looking
3 at working with universities and schools
4 across -- in terms of helping to move
5 individuals into those positions. You know,
6 some have a B.A.-level experience. We've
7 also been to high schools and recruiting
8 people and helping them get ready to do this
9 work. We do a lot of training. We have
10 availability through our State Center of
11 Practice Innovations to work with staff and
12 have been able to train to get people up to
13 feeling really competent in the kinds of work
14 that they're doing. Feeling good about the
15 work you do, knowing how to do it is a big
16 part of a job. And I think if you don't feel
17 comfortable with that, I think that that's
18 another reason for turnover.
19 It is hard work, and you need certain
20 skill sets to be successful at it, and so the
21 training is a critical piece.
22 And the second piece is to try to make
23 the work, within the regulations that we can,
24 less cumbersome in terms of some

1 documentation issues and things that some of
2 our providers have, and we've been working
3 with that over time to also see if we can
4 relieve some of that so that more time can be
5 spent, you know, working with the clients and
6 not feeling overwhelmed by some of that.
7 So basically we also work with some
8 groups within the communities to attract
9 community members to kind of do the work. So
10 basically we are trying to make the job
11 experience more effective for individuals and
12 trying to also decrease the overtime by
13 having enough staff there. And those things
14 can be helpful. I mean, it's not wages, but
15 they can be helpful.
16 SENATOR CARLUCCI: Thank you. Are
17 there solid programs that you can point us to
18 that would start a credentialing program or
19 to really value experience for our DSPs?
20 COMMISSIONER SULLIVAN: Yeah, well,
21 the DSPs, we're still in discussions about
22 actual credentialing programs for some of
23 those positions.
24 For other people in the workforce,

1 such as social -- those who are licensed,
2 which is another level up, but very important
3 to mental health, we have started a whole
4 group of certificate programs at some of the
5 social work schools to give individuals
6 particular training in -- for recovery and
7 working with the seriously mentally ill.
8 And also for care managers, we are in
9 the -- that's a whole other workforce that is
10 also very important for mental health. We're
11 in the process of working on certificates
12 with a couple of universities for individuals
13 who would have expertise in mental health as
14 care managers. And that's something that
15 we're developing both at Columbia, with the
16 Center for Practice Innovations, and with
17 some other schools as well.
18 SENATOR CARLUCCI: Okay, thank you.
19 And, Commissioner, are you satisfied
20 with the level of funding in the mental
21 health budget in the Governor's Executive
22 Budget?
23 COMMISSIONER SULLIVAN: I think
24 overall the level of funding for the mental

1 health system, delivery system, is adequate
2 and is a little bit up from last year, for
3 the overall mental health system.
4 SENATOR CARLUCCI: And how is the
5 Office of Mental Health working with the
6 Justice Center? How is that going?
7 COMMISSIONER SULLIVAN: Well, I think
8 we work very closely with the Justice Center.
9 The Justice Center has a responsibility for
10 really being very -- a great deal of
11 oversight on abuse and neglect. This is an
12 important issue. I don't think there's any
13 way that you can't have someone looking at
14 this. It's something that we as mental
15 health professionals are always responsible
16 to make sure that that doesn't happen in our
17 facilities and in our services.
18 It does, unfortunately, and when it
19 does, it needs to be investigated. So we
20 work very closely with the Justice Center.
21 I think that sometimes it can feel to
22 providers sometimes that the Justice Center
23 can be a little intrusive in some ways. But
24 I honestly think they're doing their job. I

1 think they're doing the work that has to be
2 done to make sure that individuals get the
3 very, very best care. And nobody likes
4 somebody looking over your shoulder, but, you
5 know, it's important to do it. It's
6 important.
7 SENATOR CARLUCCI: Has the Justice
8 Center worked with the Office of Mental
9 Health to implement new policies in terms of
10 dealing with violent situations?
11 COMMISSIONER SULLIVAN: They have a
12 quality assurance arm that they look at that
13 we work with them on. And we have -- when
14 we've had periods of increased violence
15 episodes -- and sometimes in our systems we
16 work with them on the kinds of things that
17 we're doing as corrective actions, and
18 they've been very helpful with that.
19 SENATOR CARLUCCI: We've recently
20 seen, unfortunately, that suicide rates are
21 on the increase, particularly among
22 African-American young boys. What is the
23 Office of Mental Health doing about this to
24 deal with the suicide issues that we're

1 seeing?
2 COMMISSIONER SULLIVAN: Yeah, we have
3 an Office of Suicide Prevention, which does a
4 tremendous amount of both prevention work in
5 the communities and is also working with
6 providers.
7 So in the communities, this year
8 alone, just as an example, we have trained
9 9,000 school personnel -- that includes
10 teachers and other individuals in the
11 schools -- on suicide prevention.
12 We are working with the State
13 Education Department on a policy that will
14 flow through in line with the other work
15 which is being done with mental health
16 education in schools that will go for
17 suicide-safer schools. That will be coming
18 out at the end of this year.
19 And all that impacts on our youth.
20 One of the ways to get, I think, to our youth
21 is through the school system with suicide
22 prevention. So those are critical things
23 that we've been doing.
24 We also work with clinical providers.

1 You know, there's very -- a lot of points of
2 entry for individuals who have suicidal
3 ideation or attempts, whether they come to
4 emergency rooms or they come to our clinic
5 system. And there's something called Zero
6 Suicide, which really trains medical
7 professionals and psych professionals to do
8 the very best job in suicide prevention.
9 And we have a very large SAMHSA grant,
10 and we have three sites for that across the
11 state, and we're going to be spreading that,
12 in a collaborative -- to multiple clinics.
13 We have over -- I think it's over 200 clinics
14 involved in working with us on suicide
15 prevention.
16 So it's two arms. One is prevention
17 in the community, and also working with
18 specific populations. So when you mention
19 young black youth, there's also increased
20 attempts among Latina youth, women, girls.
21 So I think that, you know, we have to also
22 focus in -- and the task force report which
23 is coming out is going to be talking about
24 how we're going to focus in on those

1 communities, and basically do special work
2 within the community to have them aware of
3 the risks of suicide.
4 It's a very serious problem with our
5 youth, mental illness. Fifty percent of
6 mental illness appears before the age of 14,
7 two-thirds before the age of 21. So we have
8 an opportunity as well as a problem, but an
9 opportunity here in terms of working with
10 individuals, youth in schools, and through
11 our suicide prevention and other prevention
12 activities to really get to families --
13 SENATOR CARLUCCI: Do you see
14 opportunities to work with the schools in
15 this budget?
16 COMMISSIONER SULLIVAN: Well, we are
17 already working very closely with the
18 schools. There's going to be some -- there
19 is some money in the budget which went to the
20 Department of Ed for middle schools for work
21 on mental health services for middle schools.
22 And basically we are already working with the
23 Department of Education, have been for the
24 past year, on the curriculum for mental

1 health and on doing training across the
2 schools, working with the school district
3 superintendents.
4 So we've been very involved, and it's
5 been great. The Department of Education,
6 Commissioner Elia, has been terrific,
7 terrific.
8 SENATOR CARLUCCI: I know our time is
9 running out for now. Just quickly on the
10 behavior-health parity provisions, which are
11 extremely important. What do they do -- we
12 know they're working towards covering
13 substance abuse disorders. How about other
14 mental illness, like eating disorders?
15 COMMISSIONER SULLIVAN: There should
16 be parity for all things, including eating
17 disorders -- to the extent that residential
18 treatment might be necessary for eating
19 disorders. This was something which in some
20 states has been a real bone of contention,
21 where commercial payers just didn't want to
22 pay for that. So parity for all mental
23 health disorders, anything that's in the --
24 what we call the Diagnostic and Statistical

1 Manual should be paid for, as well as all the
2 substance use disorders.
3 So yes, everything is there. The
4 question is medical necessity. You know,
5 that's the tricky word here. Because an
6 insurer can say, Well, we don't think that
7 that particular type of treatment is
8 medically necessary.
9 The great thing about this parity law
10 is now medical necessity criteria have to be
11 reviewed by the Office of Mental Health. So
12 there has to be transparency about medical
13 necessity criteria, and also we have an
14 approval process where we can say we think
15 this is out of line, that you are
16 discriminating by not allowing, for example,
17 individuals to get this particular service.
18 So all things will be covered, yes.
19 SENATOR CARLUCCI: Okay. Thank you.
20 CHAIRWOMAN WEINSTEIN: We've been
21 joined by Assemblyman Santabarbara.
22 And we go to Linda Rosenthal.
23 CHAIRWOMAN KRUEGER: We've also been
24 joined by Senator George Amedore, the ranker

1 on Mental Health.
2 ASSEMBLYWOMAN ROSENTHAL: Hi. Good to
3 see you.
4 I represent parts of Manhattan, and
5 the homeless population crisis is just out of
6 hand. It's a terrible sight to see people
7 just sleeping on the streets, hanging out,
8 having no place to go, not wanting to go to
9 shelters. And I hope that more can be done
10 through the State Office of Mental Health
11 working with the city.
12 My question right now is about the
13 adult homes. Ten million is paltry,
14 actually. When we hear economic development
15 projects getting bazillions of dollars -- and
16 this is for people who can't manage by
17 themselves unless they have some help, it's
18 really kind of reprehensible to have such a
19 small amount of money.
20 Can you give a breakdown of which
21 adult homes these individuals are leaving,
22 the 10 million for the new supported housing
23 beds for 500 individuals across the state?
24 COMMISSIONER SULLIVAN: The adult

1 homes are largely -- as you know, largely in
2 the city and largely in Queens. The money
3 will be spread across the adult homes. It's
4 for very specific projects.
5 The movement from adult homes to
6 housing, in addition to -- all the housing
7 supports are there. So, for example, the
8 housing supports will be funded at $20,000 in
9 services, which is the higher rate. There's
10 all the other services, long-term-care
11 services, et cetera. Those are all there.
12 This is $10 million kind of on top of that
13 for the highest-need individuals.
14 It involves three major programs. One
15 is something called a Peer Bridger program,
16 which will put two to three peers in every
17 adult home to work with the individuals who
18 are leaving. We found that one of the most
19 effective ways of working with individuals
20 during these transitions is to have other
21 people who have made those transitions
22 successful.
23 ASSEMBLYWOMAN ROSENTHAL: Right.
24 COMMISSIONER SULLIVAN: The second big

1 piece is something called Pathways to Home,
2 which is a very intensive program that
3 provides intensive wraparound services --
4 social work, psychiatry, et cetera -- for
5 individuals who may need a little extra in
6 moving. And I think we have found,
7 unfortunately, that for a few clients this
8 kind of work is really necessary, so we're
9 putting in two teams like that which will
10 cover -- one in Brooklyn and one in Queens --
11 which will cover the adult homes.
12 And then the third is an expansion of
13 what we call Health Home Plus, which means
14 that the care managers for all the adult
15 homes will be limited to caseload of 12 to
16 13, which is much lower than the average
17 caseload. That means that they will be --
18 and the payment for that is higher. It's a
19 good payment rate.
20 So basically those three
21 initiatives are what the $10 million is
22 about. But there's also a whole host of
23 other dollars that go for long-term-care
24 supports, housing supports, et cetera, as

1 individuals move from the adult homes to the
2 community.
3 ASSEMBLYWOMAN ROSENTHAL: And these
4 are 500 of the highest need?
5 COMMISSIONER SULLIVAN: Yeah, well I
6 think there are -- now there are about 770
7 individuals who have actually transitioned
8 from adult homes. And I think probably the
9 highest need -- many of those, the vast
10 majority were very successful and they're
11 really doing very well. The highest need is
12 probably 100 to 150 of those that we have to
13 pay more attention to as they move.
14 ASSEMBLYWOMAN ROSENTHAL: Out of how
15 many?
16 COMMISSIONER SULLIVAN: Out of 700.
17 ASSEMBLYWOMAN ROSENTHAL: No, but out
18 of how many --
19 COMMISSIONER SULLIVAN: In the adult
20 homes? The class in the adult homes is close
21 to 4,000. Now -- but it was always expected
22 that probably only half would want to move.
23 So -- and that's pretty much the number that
24 we're getting. So we're thinking probably

1 about 2,000 will want to move. So that 700
2 have moved, and of that, there's about 100
3 that we're keeping a very special eye on to
4 make sure that that happens and they get some
5 of these extras.
6 But the Peer Bridger, for example,
7 will be for everybody. That will be for all
8 those who transition from the adult homes to
9 the community settings.
10 ASSEMBLYWOMAN ROSENTHAL: Okay. I'd
11 also like to echo the sentiment of all my
12 colleagues, the fact that not being paid --
13 again, I use the word paltry wage. It's just
14 not acceptable. How can we expect people to
15 get good care from people who care but they
16 can't afford to do this kind of work?
17 And -- it's just not acceptable. We
18 have to find more money for them.
19 Thank you.
20 CHAIRWOMAN KRUEGER: Thank you.
21 Next is Senator John Brooks.
22 SENATOR BROOKS: Thank you.
23 First, I have to share -- or agree,
24 rather, with all of the comments made with

1 COLA. It's ridiculous where we are in the
2 compensation these people are being given and
3 the roles they have and the importance of the
4 roles. It's just -- it's mind-boggling that
5 we're doing this. And I'll just leave that
6 there. It's just something we have to
7 address.
8 A couple of things. You know, a lot
9 of what you can do is often driven by what's
10 in an insurance policy in terms of the
11 treatment and services. How often do you sit
12 down with the insurance industry and have a
13 discussion, where we're trying to go and
14 dealing with these issues and how the
15 policies do or don't conform to that and ask
16 for consideration in amending the policies?
17 I mean, clearly the earlier we get treatment
18 to some people, the better the result. The
19 insurance industries have to recognize that.
20 Do you have discussions with the insurance
21 industries in terms of the coverage afforded?
22 COMMISSIONER SULLIVAN: We've been
23 working with the Department of Financial
24 Services, which is the state organization

1 that works with insurers. And we have had
2 meetings with DFS and with insurers.
3 I think the issues of parity are very
4 interesting with insurers. And I don't kind
5 of want to get into it, but the reason they
6 had to pass better parity laws and we have
7 parity laws now is there's a difficult
8 negotiation that goes on when you talk about
9 mental health and substance use services with
10 insurers.
11 So yes, we have had those discussions.
12 I think that one of the issues that is always
13 on the insurers' mind is that they claim or
14 talk to the fact that, well, insurance rates
15 will have to go up then because we'll be
16 doing more coverage. And our position has
17 always been that when you provide good
18 coverage for mental health, you lower the
19 cost of other kinds of care.
20 And we have made that case, we have
21 shown that case, but it's a difficult case to
22 move into the insurance industry. And that's
23 why the parity legislation is actually there.
24 The parity legislation I think gives us

1 another arm when we meet and when DFS meets
2 and others meet with the insurers. It gives
3 you a little more -- what shall I say --
4 clout or ability to say that this is what you
5 have to do.
6 So yes, there have been meetings and
7 there have been dialogue. It's been kind of
8 slow going.
9 SENATOR BROOKS: Okay. I think also
10 the comment's been made that the assistance
11 being provided for housing is woefully
12 insufficient. Sometimes when we get in
13 situations, we have to find another way. And
14 one of those ways may be -- we have, at least
15 on Long Island, a significant number of
16 what's referred to as zombie houses. Many of
17 them aren't in that bad a condition. Have
18 you been looking at the possibility of
19 putting programs together where we recapture
20 some of these homes and get folks into those
21 things at a much lower cost and better
22 utilize the funds that you have available?
23 COMMISSIONER SULLIVAN: We do have a
24 Family Care program, is that what --

1 SENATOR BROOKS: Yeah.
2 COMMISSIONER SULLIVAN: Yes, we do
3 have a Family Care program and we try to
4 expand that as much as possible. That's
5 going to be very successful. And we will
6 look even further into Long Island. I know
7 all my field offices are looking at the
8 Family Care programs. They can be very
9 helpful in terms of working with individuals
10 who are in their homes and want -- and take
11 in. And we've had a lot of success with
12 that, and we've been growing it.
13 It depends on the particular area of
14 the state, how much of that's available. But
15 we will look further into Long Island and see
16 if we're missing anything, because that's a
17 great program.
18 SENATOR BROOKS: And then finally, I
19 think, again, as has been said, we really
20 have to take a good hard look at creating
21 career paths for the staff so that they can
22 expand their responsibilities, receive the
23 compensation they should have, and that we
24 show the respect given to them that their

1 position deserves.
2 In a meeting on the island in the
3 summer we were dealing with wages provided to
4 the service -- you know, we often talk about
5 you can get more money flipping hamburgers
6 than working with some of these -- it's a sad
7 statement. And we had a situation where one
8 of the people in the room, they had a son
9 pass away that may be because they weren't
10 being watched the way they should have been.
11 And I made the point that I had
12 stopped into a Burger King and gave them an
13 order, came home and had the wrong order.
14 That wasn't a big deal. But when these folks
15 make a mistake with the services they're
16 providing, it can have catastrophic results.
17 And yet their compensation is often less than
18 the individual flipping a hamburger.
19 So I think there's been a lot said on
20 compensation right now, there's been a lot
21 said on career paths. I think we need
22 serious action in this area so that we retain
23 and allow these people to grow in their
24 careers.

1 Thank you.
2 CHAIRWOMAN WEINSTEIN: Assemblywoman
3 Jaffee.
4 ASSEMBLYWOMAN JAFFEE: Good morning,
5 Commissioner. Thank you for joining us
6 today.
7 Can you describe or discuss the new
8 children's mental health services that were
9 added for Medicaid-eligible children
10 beginning -- actually, it took effect
11 January 1st.
12 COMMISSIONER SULLIVAN: Yeah, I think
13 these are really very exciting services for
14 two reasons. One is these are home and
15 community-based services. They are services
16 which can actually be provided in the home
17 with the family, with the mother, with the
18 child, with the extended support system.
19 I think over time we've learned that
20 for families that are having difficulties
21 with their children, you know, while clinic
22 treatment and things are great, it's often a
23 lot of skill building and services that
24 really have to happen in vivo, in the home.

1 So there are three key services. One
2 would be for assessments, including
3 individual therapy, being able to have it in
4 the home. And that's called other licensed
5 provider. Then there's also community
6 psychiatric supports and psychosocial rehab
7 services. And those are skill building
8 services. Very effective with families where
9 there's behavior problems with youth. You
10 know, and understanding what the problems
11 are, helping the families cope with them.
12 These services also then can have
13 consultations with teachers and others as to
14 how to work. So these are very exciting.
15 The other exciting piece of it is that
16 you don't have to fail first to get them.
17 The way our community-based services like
18 this worked in the past, you had to be pretty
19 on the verge of almost psychiatric
20 hospitalization to be eligible. These
21 services can now be started a lot sooner, a
22 lot earlier, as preventive services too, not
23 to just wait until someone is in -- a child
24 is in severe distress.

1 So these services are really going to
2 be extremely valuable. Those are starting
3 January 1st.
4 In July, family and peer advocacy
5 services will be coming on board. Those are
6 critical services, because families often
7 relate to other family members. And family
8 members who work with them, just like adult
9 peers working with adults, family peers are
10 very effective in helping families obtain
11 services and also cope with the issues that
12 happen when you have someone in your family
13 who's dealing with a significant mental
14 illness. So that happens in July.
15 And then the following January we will
16 have crisis services and youth-to-youth peer
17 services available.
18 So this is an array of services that I
19 think can have a significant addition to what
20 we've already got in our armamentarium, but
21 can really focus on functioning in the home
22 and really help families work with kids who
23 are having problems.
24 ASSEMBLYWOMAN JAFFEE: When they come

1 to the home and do an evaluation, then where
2 are the services actually provided if there's
3 counseling, if there's --
4 COMMISSIONER SULLIVAN: It can be
5 brought in in the home. It could be provided
6 back -- it depends on the choice of the
7 family and what decisions -- but they could
8 be provided in the home, yeah. That's the
9 big difference.
10 ASSEMBLYWOMAN JAFFEE: And the age of
11 the children that would be -- if you have
12 specific --
13 COMMISSIONER SULLIVAN: This goes up
14 to -- I think it's -- I hope it's zero to 20
15 -- I hope it's 21. I think it's 21. I'd
16 have to get back to you to be sure it's not
17 18, but I'm pretty sure it's 21. But I'll
18 get back to you on that.
19 ASSEMBLYWOMAN JAFFEE: This is
20 obviously middle-school children. And the
21 recommendations, they come from the home,
22 they come from the teacher's education?
23 COMMISSIONER SULLIVAN: Yeah, anyone
24 can refer, yeah, for those services, yeah.

1 Anyone can refer for evaluation and for those
2 services.
3 ASSEMBLYWOMAN JAFFEE: I wanted to ask
4 you another question regarding who will be
5 able to provide these mental health services.
6 But my understanding in discussing this
7 issue -- you know I've been talking about
8 providing mental health services in every
9 school for our youth. And in a roundtable
10 discussion I had about a year and a half ago,
11 generally, one of the issues that was
12 raised -- and actually I spoke to the
13 Education commissioner -- there aren't enough
14 of our youth going into the field of mental
15 health. Psychiatry, mental health services.
16 Is that a major issue? And maybe it's
17 something we can provide funding to be able
18 to provide scholarships or some kind of
19 support to get them to move forward in that.
20 Because without the opportunity for those to
21 provide the services, it becomes an issue.
22 COMMISSIONER SULLIVAN: Yeah. No, I
23 think that the workforce is an issue, and
24 it's an issue nationally, too, in terms of

1 attracting individuals into the field. I
2 think that you do have to begin early, you
3 have to begin in high schools. And we are
4 looking at some initiatives now that we would
5 like to do with high schools and to help go
6 out and, you know, kind of promulgate the
7 value of this work and how exciting it can
8 be.
9 So that's one place to begin. And
10 then the other, you know, while we began this
11 with psychiatrists, I think that it's
12 something we should consider for others, is
13 loan forgiveness programs for psychiatry have
14 been successful, we've been able to really
15 pull some more doctors into the psychiatric
16 field with a variety of these, and also be
17 able to hire people.
18 And I also think that, you know, that
19 assistance for individuals who are going to
20 social work school, psychology school,
21 et cetera, could also be helpful. So I think
22 we're looking at those kinds of things. I
23 think that they do attract people. But I
24 also think it's having people just know what

1 the field is about. I think there's still a
2 high level of people not even understanding
3 how exciting and interesting the work can be.
4 ASSEMBLYWOMAN JAFFEE: I agree. I've
5 been talking with some of my folks in the
6 various school districts to see if we could
7 do some awareness -- you know, group
8 discussions and awareness.
9 And then I'm going to close by just
10 saying -- my time ran out -- what are we just
11 doing regarding raising awareness about the
12 opportunity in the program?
13 CHAIRWOMAN WEINSTEIN: Why don't we
14 come back for a second round if you want to
15 continue questions.
16 We'll go to the Senate now.
17 CHAIRWOMAN KRUEGER: Thank you.
18 Senator George Amedore.
19 SENATOR AMEDORE: Thank you,
20 Chairwoman.
21 Commissioner, good morning. Good to
22 see you again.
23 A question for you. Can you elaborate
24 and give us your thoughts on the --

1 (Off the record comments re mic.)
2 SENATOR AMEDORE: Could you give us
3 your thoughts on the Dwyer program?
4 COMMISSIONER SULLIVAN: The Dwyer
5 program is the peer-to-peer veterans program?
6 SENATOR AMEDORE: Yes.
7 COMMISSIONER SULLIVAN: And that was
8 always -- has been funded through the
9 legislative add from the Senate over the
10 years. The Office of Mental Health has
11 really just been the conduit for the money to
12 move.
13 We have not really been involved in
14 the administration or the oversight of that
15 program. It really has been just, you know,
16 funded by the local jurisdictions that have
17 those programs.
18 There is a study going on now, I
19 believe it's with the University of Albany,
20 to look at the outcomes from the Dwyer
21 program. And I think that those have been
22 positive so far to date. So I think there is
23 some evidence coming forward that it's an
24 effective and a solid program. But the money

1 was never -- we were really never involved in
2 the development or administration of that
3 program.
4 SENATOR AMEDORE: So would you like to
5 see the funding continue on the program and
6 make it more a statewide program than it is
7 now?
8 COMMISSIONER SULLIVAN: Well, I think
9 that's something that will happen in the
10 budget negotiations. So it's not really up
11 for me to say. But the University of Albany
12 has found good results with the program.
13 SENATOR AMEDORE: But you would be a
14 strong advocate to continue to fund the
15 program.
16 COMMISSIONER SULLIVAN: I think that
17 will be in the budget negotiations. Thank
18 you.
19 SENATOR AMEDORE: Is there a plan to
20 continue crisis intervention programs for law
21 enforcement that has been administered by
22 OMH?
23 COMMISSIONER SULLIVAN: Yeah, those
24 also were adds that came through the Senate

1 for CIT. We have always given a fair amount
2 of in-kind support to those. And certainly
3 that will still be available. By in-kind
4 support I mean we have done some of the
5 trainings, our people have helped organize
6 them. It's been very important in terms of
7 diversion. So those are solid programs.
8 But again, they were legislative
9 initiatives, they were not -- they're not in
10 the budget, the Executive Budget.
11 SENATOR AMEDORE: You know, the 46th
12 Senate District is very diverse. It's a
13 large geographic area, and a lot of that
14 geographic area is rural. So I represent a
15 lot of farm families. And I know that farm
16 families have relied on the FarmNet program
17 for mental health and planning needs. Is
18 there a plan to continue the funding for
19 FarmNet programs?
20 COMMISSIONER SULLIVAN: I think that
21 falls into the same category as a legislative
22 add, and there will be discussions about --
23 I'm assuming in the budget negotiations about
24 FarmNet.

1 SENATOR AMEDORE: So these are some
2 added initiatives that OMH will continue and
3 get behind to help the Legislature negotiate
4 with the Governor so that the funding could
5 be added?
6 COMMISSIONER SULLIVAN: Those
7 negotiations are done with -- at the various
8 negotiation tables. I'm not really free to
9 kind of answer that specifically now.
10 SENATOR AMEDORE: Okay. I've one more
11 question. What new investments in
12 community-based services is provided to help
13 offset the plan to reduce inpatient OMH beds
14 according to the targeted goals that are laid
15 out?
16 COMMISSIONER SULLIVAN: I think we've
17 done a lot of investment into a number of
18 kinds of services. One is what we call
19 crisis residential services. This is a
20 program where individuals who are in crisis
21 but maybe don't really need psychiatric
22 hospitalization would have in the past gone
23 into a hospital, can go to a crisis
24 residence. And we've done eight of these

1 programs across the state for youth, and we
2 are also in the process of several opening up
3 in the future for adults.
4 Mobile crisis services is another big
5 investment that we've done with reinvestment
6 dollars. And that means that a team of
7 psychiatrists, social workers can go meet
8 someone in crisis and help divert their going
9 into inpatient hospitals.
10 They also are helpful for individuals
11 who have been in a hospital not getting
12 readmitted, because both crisis residential
13 services and mobile crisis services help
14 those individuals cope in the community and
15 not have to go back to the hospital.
16 We've also expanded basic clinic
17 services. Those are important to prevent
18 hospitalizations, and we've expanded those
19 and, with state staffing, come up with mobile
20 integration teams that are teams that will
21 follow people indefinitely in the community,
22 as long as they need to, by going to their
23 home or their residence to help follow them
24 to enable them to stay out of the hospital.

1 So there's been a lot of work with the
2 reinvestment dollars in establishing this
3 whole system of care that can help
4 individuals who fall into crisis or relapse
5 not have to go to hospitals but really stay
6 successfully in the community.
7 And we've also funded some beds of
8 residential units with reinvestment dollars
9 also.
10 SENATOR AMEDORE: Thank you,
11 Commissioner. Continue to do hard work and
12 advocate for the most vulnerable in our
13 community and society. So thank you for your
14 answers.
15 COMMISSIONER SULLIVAN: Thank you.
16 Assembly.
17 CHAIRWOMAN WEINSTEIN: Assemblyman
18 Will Barclay.
19 ASSEMBLYMAN BARCLAY: Thank you,
20 chairwoman.
21 Good morning, Commissioner. I think
22 this issue has been hit quite a bit, but I
23 just want to add my support to the concern I
24 have over the lack of a COLA increase and

1 obviously the lack of money for direct care
2 workers and having to pay them the minimum
3 wage.
4 So I think the first issue I want to
5 ask you about -- and I just need some
6 clarity. I used to serve on the Insurance
7 Committee before I did Ways and Means. I
8 remember a number of years ago we did
9 Timothy's Law to provide mental health parity
10 in New York State. So I'm getting confused
11 where the holes are. And I guess that's what
12 you're saying, this proposal is trying to
13 plug some of those holes in mental health
14 parity? Could you just flush out where we're
15 missing things?
16 COMMISSIONER SULLIVAN: Yeah,
17 Timothy's Law was a really great law at the
18 time that it was enacted. And I think that,
19 you know, parity has evolved over time. So
20 for example, Timothy's Law did not cover all
21 mental illness. It covered a specific group
22 of mental illnesses. Partly because the
23 political and general climate across the
24 country when Timothy's Law was passed, which

1 was really landmark legislation -- it was the
2 beginning of parity, and people were going,
3 What is parity about? And they were very
4 frightened of what -- saying, you know, all
5 mental illness.
6 So there were limitations in Timothy's
7 Law. I think that's the biggest limitation,
8 is it wasn't comprehensive in covering all
9 substance use disorders or covering all
10 mental health disorders. The new parity law
11 does that. That's the first and the biggest
12 part of the difference.
13 The other thing about the new parity
14 law is it gets a little more specific on
15 issues that we've learned about parity, such
16 as networks and copays and things, which
17 really are things that we've learned about
18 parity over time as the federal parity law
19 and others came out.
20 So Timothy's Law was a great
21 beginning. It just didn't really go far
22 enough. And I think that the current parity
23 law is probably one of the strongest in the
24 country.

1 ASSEMBLYMAN BARCLAY: All right,
2 that's helpful.
3 You know, one thing we're always
4 concerned about is mandates on localities.
5 And I know you have a proposal in here for
6 jail-based restoration to allow mental health
7 units to be put into county jails -- is that
8 what it is?
9 COMMISSIONER SULLIVAN: Yes.
10 ASSEMBLYMAN BARCLAY: And probably
11 ultimately the idea is to save counties money
12 by allowing them to do that. This is not --
13 they opt into that program, this is not
14 something that they have to do.
15 COMMISSIONER SULLIVAN: Right. We're
16 proposing two -- actually two pilots at this
17 point in time that would show that basically
18 this is something that is effective and can
19 work. The units in the jails are clinically
20 staffed, so they will have psychologists,
21 they'll have social workers, they'll have
22 psychiatry time. But it will be a somewhat
23 lesser intense level than hospital care.
24 So basically right now even if you are

1 capable of being restored to competency in a
2 less intensive than hospital setting, we
3 don't have the option if you're a felony, you
4 have to go to the hospital setting because
5 it's in statute. So this would offer the
6 opportunity for individuals who don't really
7 need hospital-level care to get restored to
8 competency.
9 It wouldn't be as expensive as a
10 hospital; it's about half the cost. And that
11 means that basically the county, instead of
12 paying -- now the county pays half of our
13 costs. It would go down to probably they
14 would only pay about 30 percent of what
15 they're paying now, which would be very
16 helpful for the counties.
17 We also have some start-up funds in
18 the budget to help them develop this. And so
19 the savings are estimated, if this were a
20 unit, to be about a million-seven, but
21 850,000 would be available for the county to
22 work with to set this program up in the
23 jails.
24 And the reason that we're thinking of

1 doing it as a pilot is to show that it can
2 work. And there is one county that has some
3 interest so far, and we're talking with
4 Westchester County as one of the counties,
5 but we're certainly interested in any other
6 county coming forward.
7 And this is a best practice in many
8 states and has been endorsed by the National
9 Judicial Council. So it's -- it's really not
10 less -- it's not less care, it's just care
11 that can work with individuals. And it keeps
12 them home and close to the home -- you know,
13 the jail. They don't go off into -- hundreds
14 of miles away into one of our facilities.
15 ASSEMBLYMAN BARCLAY: It strikes me as
16 a great idea, and I look forward to following
17 the Westchester program and see how it goes
18 forward.
19 Thank you, Commissioner.
20 CHAIRWOMAN KRUEGER: Thank you.
21 Senator Diane Savino.
22 SENATOR SAVINO: Thank you, Senator
23 Krueger.
24 Good morning, Commissioner. I'm going

1 to return to one of our favorite topics here
2 today, and it's the cost of the workforce.
3 Direct support professionals on the
4 state workforce start at $15.54 an hour.
5 It's an appalling number when you think about
6 I could earn $15 an hour delivering pizza for
7 Pizza Hut and collect tips. Why would
8 anybody go into this field with the pressures
9 that go with taking care of vulnerable
10 populations, the stress of having to worry
11 about the Justice Center? Why would anybody
12 go into this field?
13 And I heard you talk a bit about
14 recruitment and retention proposals and how
15 we can create career paths. But quite
16 honestly, what is the career path to? Even
17 if we invest and we encourage people to get a
18 higher education, there's no money in this
19 field. They're going to take whatever
20 education they have and leave.
21 And I've said this a thousand times
22 across the human service sector. And you're
23 not the only one who gets to hear this
24 lecture from me.

1 If we don't recognize that turnover
2 among the service to vulnerable populations
3 is traumatic to those very populations, then
4 we cannot call ourselves a progressive
5 society, particularly here in New York. You
6 don't have to answer that. You know it
7 yourself.
8 What I would hope, though, is that the
9 commissioners of the human service agencies
10 could find a way to get together to talk
11 about how we can lift this workforce
12 economically and professionally and stabilize
13 it, because it's that critical. But again,
14 you don't have to answer that, commissioner.
15 You know it yourself.
16 I want to talk a bit about something
17 else that we're seeing -- I think Senator
18 Harckham touched upon it -- the number of
19 people who are suffering from mental health
20 issues and they are also addicted. And
21 largely that addiction is coming because
22 their mental health provider, their
23 psychiatrist, are prescribing them medication
24 to deal with their mental health issues, and

1 many of those medications are addictive.
2 We're seeing it everywhere. My family is not
3 immune to it either.
4 So what can we do to create an
5 awareness among our psychiatric professionals
6 that they need to do more to monitor
7 addiction amongst their patients, to help
8 them manage their medication so they don't
9 wind up, you know, under the auspices of
10 Arlene and her agency? Because it's
11 happening.
12 COMMISSIONER SULLIVAN: Yeah, I think
13 you're right. And I think that there are
14 some -- let me just say there are some
15 providers I think who do this very well, and
16 there are some who don't. And I think that
17 what we are going to be -- we have started is
18 across all our providers, both in the state
19 system and in the Article -- what we call our
20 Article 31 providers, we're going to be doing
21 a major effort over the next year, which has
22 already started, to work with the
23 psychiatrists as well as the other staff in
24 those units to understand substance use and

1 to prescribe appropriately both the mental
2 health medications and the substance use
3 medications, so medication-assisted
4 treatment.
5 And I think that it's been way too
6 long that -- for many of the individuals that
7 come in -- sometimes. And again, some of our
8 clinics have been doing this, and they're
9 doing a great job. But for the ones who
10 haven't been, they really need to do this.
11 This is the kind of care that has to happen
12 in mental health clinics as well as substance
13 use clinics.
14 So that I think you will see a
15 significant difference after -- it takes a
16 little while to get this out, but after the
17 next year and a half or so, where we have
18 hired a psychiatrist who's going to be
19 spearheading this among all the psychiatric
20 professionals in our clinics, and we're going
21 to be setting up what we call learning
22 collaboratives, et cetera. And we've already
23 set out guidelines already of what they need
24 to have to be able to prescribe appropriate

1 medication-assisted treatment.

2 So this is something that we are going
3 to be doing. And it's a bit overdue, but
4 we're going to be doing it.

5 SENATOR SAVINO: And I would suggest
6 that you also loop in emergency room
7 directors. Many of these patients, you know,
8 they're using up their 30-day supply of
9 benzos or whatever they're dealing with, and
10 they wind up in the emergency room. And
11 they're there, and they're given a seven-day,
12 you know, script to deal with whatever their
13 issues are, and then they just start all over
14 again every month.

15 So we really need to bring together
16 mental health professionals, substance abuse
17 professionals, and medical professionals,
18 because this is actually -- it's a disease,
19 and we have to have a comprehensive approach
20 towards it. Thank you.

21 COMMISSIONER SULLIVAN: You're
22 absolutely right.

23 CHAIRWOMAN KRUEGER: Thank you.

24 Assembly.

1 CHAIRWOMAN WEINSTEIN: Assemblywoman
2 Richardson.
3 ASSEMBLYWOMAN RICHARDSON: Good
4 morning.
5 COMMISSIONER SULLIVAN: Good morning.
6 ASSEMBLYWOMAN RICHARDSON: Thank you,
7 Madam Chair. Good morning, Commissioner.
8 I want to thank you for your testimony
9 this morning and thank you guys for the work
10 that you're doing in this field. I'm from
11 Brooklyn, New York. We're a healthcare hub
12 in my district. I have about three
13 hospitals, including SUNY Downstate Medical
14 center and Kingsborough Psychiatric Center.
15 So we are not new to the situation that is
16 happening on the ground.
17 Thank you so much for testifying about
18 parity and, you know, underscoring the
19 importance of that. And I hope that we can
20 legislatively support any movement on the
21 federal level.
22 I just want to add my voice to the
23 conversation in terms of the COLA. And just,
24 you know, not having that increase truly is a

1 crime. Retention in this field is something
2 that we continue to struggle with. And quite
3 frankly I, as an educated woman, if I went
4 and got a nursing license or any kind of
5 license and was working in this human service
6 field and wasn't seeing a COLA adjustment, I
7 would jump ship and go to a lucrative sector.
8 So I understand what's going on.
9 I want to underscore some things that
10 we know are contributing to mental health
11 illness, especially on the ground, such as
12 gun violence. You know, hurt people hurt
13 people.
14 And also in our community,
15 unfortunately, we had a gentleman by the name
16 of Saheed Vassell who was suffering from
17 mental health illness, was acting out in the
18 street, and was killed on Utica and
19 Montgomery in the district. The wrong
20 emergency services responded to the call.
21 And so we're seeing -- and this was broad
22 daylight with hundreds of people standing
23 outside, so you can imagine the effect on the
24 community of watching someone that they knew

1 and grew up with gunned down in the middle of
2 the street.
3 But we have issues such as gun
4 violence, homelessness, bullying, which is
5 leading to depression, substance abuse and
6 suicide. So I thank my colleagues for
7 raising the issue around suicide in the
8 African-American community particularly with
9 young males, and in the Latino community,
10 especially in the Bronx. Thank you for
11 raising that. And also I would like to see
12 us, you know, try to work together to combat
13 that.
14 I truly believe that we need to be
15 doing more in terms of preventative services
16 and crisis intervention. I think that that
17 is just where we need to start as much as
18 possible. I think there -- it's very hard,
19 you know, we're hearing the echoes from our
20 colleagues all day about there just not being
21 enough money in the budget. And so we get
22 into this way of funding the same CBOs cycle
23 by cycle, because you don't want to cut their
24 budget because they're doing great work, but

1 I'm starting to see the emergence of new CBOs
2 on the ground who are really digging deep and
3 can speak the language of those who live
4 amongst them. And I would like to have a
5 conversation with your staff and you about
6 getting some of those organizations funded,
7 because they're able to go on blocks that you
8 and I cannot walk on, you know, and touch
9 those who really need it the most.
10 We've been really struggling and
11 connecting with Thrive NYC, although the rest
12 of the state does not necessarily have those
13 type of mental health initiatives. But I
14 would like to see a greater collaboration
15 with the schools, and I would like you to
16 speak to what programs we can do and work
17 with the schools.
18 Because the truth is, my son is the
19 student government president at a high
20 school, and the stories that he comes and
21 tells me about students who are taking pills,
22 who are wanting to commit suicide, is just
23 crazy. And because he's the student
24 government president, people are coming to

1 tell him, but it's not necessarily getting to
2 other professionals in the school who need to
3 know, you know, what's going on the most.
4 So I think if we can kind of try to do
5 some peer-to-peer evaluation or early sign
6 warnings, that would be good.
7 Last but not least -- and I know I'm
8 coming to an end -- thank you for
9 highlighting the issues around the insurance
10 companies. You testified that they are not
11 implementing or not necessarily following the
12 law. And you used a word, "medical
13 necessity," that they're using the term
14 "medical necessity" as a loophole. What
15 diagnoses are you seeing them push back on?
16 Is it just in the substance abuse arena, or
17 is there other areas we need to be watchful
18 of?
19 And thank you.
20 COMMISSIONER SULLIVAN: Well, thank
21 you (laughing). I actually should have been
22 taking notes. Let me try to answer some of
23 these.
24 First of all, on crisis services, I

1 absolutely agree with you. And actually
2 New York City is pretty rich in terms of
3 crisis services. The issue is I think
4 somehow the word hasn't gotten out there to
5 communities to use them. So people, instead
6 of calling crisis services, are still often
7 calling 911. And then that's a little bit
8 dicey as to who you'll get and what response.
9 So we have to do more work in that.
10 And I agree -- that connects to your
11 other comment, I think, about working with
12 CBOs, community-based organizations, that are
13 really the grassroots organizations that know
14 the communities. And I think we have to work
15 more and more with those, even about some
16 services that are available. Because New
17 York City does have a pretty good crisis
18 system, but it's not utilized in the way that
19 it needs to be utilized. And we've been
20 working with the city on that. It's a
21 critical thing.
22 In terms of the schools and Thrive, I
23 think that New York City has done a big
24 investment in Thrive. I think, though, that

1 there's still the need for clinical
2 school-based clinics, I think which kind of
3 offer something a little bit extra in the
4 schools. And we're working on trying to
5 expand those across the state and also in the
6 city.
7 And then lastly, a point about the
8 insurers. I think the medical necessity --
9 for example, a plan may say we cover
10 inpatient hospitalization, but then when you
11 call them and you try to get the inpatient
12 hospitalization paid for, they say, Well, we
13 don't think that person really needed it.
14 And the way they determine medical necessity
15 is they consider it proprietary until this
16 law, and basically they don't have to tell
17 you how they're determining medical
18 necessity.
19 So the issue here is to get that in
20 the open. You'll have clinicians saying this
21 person is maybe suicidal, needs to be in an
22 inpatient service, and maybe the insurer is
23 saying that that's not medically necessary.
24 So that's where the -- kind of the

1 rift can happen. So medical necessity
2 criteria is critical, because medical
3 necessity criteria is what says "I will pay
4 for it as an insurer." So that's something
5 we need to work with them on.
6 But I think you're absolutely right
7 about moving more and more into
8 community-based agencies. And really the
9 crisis services -- we've done a survey across
10 the state of crisis services, and in some
11 ways we have holes that we have to fix, and
12 we're working with communities, but there's a
13 lot there. It's not accessed as well as it
14 needs to be. So there's something we're not
15 getting out there about what these services
16 are so communities use them in a way that can
17 be so much more helpful. And
18 sometimes calling --
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 COMMISSIONER SULLIVAN: -- communities
21 that have done it well, it's very successful.
22 ASSEMBLYWOMAN RICHARDSON: Thank you.
23 CHAIRWOMAN WEINSTEIN: Thank you.
24 Senate?

1 CHAIRWOMAN KRUEGER: Thank you.
2 Senator Seward.
3 SENATOR SEWARD: Thank you, Madam
4 Chair. And good morning, Commissioner.
5 I just want to add my voice to those
6 of my colleagues who have -- we are
7 expressing extreme disappointment on the COLA
8 question, that that's not in this proposal
9 because of -- for all the reasons that have
10 been outlined here, it's critically
11 important.
12 I wanted to get into the issue of the
13 repeal of the prescriber-prevails policy that
14 allows medical providers and patients to have
15 the final say in terms of their medications.
16 This of course is in the Health portion of
17 the budget, but there's concern that it would
18 gravely impact those with psychiatric
19 disorders that do not have access to their
20 important medications.
21 Could you comment on the importance of
22 these medications to patients and the
23 Governor's proposal may in fact block,
24 potentially, access to those important

1 medications by not continuing provider
2 prevails?
3 COMMISSIONER SULLIVAN: I mean,
4 you're -- I mean, the kinds of medications
5 that we prescribe can be very specific, and
6 sometimes the clients need a specific
7 medication.
8 The prescriber prevails, while it sets
9 a bar for certain medications to be easily
10 accessed, it still has a provision for
11 appeals. And that means that basically in
12 the event that a physician feels that a
13 particular patient really needs this
14 particular drug, and if it's not something
15 which is on the formulary, they can appeal
16 it.
17 And in my experience, although it
18 takes some time, sometimes, to get the appeal
19 and a certain amount of work, that when I
20 used to be in practice and I would appeal,
21 that often those appeals were accepted,
22 because you're saying that as a clinician --
23 and you have good reasons why you feel this
24 particular medication is what this client

1 needs.
2 So the appeal process is there and
3 will be available for physicians to use.
4 SENATOR SEWARD: Well, thank you.
5 I know the Legislature has in the past
6 routinely rejected this proposal, and I
7 certainly hope we will again.
8 Let's switch to the inpatient bed
9 reductions in your facilities. You know, for
10 several years OMH has followed an agreed-upon
11 process between the Executive and the
12 Legislature for bed reduction that includes
13 such things as allowing reductions if there
14 is a consecutive 90-day period of time that
15 the inpatient bed is vacant, requiring OMH to
16 continue to invest resources to improve
17 mental health services in the community for
18 each bed reduced, and requiring that the
19 Legislature would be provided monthly status
20 reports on bed reductions.
21 Is it your intention to continue this
22 process, even though the related appropriate
23 language has been suspended at least in the
24 Governor's proposal?

1 COMMISSIONER SULLIVAN: Yes, it's our
2 intention to continue the -- to only close
3 beds that have a 90-day vacancy. I think it
4 makes good sense. I mean, you do not want to
5 close a bed unless you're sure that that bed
6 isn't needed. And that longstanding
7 agreement with the Legislature I think has
8 been very effective. It's enabled us to
9 close beds I believe in a way that has made
10 sense, that has enabled us to reinvest
11 dollars, but not do it without good clinical
12 reasons to close it.
13 And I think that when an bed is vacant
14 for three months, I mean, that's pretty
15 strong evidence I think that perhaps -- that
16 that bed is no longer needed. So yes, it's
17 our intention to continue that policy.
18 SENATOR SEWARD: Thank you.
19 When I sit down with school
20 superintendents and others related to our
21 school districts, I constantly hear the
22 crying need that they express for more mental
23 health services in the schools. I know it's
24 been touched upon this morning, but so many

1 of the districts, particularly upstate in the
2 more rural areas that are isolated, have a
3 limited amount of services available.
4 Is there a strategy at OMH to work
5 with these schools to in fact get more mental
6 health services in our schools where our kids
7 are, and many of them in great need of these
8 services?
9 COMMISSIONER SULLIVAN: Yeah,
10 absolutely. And I think we have increased
11 the number over the last several years from
12 what were 200 clinics statewide to over 800
13 now. So it's growing.
14 The strategy is to work with the
15 school districts -- and I've met with the
16 school superintendents -- to work with the
17 school districts, to work with a provider --
18 and the provider doesn't have to be in the
19 rural areas, the provider could be at a
20 significant distance. They don't have to be,
21 you know, right there -- to provide the staff
22 to go into the schools.
23 And now there's an ability to bill for
24 the services in the school. And again,

1 Medicaid pays fairly well for this, all
2 things considered, in terms of individuals
3 who are on Medicaid, and we know we have
4 Child Health Plus, so we have a -- it's still
5 a bit of a struggle sometimes to get, dare I
6 say, the commercial payers and parity to pay
7 for those school-based services. But we're
8 working on that.
9 So there is a financial model that for
10 many schools works, with a community-based
11 provider providing -- often it's a social
12 worker or a psychologist who goes to the
13 school maybe several days a week, maybe one
14 day a week, depending upon the need, and they
15 work in the school. They are licensed as a
16 satellite clinic, they can bill for services,
17 and they are connected back to that provider.
18 We're also looking at telehealth as
19 something that could work in the rural
20 communities and in the schools. We've got a
21 couple of school programs that are interested
22 in that. So for example if a social worker
23 is seeing clients in the school but they want
24 to have a psychiatrist take a look, that they

1 could have a telecommunication to a
2 psychiatrist so they wouldn't have to have
3 the psychiatrist come all the distance.
4 So there's lots of interesting ways to
5 do it. And I've found, talking with the
6 school superintendents, there's an increased
7 interest now, really a very serious interest
8 in having this happen in the schools. So we
9 have a number of projects going on in
10 different parts of the state to get these
11 services into the schools. And I think we
12 can easily get more and more in. Once the
13 financial model -- except for some issues,
14 sometimes, with commercial payers -- it's
15 quite good for Medicaid to be able to do
16 this. So we're looking forward to be able to
17 continue to expand school-based.
18 SENATOR SEWARD: Thank you.
19 CHAIRWOMAN KRUEGER: Thank you.
20 So I'm going to continue with the last
21 questioner on the first round before we go to
22 second round.
23 So a lot of us have spent a lot of
24 time thinking about childhood victims of

1 sexual assault recently because we were
2 working on passing important legislation.
3 Last night many of us here, the last
4 testifier was detailing his own experience as
5 a child of sexual abuse and how it affected
6 his life, and urging education and exposure
7 to make sure that everyone knows what it is
8 and children are taught actually how to
9 express when it's happening to them so that
10 it doesn't continue.
11 The reason I bring it up now is that I
12 spent the later end of the night, because I
13 was so disturbed about it, looking at some of
14 the academic research. And it's an
15 incredible correlation between being sexually
16 assaulted as a child and ending up as an
17 adult with serious mental illness and
18 substance abuse.
19 So for you and OASAS, if they're here,
20 it seems to me that a top prevention model
21 New York State needs to immediately start
22 doing something about is education through
23 our school systems of young children about
24 how to recognize that they are being sexually

1 abused and voice -- learn how to voice it and
2 have a system where somebody does something.
3 Because they are a direct pipeline into what
4 you then end up doing and what OASAS ends up
5 doing. And even the discussion of suicide
6 and the correlation between teen suicide and
7 being sexually abused.
8 So there's a theme here that it didn't
9 actually dawn on me till last night how
10 strong the correlations were. And again, the
11 academic research is startling.
12 So do you, one, agree or disagree?
13 And, two, do you think that New York State
14 needs to get its act together and start doing
15 something?
16 COMMISSIONER SULLIVAN: First of all,
17 I agree. I think that there's evidence that
18 goes back to the adverse childhood
19 experiences studies, which were done quite a
20 while ago, actually -- in the '90s to the
21 early 2000s -- which clearly showed that
22 early childhood experiences of sexual abuse,
23 also physical abuse, neglect, mental illness
24 in the home, substance use in the home, et

1 cetera, that those youth grow up at a very,
2 very high risk for substance use, mental
3 illness, and increased physical problems not
4 related to their substance use. So it's a
5 fascinating thing that it increased physical
6 problems along the line of heart disease and
7 pulmonary, et cetera.
8 So there's a lot of evidence which has
9 been out there for a while that these adverse
10 childhood experiences, and if you add one on
11 top of the other on top of the other, you can
12 end up with individuals who have very serious
13 mental health and substance use issues.
14 So the -- since it starts so early,
15 the interventions have to start early. And I
16 absolutely agree with you, I think it's
17 important for individuals to -- as we educate
18 and do things in the schools and we start
19 school prevention programs -- one is
20 ParentCorps, which goes into kindergartens
21 and works with families on how to deal with
22 their children who are having problems, and
23 to work with teachers. Those kind of
24 programs need to also link into thinking

1 about educating about sexual abuse and other
2 things. You know, sometimes they do it a
3 little bit more than others, but I think at
4 this point in time those early intervention
5 programs in schools -- and another program
6 which we are funding in about -- it seems
7 small, but it's 17 pediatric practices across
8 the state, something called Healthy Steps,
9 which has a child specialist in a pediatric
10 practice that can work from age zero up
11 through 18, when individuals are there in a
12 pediatric practice, who's
13 mental-health-trained and basically works
14 with families and screens for these ACEs, so
15 we know that there's those issues. And those
16 workers would be working with pediatricians
17 and others on identifying all kinds of risk
18 factors, including the risk factors for
19 sexual abuse.
20 So yes, it has to be something that I
21 think becomes more and more apparent in the
22 earlier and earlier years. Because once,
23 unfortunately, something has happened, you
24 should intervene quickly but you even want to

1 intervene before it happens and help families
2 or people who are concerned about these
3 things to get the help they need early on.
4 So absolutely, I agree. And I think
5 that, you know, the work on sexual abuse is
6 something that we also need to refine in some
7 of these programs even more than we have so
8 far.
9 CHAIRWOMAN KRUEGER: Because the data
10 also shows that one out of five women were
11 victims of sexual abuse as children. I think
12 the stats I read was more like one out of 20
13 men. So if you think about that number of
14 people suffering sexual abuse as children,
15 and then that rolling into the future
16 pipeline of people who then deal with adult
17 mental health issues, adult substance
18 abuse -- and, as you're pointing out, much
19 more serious adult health issues -- it seems
20 to me that New York State really needs to
21 explore the models or develop new models and
22 that it needs to be some kind of combination
23 between Department of Education, Department
24 of Mental Health, Department of Substance

1 Abuse, and anyone else -- perhaps some kind
2 of Governor's task force on figuring out the
3 right protocols and be educational models.
4 Because I think --
5 COMMISSIONER SULLIVAN: I think that's
6 a good suggestion. I think that's very
7 important, and we'll get back to you to work
8 on it. Because it's still one of the most
9 hidden things.
10 I mean, while mental health is
11 beginning to come out more and more in terms
12 of depression and other things, but sexual
13 abuse, especially in those early years, is
14 still hidden, often. When you talk to
15 people, they will say they never told anybody
16 over a period of 10, 15 years.
17 CHAIRWOMAN KRUEGER: Right.
18 COMMISSIONER SULLIVAN: So I think
19 that it's really very critical that we work
20 on this. And I think you're right. So we
21 will get back to you on this. I think it's
22 very important.
23 CHAIRWOMAN KRUEGER: Thank you.
24 So then last year in the budget the

1 Governor did provide funding to you for some
2 modeling around maternal depression and some
3 new models. And you actually -- you and your
4 staff came to a pilot center in my district,
5 The Motherhood Center, to talk to people
6 there about the work that I think that
7 they're doing that is amazing there.
8 So I'm wondering, how far have you
9 gotten in your efforts to create programs for
10 people around the state?
11 COMMISSIONER SULLIVAN: A couple of
12 things. One, we have something called
13 Project TEACH, which is a consultation with
14 pediatricians for primary care doctors to be
15 able to talk to child psychiatrists. And
16 we've expanded that to include a group up at
17 Columbia who are experts in maternal
18 depression and women who are depressed during
19 pregnancy, et cetera. Because often there's
20 a real knowledge gap about what medications
21 could be used, et cetera.
22 So we got that up and running, and
23 that's a consultation service for
24 psychiatrists for GPs and for the OB-GYNs, so

1 they can call in and get help. So that's up
2 and running.
3 We also have -- I think one has
4 started, but we have a couple of others -- I
5 think it's three in the works -- of what we
6 call intensive outpatient programs that are
7 going to be focused on moms with depression.
8 And intensive outpatient programs enable
9 someone to come into the clinic and get a
10 whole range of intensive services right away
11 and get paid for them. And we're in the
12 process of setting those up I think in a
13 couple of upstate counties and one in the
14 city.
15 And then in addition, there's an
16 upstate county which we're working with to
17 start an inpatient program for moms that
18 would be able to also have the babies with
19 the moms who have severe postpartum
20 depression. And we're looking at that in the
21 city. So those -- the units haven't opened
22 yet, but they're getting very close. And the
23 outpatient programs have started.
24 And we've also got a plan to circulate

1 to OB-GYNs and general practitioners
2 information on maternal depression and just
3 get it out there. And pediatricians, because
4 often the moms come to the pediatricians.
5 So we're in the process. Things are
6 moving. And we're hopeful most of those
7 clinical services should be up within like
8 six months. They're moving along.
9 CHAIRWOMAN KRUEGER: Very good to
10 hear. Thank you very much, Commissioner.
11 I think it's now second round.
12 CHAIRWOMAN WEINSTEIN: So we're going
13 to go to Assemblywoman Gunther.
14 ASSEMBLYWOMAN GUNTHER: Well, first
15 I'm going to say a thank you. You and I
16 worked together -- they were going to close
17 my Middletown campus, and it provided mental
18 health services and daycare and a friendship
19 program. And we know that that program is
20 cost-effective. And I think that without the
21 visit and the staff coming to me, it would
22 have closed. And it would have impacted well
23 over 100 people's lives. And also those
24 folks would have ended up in acute care.

1 So I think with that in mind, as we
2 look forward, that these programs are so
3 vital to so many communities. And what
4 happens is it stabilizes people from walking
5 on the street. It makes them if they don't
6 have the ability to take their meds,
7 et cetera.
8 So before we start closing things, I
9 think we need to reach out to communities and
10 look at efficacy and effectiveness, because
11 we tend to close before we know all the
12 facts.
13 So I have a question regarding
14 marijuana. And does the Office of Mental
15 Health have any concerns about the
16 psychiatric effects of THC with this
17 proposal? Like pot smoking and, you know,
18 what will happen and the THC, et cetera. You
19 know, we can't -- you know, sometimes we can
20 measure a pill and know how much narcotic is
21 in a pill. But with marijuana, there are
22 different kinds of marijuana. And, you know,
23 some people of course use it for different
24 kinds of medical issues, which is great --

1 you know, nausea after chemotherapy, those
2 kinds of issues. A lot of times they were
3 taking it like where they could dose it as
4 far as liquid.
5 But the legalization -- you know, it's
6 called self-medication. And I'm not taking a
7 stand either one way or the other, but I'm a
8 little bit concerned about self-medication.
9 COMMISSIONER SULLIVAN: I think the --
10 there's going to be a hearing on marijuana
11 where I think the -- there's going to be a
12 hearing that will really have everybody have
13 the full breadth of being able to answer all
14 those questions.
15 The impact -- the document that came
16 out on the impact of marijuana clearly
17 outlined a couple of areas where there are
18 risk factors for mental health issues. And
19 those will be discussed more and more at the
20 hearing. But just very, very briefly,
21 basically while there is some risk factor for
22 youth in terms of psychosis, either
23 precipitating in vulnerable youth -- it's a
24 small percentage, but in vulnerable youth,

1 psychosis or causing psychotic episodes
2 earlier than they would have. And for
3 individuals with serious mental illness who
4 are psychotic, using marijuana often can --
5 the outcomes are not as good in terms of
6 recovery.
7 So there are certain very specific
8 areas, and they're clearly outlined in the
9 already existing impact report. And I think
10 those are going to be discussed at length in
11 the hearing. And I think there are ways to
12 educate and work with these issues. Like
13 everything, there are risks and benefits to
14 every kind of substance out there. So I
15 think that those will be discussed in more
16 detail. But it's in the July report which
17 the Office of Mental Health was very involved
18 in participating in developing.
19 ASSEMBLYWOMAN GUNTHER: The
20 $60 million for maintenance of supportive
21 housing -- really quickly, distribution,
22 what's the method of distribution?
23 COMMISSIONER SULLIVAN: That's our
24 bricks and mortar housing. That 60 million

1 is capital dollars that will help -- for
2 many, many years we had not been given
3 capital dollars for our community residences,
4 for our congregate housing, and the housing
5 providers have been asking for that for a
6 long time. So that's --
7 ASSEMBLYWOMAN GUNTHER: And this is
8 like housing that the State of New York owns.
9 COMMISSIONER SULLIVAN: The State of
10 New York, OMH housing, congregate housing.
11 These can vary from 40 to maybe a hundred
12 individuals in the housing, and they need
13 those capital dollars to fix basically the
14 bricks and mortar of the housing.
15 ASSEMBLYWOMAN GUNTHER: Yeah, they've
16 been -- they've really been --
17 COMMISSIONER SULLIVAN: Yeah, so
18 that's -- that's --
19 ASSEMBLYWOMAN GUNTHER: -- they are in
20 terrible condition, between paint and
21 chipping and leakage.
22 COMMISSIONER SULLIVAN: Yup.
23 ASSEMBLYWOMAN GUNTHER: And it's
24 really deplorable. And I've been in some of

1 them, the conditions, and well overdue. But
2 I don't think $60 million of our budget are
3 going to really make a difference in many
4 people's lives. And is it New York City
5 focused or is it --
6 COMMISSIONER SULLIVAN: No, it's
7 statewide. This will be statewide.
8 ASSEMBLYWOMAN GUNTHER: My thought is
9 how is it going to be allocated, and how are
10 those designations being made? Because I
11 feel like there's not an inventory of the
12 condition of that housing across the State of
13 New York. I really -- you know, I don't
14 know, I've never seen an inventory, I've
15 never heard about someone calling me in my
16 district and taking a walk through in some of
17 these places or -- maybe in New York City
18 they do it with people that are, you know,
19 working on the budget of New York.
20 And I think as Assemblypeople and
21 Senators, you know, we like to be in the
22 know. And honestly, we know our districts
23 probably better than many. So that's one of
24 the things I'm kind of interested in.

1 And the last is Mid-Hudson Forensic
2 Psych Center. The $60 million of
3 maintenance, any idea about, you know, what
4 exactly the details are of what's going to
5 happen at Mid-Hudson Psych? I mean, I
6 know -- again, I've been in Mid-Hudson Psych
7 Center, deplorable conditions in many areas
8 there, haven't been touched in a very, very
9 long time.
10 So I'm glad you're doing it. And like
11 how is it going to be allocated?
12 COMMISSIONER SULLIVAN: This is
13 $100 million in the budget that is the
14 beginning of design -- actually, building a
15 new Mid-Hudson. So basically on the grounds
16 of Mid-Hudson.
17 ASSEMBLYWOMAN GUNTHER: I see.
18 COMMISSIONER SULLIVAN: So this is the
19 beginning of the allocation for the building.
20 The building might cost up to ultimately
21 250 million. But this is the beginning in
22 terms of design, construction, getting it
23 started.
24 We're very excited about this.

1 Because you're absolutely right, some of
2 those buildings are over a hundred years old,
3 and you really can't refurbish them. I mean,
4 the only option is to rebuild. So this is to
5 rebuild the new Mid-Hudson, basically.
6 ASSEMBLYWOMAN GUNTHER: And I will say
7 that in upstate New York there's a terrible
8 crisis regarding children's psychiatric
9 needs. And, you know, our psychiatrists for
10 children are few and far between.
11 And I also would say even if you do
12 have good insurance as far as like even the
13 state insurance -- I'm thinking about someone
14 that I know -- that getting into the
15 psychiatric facility for children is
16 extremely difficult. Sometimes kids stay
17 three, four days in the emergency room. And
18 I think that's horrible when a child is in
19 crisis. And often they calm down but -- and
20 also the length of stay. We know that
21 children, their metabolism is different. And
22 the fact of the matter is to stabilize a
23 child on the right psychiatric med takes more
24 than five days of observation to see how this

1 chemical -- this child responds to this
2 psychiatric medication.
3 And, you know, they're kicking them
4 out after eight or nine days, and the length
5 of stay is just not adequate to assess that
6 child and get them not to have a
7 readmittance, but to be stabilized and then
8 have the aftercare that's necessary.
9 CHAIRWOMAN WEINSTEIN: Thank you.
10 Thank you.
11 ASSEMBLYWOMAN GUNTHER: I guess mine
12 wasn't a question, it was a statement.
13 CHAIRWOMAN WEINSTEIN: Yeah. You can
14 have some discussion offline.
15 COMMISSIONER SULLIVAN: Sure, thank
16 you.
17 CHAIRWOMAN KRUEGER: Thank you.
18 Second rounds for Mental Health Chair
19 David Carlucci.
20 SENATOR CARLUCCI: Thank you, Madam
21 Chair.
22 Well, thank goodness New York State is
23 taking an active role in blazing a trail and
24 ending gun violence in the United States.

1 And we've just recently passed a package of
2 legislation to do just that, to end gun
3 violence in New York. And one of the major
4 pieces of legislation is the Red Flag bill,
5 or the extreme risk protection order to
6 remove guns from people that are deemed a
7 threat to themselves or to others.
8 What role do you see the Office of
9 Mental Health playing in this new legislative
10 initiative? Or what role do you think OMH
11 should be playing in this role in terms of
12 making sure that people that are going
13 through this process are getting access to
14 the treatment that they need?
15 COMMISSIONER SULLIVAN: First of all,
16 I think it's also educating, you know, within
17 our system of care, within our clinics, that
18 this exists, this gun law exists. You know,
19 because often there is concerns by school
20 members, families, et cetera, of individuals
21 that they see that they are concerned. Which
22 is the whole point of the law. But people --
23 it still takes a while for the law to become
24 known to people and to know how to access it.

1 So I think the first big piece that we
2 have to do is within our system and within
3 our contact points, whether it's work we do
4 in educating in schools, when we go out for
5 our suicide prevention, et cetera, that we
6 talk about this law and we let people know
7 how to access the law.
8 And then how to access the mental
9 health services that these individuals might
10 need. Because taking away the gun doesn't
11 solve the problem if it's linked to a mental
12 health problem.
13 So I think they have to be kind of
14 coordinated. So I think it's education and
15 especially working -- a big focus of this is
16 families and schools. And I think that in
17 the schools as we do our prevention and
18 education work in the schools, we'll be
19 incorporating this in terms of working with
20 this, and also families that we work with.
21 So I think our role is to really get
22 the word out, but then also to get the word
23 out about the help that's available if you're
24 concerned about someone. It's not just

1 taking away their guns. If there's a mental
2 health issue, it's important they get the
3 help they need.
4 SENATOR CARLUCCI: Yeah, it's so
5 important. And I appreciate that answer.
6 Would it be possible for us to work
7 together on a formal response, a program that
8 OMH would be involved in, to make sure?
9 COMMISSIONER SULLIVAN: That would be
10 terrific. Yes, we very much -- and we'll get
11 back to you on that. That would be great.
12 That would be great.
13 SENATOR CARLUCCI: One of the issues
14 that I keep hearing about is the move to
15 managed care and the concerns that we have.
16 And you've been in the leadership role of OMH
17 as this transition has happened. Can you
18 give us an update on where we're going? What
19 are some of the main concerns that you have
20 with managed care right now?
21 COMMISSIONER SULLIVAN: You know, I
22 think some things have gone well and others
23 we've had some stumbling blocks with. I
24 think that in terms of getting --

1 SENATOR CARLUCCI: Particularly some
2 of my concerns are when we deal with children
3 and with dual diagnosis.
4 COMMISSIONER SULLIVAN: Oh. Yeah. I
5 think that basically in terms of the move to
6 managed care, I think some of it's gone very
7 well. We have a good enrollment in the HARP
8 population.
9 The children's move to managed care is
10 really in the process. We've moved health
11 homes into managed care. Managed care will
12 be dealing with these new services that we're
13 putting up. And dual diagnosis, I think,
14 again, it's helping -- when I talked about
15 those home-based services, I mean those
16 home-based services can deal with mental
17 health, they can deal with substance use.
18 It's getting these new services out there,
19 getting the managed care plans used to paying
20 for them and understanding them, getting the
21 staff to know how to document to get those
22 services, et cetera.
23 So the implementation is important.
24 And we've gotten a lot of technical

1 assistance with the children's providers. I
2 know they had concerns about moving the
3 health homes in and being able to respond a
4 little bit better, I think, than we thought.
5 And basically we've been working very closely
6 with them to make sure that there's no
7 discontinuity in care, that basically
8 families that are getting care continue to
9 get care.
10 So the movement of the children's
11 services in -- I think is moving along.
12 We're constantly listening and out there
13 asking if there are problems and trying to
14 intervene if there are problems in the
15 transition.
16 But I think it's going, overall, not
17 so badly. But we don't know yet, because
18 it's just started October till now. We're
19 still in the process of moving this. And
20 it's going to take a little time maybe for
21 some of the problems maybe to fall out.
22 SENATOR CARLUCCI: Well, thank you,
23 Commissioner. Some of my colleagues this
24 morning have mentioned some of the programs

1 that we in the Legislature are very proud of,
2 dealing with posttraumatic stress disorder of
3 our veterans with the Joseph P. Dwyer
4 Program, talking about crisis intervention
5 teams. We see what's going on in this state,
6 around the nation, the importance of crisis
7 intervention teams, which I know you've said
8 is important.
9 What would happen to the state of
10 mental health in New York State if these
11 programs go away? All these legislative adds
12 that the Executive has taken out of the
13 budget that the Legislature puts in each
14 year, what will happen if we don't get those
15 in?
16 COMMISSIONER SULLIVAN: Well, I think
17 if -- we would have to look to what we could
18 do to ensure that, you know, veterans still
19 receive services they need, et cetera. And
20 also we would have to look to what we could
21 do for crisis intervention training.
22 I think these have been programs that
23 have been funded by the Legislature. And I'm
24 sure there will be more discussions on these

1 basically as the budget negotiations go on.
2 SENATOR CARLUCCI: Thank you.
3 CHAIRWOMAN KRUEGER: Thank you.
4 CHAIRWOMAN WEINSTEIN: So for seconds,
5 we go now to Missy Miller.
6 ASSEMBLYWOMAN MILLER: Hi again.
7 COMMISSIONER SULLIVAN: Hi.
8 ASSEMBLYWOMAN MILLER: Thank you. I
9 just want to thank you for everything you do.
10 I don't want to just be grilling you.
11 I can't help but notice, because I
12 have a -- although she's a young adult now,
13 but I had -- my daughter is in her early
14 twenties. And I couldn't help but notice the
15 amount of peers that she has when they were
16 first going off to college, the amount of her
17 friends who were already, when they graduated
18 from high school, on anti-anxiety medication.
19 These are young teenagers, before they
20 graduate high school, are already being
21 treated for anxiety disorders.
22 And I'm concerned that this is a
23 growing problem. When I was in high school,
24 very rarely did I ever hear of anybody my age

1 having an anxiety disorder. And it seems to
2 be more the norm these days for this youth --
3 for this age group.
4 And I see that -- and I'm happy that
5 we're addressing it somewhat, that there are
6 treatments. But I'm wondering if we
7 shouldn't be looking at this as an at-risk
8 population and looking younger at the schools
9 and seeing what we can do in the schools to
10 prevent this from happening before it needs
11 intervention, before we need medication or
12 even therapy.
13 Are there programs that can teach
14 better ways to identify these triggers, these
15 emotions, that can teach coping strategies,
16 better skills?
17 I also can't help notice the
18 correlation of how many of these school
19 shootings are by some of these very children
20 that are being treated for anxiety
21 disorders -- or perhaps not being treated for
22 their anxiety disorders or their depression.
23 It's just -- I think it's an unidentified
24 group of individuals with mental health

1 issues. And it was completely unaddressed in
2 our Executive Budget.
3 COMMISSIONER SULLIVAN: You know, I
4 think that the -- first of all, I think
5 you're right, that there's an increasing --
6 and the surveys that have been done of
7 students in high school in particular show a
8 high level of distress. You know, 20,
9 25 percent significant and mild-to-moderate
10 up to 50 percent. So there's a lot of
11 distress and a lot of anxiety.
12 And I think -- again, it's where do
13 you intervene. You can intervene once you
14 see it, or you can earlier and earlier to
15 intervene.
16 And I mentioned before the kinds of
17 programs that we're doing in some of the
18 schools, something called ParentCorps, which
19 is a pre-K program where, you know, kids --
20 even in pre-K, some kids are having some
21 troubles, you know. And these pre-K
22 programs -- this works for all kids, by the
23 way. Anybody in the pre-K in that school
24 will get this.

1 And it's a parent training --
2 teacher-coordinated parent training with the
3 parents, and looking at how to communicate
4 better with the child, how to deal with
5 whatever anxieties the child may have at that
6 age. How do you deal with it? How do you
7 deal with some of the behaviors that you may
8 be concerned about? And it helps to teach
9 the parent -- the parent home environment,
10 how to deal with the child, because that's
11 really where a lot of the work has to be
12 done.
13 They've been tremendously successful
14 with what's a -- I think it's a 14-week
15 course, couple of days a week. Lots of
16 parents go in and join and do it. When they
17 map out these kids going to age 8, 9, 10 --
18 that's as long as some of the longitudinal
19 studies have gone -- there's a significant
20 decrease in things like anxiety disorders, a
21 significant decrease in poor school
22 performance, and even a decrease in visits to
23 the pediatrician for medical kinds of
24 problems.

1 So these early -- the earlier the
2 interventions, actually, the better. It's
3 always been fascinating to me that we teach
4 people lots of things; we never try to teach
5 them how to be parents. You know, somehow
6 you're supposed to magically know how to be a
7 parent. And especially if your child has a
8 certain temperament or certain issues, you're
9 supposed to just know how to deal with that.
10 And I think we don't.
11 So I think that kind of education.
12 Now, then going through, you then also have
13 to have, though, teachers aware and parents
14 aware that if symptoms do happen despite,
15 hopefully, that early intervention, that you
16 get help early. And I think that people are
17 still very reluctant to kind of ask for help
18 in those early years, you know, middle
19 school.
20 And that's one of the initiatives
21 which is in the budget -- I forget the exact
22 amount of dollars, I guess a million-five --
23 to help middle schools do better work. And
24 that's going through the Department of

1 Education.
2 Now working -- just very briefly,
3 working with the Department of Education,
4 Commissioner Elia, they're doing a whole
5 thing on social-emotional wellness. And
6 that's going to transmit to all the schools
7 from early years through grammar school to
8 high school. That has tremendous potential
9 to kind of deal with the problems that you're
10 talking about, because people will notice and
11 talk about those things as they come along.
12 So you're absolutely right.
13 CHAIRWOMAN WEINSTEIN: Thank you.
14 Thank you.
15 We've been joined in the Assembly by
16 Assemblyman Félix Ortiz and Assemblywoman
17 Mary Beth Walsh.
18 Senate, anything?
19 CHAIRWOMAN KRUEGER: No.
20 CHAIRWOMAN WEINSTEIN: So we have some
21 more Assemblymembers.
22 Assemblywoman Rosenthal for three
23 minutes, just -- that's supposed to be the
24 question and answer. So we call it the

1 lightning round.
2 (Laughter.)
3 ASSEMBLYWOMAN ROSENTHAL: Thank you.
4 I was the -- I am the sponsor of the
5 Child Victims Act. So everything that was
6 said today is true times a hundred. And I
7 think once the bill is signed into law and
8 the court processes begin, we're going to see
9 actually people who were hidden in the
10 shadows for years trying to gain some redress
11 in court. But the fact is that children --
12 young children, all the way up, are not
13 taught, and their parents as well, what the
14 signs are of sexual abuse, people who should
15 not be near them, et cetera.
16 And so I'd love to work with you on
17 initiatives in the schools --
18 COMMISSIONER SULLIVAN: Absolutely.
19 ASSEMBLYWOMAN ROSENTHAL: -- so we can
20 better protect young people and have their
21 parents be partners in safeguarding them, and
22 teachers as well. So I'd love to work with
23 you on that.
24 COMMISSIONER SULLIVAN: That would be

1 a pleasure. Glad to. Thank you.
2 ASSEMBLYWOMAN ROSENTHAL: Thank you.
3 That's my lightning round.
4 CHAIRWOMAN WEINSTEIN: Thank you.
5 So now Mary Beth Walsh for three
6 minutes.
7 ASSEMBLYWOMAN WALSH: Thank you.
8 Good morning. Thank you,
9 Dr. Sullivan. I just wanted to share that I
10 was at a mental health forum last week -- I
11 represent parts of Saratoga County and a
12 little bit of Schenectady County -- up at
13 Ballston Spa High School, and it brought
14 together people from school resource officers
15 to the sheriff's department, our new
16 superintendent there, and lots of counselors.
17 And the -- I wanted to kind of tie in
18 with some of the testimony you've already
19 offered. The gist of it was that children
20 are coming into school now, presenting early,
21 as early as kindergarten, with much more
22 significant mental health concerns than the
23 school district has previously seen.
24 And I think that schools like

1 Ballston Spa and Shenendehowa and now, thanks
2 to your help, the Burnt Hills-Ballston Lake
3 School District will be able to offer mental
4 health clinics within the schools, which is
5 so helpful. As a person who has worked in
6 Family Court for about 10 years, I know that
7 transportation is a real issue for children
8 for appointments for mental health. And if
9 that can be done right within the school, we
10 know that we can reach the child where they
11 are.
12 So I want to thank you for your
13 advocacy and help in making those happen.
14 But I also think that they have sounded an
15 alarm within the school district that we're
16 seeing far more anxiety, depression, at a
17 much earlier age -- and in families where you
18 wouldn't necessarily think -- you know, in
19 families that are intact families that -- and
20 it doesn't seem to make a difference as far
21 as educational level achieved by parents or
22 even poverty level.
23 So I was wondering if you'd like to
24 talk about that at all in the time that we've

1 got remaining. But I just wanted to thank
2 you. And I think that that's the right
3 track. And I think that to the extent that
4 we can expand programs like that throughout
5 the state, I think that is really what we
6 really should be doing. So thank you.
7 COMMISSIONER SULLIVAN: Absolutely.
8 And just very briefly, I think we need to
9 double our efforts in working with teachers
10 and with parents. I think that parents are
11 often -- they are confused. They're not sure
12 when to ask for help. And I think we need to
13 double the efforts.
14 And I think we can do that with
15 parents through schools. I mean, schools can
16 bring the parent, you can have educational
17 kinds of things. I think parents are not
18 well equipped to even sometimes know what the
19 issues are that they're seeing. And we have
20 to do much more work on that.
21 ASSEMBLYWOMAN WALSH: And that came up
22 during the forum that we had as well. In
23 Ballston Spa, at least, they're going to be
24 talking about the development of resiliency

1 training and working with parents and, you
2 know, helping parents to develop the skills
3 needed in the society we have now where we
4 have 24/7 social media, there's a lot more,
5 you know, anxiety and bad feelings, it's an
6 opportunity for bullying and things like
7 that, where, you know, parents sometimes need
8 to be brought up to speed as to the pressures
9 that their kids are under, so.
10 COMMISSIONER SULLIVAN: Absolutely.
11 Absolutely. We'll definitely be working on
12 that, and we'll be glad to get back to you
13 about that. But I absolutely agree with you.
14 ASSEMBLYWOMAN WALSH: Thank you.
15 CHAIRWOMAN WEINSTEIN: And to
16 Assemblyman Ortiz, three minutes.
17 ASSEMBLYMAN ORTIZ: Thank you, Madam
18 Chair.
19 Thank you, Commissioner -- good
20 morning -- for being here.
21 I just have a quick question. This
22 past year my bill that required the Office of
23 Mental Health to develop educational
24 materials for educators regarding suicide

1 prevention was chaptered into law by the
2 Governor. My question to you is, what is the
3 status of this material and when can we
4 expect them to get into the hands of the
5 educators?
6 COMMISSIONER SULLIVAN: Basically I
7 think there's a lot of materials which are
8 almost ready to go on the website now. I was
9 just talking with our suicide prevention
10 staff yesterday that that's out there ready
11 to go. And we have also translated a whole
12 host of our current information to be able to
13 give out to schools, et cetera.
14 So we're ready to launch it probably
15 within the next month. You're going to see a
16 lot of information coming out and available.
17 And we're also going to be doing a
18 survey with the colleges. We're doing focus
19 groups first about the survey, and then we're
20 going to do the survey. The focus groups
21 will happen in May; the survey will happen in
22 December. And that will go out to the SUNY
23 system, systemwide. So we're going to be
24 working very closely with the SUNY system to

1 work with youth and get the information out
2 to those universities.
3 ASSEMBLYMAN ORTIZ: Thank you very
4 much, Commissioner.
5 CHAIRWOMAN KRUEGER: Thank you.
6 Commissioner, we have gone through our
7 list for you, so thank you very much for
8 being with us today.
9 COMMISSIONER SULLIVAN: Thank you very
10 much.
11 CHAIRWOMAN KRUEGER: Thank you.
12 And our next testifier will be Roger
13 Bearden, acting executive deputy
14 commissioner, New York State Office for
15 People with Developmental Disabilities.
16 And we're going to ask everyone to
17 take their conversations outside. So if
18 you're heading out, quietly until you move
19 past the doors. Thank you.
20 Good morning, Roger. Start. We're
21 here for you.
22 ACTING EX. DEP. COMMR. BEARDEN: Good
23 morning, Senator.
24 Is this microphone working?

1 CHAIRWOMAN KRUEGER: Yes.
2 ACTING EX. DEP. COMMR. BEARDEN:
3 Terrific.
4 Good morning, Chairs Krueger,
5 Weinstein, Carlucci, Gunther, and other
6 distinguished members of the Legislature. My
7 name is Roger Bearden, and I am the acting
8 executive deputy commissioner of the New York
9 State Office for People with Developmental
10 Disabilities.
11 Thank you for the opportunity to
12 provide testimony about Governor Cuomo's 2020
13 Executive Budget and how it will benefit the
14 nearly 140,000 New Yorkers with developmental
15 disabilities served by OPWDD.
16 Under the Governor's leadership,
17 New York continues to lead the nation in the
18 amount of funding to support people with
19 developmental disabilities, providing nearly
20 twice the national average. The proposed
21 budget continues this tradition of investment
22 in services and supports. The 2020 Executive
23 Budget includes a significant increase in new
24 investments in spending, leveraging

1 approximately $8 billion in state and federal
2 funding for OPWDD services and programs.
3 The budget proposal supports
4 investments of $120 million in annual
5 all-shares funding to provide new and
6 expanded services for people entering the
7 OPWDD system for the first time, as well as
8 those who are currently eligible but whose
9 needs are changing; $15 million in capital
10 funding to expand affordable housing
11 opportunities; $170 million in state and
12 federal resources to assist OPWDD's network
13 of nonprofit providers in complying with the
14 state's minimum wage law; and $5 million in
15 new resources to assist providers in becoming
16 ready for managed care.
17 These new proposals are in addition to
18 the substantial resources dedicated to
19 individuals with developmental disabilities
20 in prior years. In fiscal year 2018-2019,
21 more than 5,500 individuals will enroll in
22 community habilitation for the first time,
23 4,000 individuals will enroll in respite
24 services, and more than 3,500 individuals

1 will enroll in day habilitation services.
2 These services provide vital support to
3 individuals and their families, enabling
4 individuals to live and thrive in the
5 community.
6 OPWDD also continues its investment in
7 residential supports for individuals with
8 developmental disabilities. OPWDD provides
9 over $5.2 billion in annual funding to
10 support nearly 43,000 individuals in
11 residential opportunities, the largest system
12 of residential supports for individuals with
13 developmental disabilities in the country.
14 Last year alone, over 1,600 people received
15 residential supports from OPWDD for the first
16 time.
17 OPWDD is dedicated to building a more
18 efficient and effective service delivery
19 system for New Yorkers with developmental
20 disabilities, based on a history of
21 continuous improvement in the delivery of
22 services and supports over the past 40 years.
23 On July 1, 2018, OPWDD's care
24 coordination system transitioned to a new

1 model of comprehensive, holistic care
2 management operated by seven newly
3 established care coordination organizations.
4 The transition to this enhanced care
5 coordination model is a significant step in
6 the move to managed care, which will improve
7 access and flexibility in our system and
8 ensure quality outcomes.
9 I would also like to highlight two new
10 initiatives to help support people with
11 autism and their families. The Executive
12 Budget proposal seeks parity for autism
13 services by requiring insurers to apply the
14 same treatment and financial rules to autism
15 spectrum disorders as those used for medical
16 and surgical benefits.
17 The budget proposal includes expansion
18 of Medicaid to cover applied behavioral
19 analysis, a form of treatment for children
20 with autism, which represents a $26 million
21 commitment. This initiative will support
22 over 4,000 individuals, including those who
23 have aged out of the Early Intervention
24 program, and ensure that they continue

1 receiving medically necessary services.
2 Our evolution to a more responsive and
3 flexible service system would not be possible
4 without the input of the people that we
5 support, their family members, and our
6 partners in the provider community, along
7 with the Legislature. Thank you for your
8 partnership.
9 I look forward to answering any
10 questions you may have.
11 CHAIRWOMAN KRUEGER: Thank you very
12 much.
13 Our first questioner will be David
14 Carlucci, chair.
15 SENATOR CARLUCCI: Well, thank you,
16 Acting Commissioner. Oh, wait, no. What
17 happened? I know we had met the other day; I
18 thought that Kerry was going to testify
19 today.
20 ACTING EX. DEP. COMMR. BEARDEN:
21 Unfortunately our acting commissioner,
22 Ted Kastner, is unavailable today. He just
23 started last week. He's unavailable today.
24 I'm the acting executive deputy commissioner,

1 and I'm here to testify on behalf of the
2 agency.
3 SENATOR CARLUCCI: Okay, good.
4 So a few things just are -- we're
5 dealing with the living wage issue that we
6 don't have. Could you speak to the problem
7 in regards to retention in the system right
8 now?
9 ACTING EX. DEP. COMMR. BEARDEN:
10 Absolutely. So I listened with interest to
11 the testimony and the questions of my
12 colleague Dr. Sullivan, and I couldn't agree
13 more with the sentiment that our direct
14 support professionals are really the backbone
15 of our service system.
16 There have been, with the support of
17 the Legislature, very substantial investments
18 made over the last several years in that
19 workforce. We have -- going back to 2015,
20 there was a 4 percent -- two 2 percent
21 increases; going back into 2018, two
22 3.25 percent increases; and then there's
23 ongoing support for the minimum wage
24 initiative.

1 All told, over the last several years,
2 there's been nearly half a billion dollars
3 invested in this workforce. So there's the
4 financial component of it.
5 We're also doing a lot of work to try
6 to encourage people who want to pursue this
7 career to do so. We've established, across
8 the state, six regional Centers for Workforce
9 Transformation. Those are centers that are
10 assisting our providers in recruiting and
11 retaining the workforce. We are constantly
12 looking for opportunities to build a career
13 ladder for our direct support professionals
14 so that they can not only choose it as a job
15 but choose it as a career.
16 And just this past November there was
17 actually a cross-agency Human Services
18 Workforce Summit here in Albany to -- so that
19 different providers across the various
20 service sectors could share the strategies
21 they have used.
22 So we're really taking a multipronged
23 approach. One is, of course, the investments
24 that have been made in the wages, but also

1 the investments we've made in making sure
2 that people are recruited to the field and
3 then, once they choose this field, that they
4 stay in it.
5 SENATOR CARLUCCI: Do you think that
6 DSPs should get a cost of living adjustment
7 this year?
8 ACTING EX. DEP. COMMR. BEARDEN: Well,
9 I think that's a matter that's going to be
10 certainly a discussion in the budget,
11 discussion between the Legislature and the
12 Executive as the budget is being finalized.
13 SENATOR CARLUCCI: The -- one of the
14 issues that we see in the budget is language
15 that would remove jurisdiction of the Justice
16 Center over camps for children with
17 developmental disabilities. Who will have
18 the oversight? Is that a smart move?
19 ACTING EX. DEP. COMMR. BEARDEN: So
20 that's a topic that I'm not familiar with.
21 That is -- my colleague Denise Miranda, who
22 is the executive director of the Justice
23 Center, is I believe testifying later today,
24 and I think that would be a question most

1 appropriately addressed to her.
2 SENATOR CARLUCCI: One of the ongoing
3 issues is the transition from sheltered
4 workshops into integrated employment
5 settings. What is being done in this budget
6 to help accelerate the most integrated
7 employment settings possible for people with
8 developmental disabilities?
9 ACTING EX. DEP. COMMR. BEARDEN: So
10 over the last several years we've been
11 transitioning what has been a sheltered
12 workshop model into an integrated employment
13 model. That's an ongoing process that's
14 continuing into the next several years.
15 We've been very clear as we've been
16 making that transition that under no
17 circumstances do we want any person who is
18 enjoying working to lose that job. So we
19 have been working very closely with our
20 provider community to make sure that there
21 are opportunities for individuals to work who
22 wish to work.
23 We've also, over the last several
24 years, come out with a number of new

1 employment support programs to help
2 individuals who are pursuing integrated
3 employment. So that's an ongoing
4 conversation with the providers and with the
5 sheltered workshop operators to make sure
6 that we make that transition in as effective
7 a manner as possible.
8 SENATOR CARLUCCI: And as you'd heard
9 from the questions with the previous
10 commissioner, with Commissioner Sullivan,
11 regarding dual diagnosis and how,
12 particularly with OPWDD, we have some silos
13 that have been built, and built to protect --
14 to make sure that our interests are being
15 represented when it comes to the State Budget
16 and legislation, that we have a separate
17 agency for OPWDD.
18 And now that we are recognizing dual
19 diagnosis more and more, what's being done to
20 really make sure we're working cross-agency
21 to get people the best care they need?
22 ACTING EX. DEP. COMMR. BEARDEN: So we
23 have a very close working relationship with
24 the Office of Mental Health, both at a

1 central office level and with our regional
2 offices, which is really where most of the
3 work on the ground happens.
4 So whenever we're encountering
5 situations, individuals who have that dual
6 diagnosis who might be, as I think you put
7 it, in those silos and are struggling to get
8 the right services, we have very established
9 pathways for communication. We work very
10 closely together with the Office of Mental
11 Health to make sure that the fact that we
12 have different state agencies working for
13 those different populations isn't a barrier
14 to the individuals getting the services that
15 they need.
16 SENATOR CARLUCCI: Could you speak
17 about the placement in group homes,
18 particularly when we talk about placement of
19 those that are deemed sex offenders in group
20 homes with a population that are not sex
21 offenders? Can you speak about that policy?
22 ACTING EX. DEP. COMMR. BEARDEN: Yes.
23 So the question that you pose is a
24 very complicated one. And it's not just a

1 New York State question, it's a national
2 question. So first of all, it's very
3 important to note that any individual that
4 OPWDD serves is a person with a developmental
5 disability. So -- and some of those
6 individuals may also have a sex offense
7 designation because of some prior conduct.
8 So when we are, as OPWDD, asked to
9 place an individual into our care who has a
10 developmental disability and a sex offense
11 history, we undergo an incredibly careful
12 review process. What we do is we look at --
13 we have a risk management review through our
14 central office. These are trained
15 psychologists who have specific training in
16 the field of treatment of sex offenses and
17 who look at any specific risk factors those
18 individuals may have and develop what's
19 called a risk management plan. So that's
20 before any placement is made.
21 And then that risk management plan can
22 have a variety of safety measures associated
23 with it -- where the person should reside,
24 what kind of protections should be present in

1 the home. And then we continually monitor
2 that once the placement has occurred.
3 So we have a very, I think, thorough
4 and comprehensive way of approaching this
5 problem. And as I said, it is a complicated
6 one that we deal with. Because we want to
7 make sure that the individuals we serve never
8 come to any harm, and the safety of those
9 individuals is absolutely paramount.
10 SENATOR CARLUCCI: Okay. And back to
11 managed care. You know, this is obviously a
12 big issue that we've been talking about for
13 some time. What can you tell the residents
14 watching in regards to what safeguards are
15 going to be in place to make sure that the
16 appropriate level of resources are spent on
17 individuals? And what recourse do families
18 have, parents have, advocates, in overturning
19 denials from managed care?
20 ACTING EX. DEP. COMMR. BEARDEN: So I
21 think as I noted in my initial testimony, we
22 are in the process of moving towards a
23 managed care system.
24 Later this year we will be allowing

1 individuals who want to voluntarily enroll in
2 managed care to do so. And we're starting
3 with that because we want to make sure that
4 those who see the opportunity -- and we think
5 there's a lot of opportunity here. We think
6 there's an opportunity to expand access to
7 services. We think there's an opportunity to
8 have more flexible rules around what can be
9 paid for than is currently present in our
10 system. So we think there's a lot of
11 opportunities for families and for
12 individuals in the move to managed care.
13 And so we're starting with a voluntary
14 enrollment, because those individuals who
15 want to pursue that may do so.
16 When you move into managed care, and
17 if there's a circumstance where a managed
18 care company were to deny a service, there
19 are appeals and grievances that are available
20 to the family member, to their advocate, to
21 the individual to make sure that no services
22 that are necessary for that individual are
23 denied or removed.
24 SENATOR CARLUCCI: Okay, thank you.

1 And would you be able to go through
2 the timetable you started to mention about
3 the transition to managed care?
4 ACTING EX. DEP. COMMR. BEARDEN: I'd
5 be happy to.
6 So we are starting, as I said, later
7 this year with voluntary enrollment in
8 managed care. We are in the process of
9 qualifying plans to be able to provide that
10 service. And I think something that's very
11 important there is we are taking a model
12 where our providers are in fact developing
13 these plans, they're provider-led plans. So
14 we're in the process of getting those plans
15 qualified to render a service.
16 Later this year we will be in a
17 position to have people voluntarily enroll.
18 And then we're projecting, probably in 2021,
19 the move to a mandatory managed care system.
20 But we're only going to do that if in this
21 voluntary period we see the kinds of gains
22 and expanded access that we believe will be
23 the case with our move.
24 SENATOR CARLUCCI: Okay, thank you.

1 CHAIRWOMAN KRUEGER: Thank you.
2 Assembly.
3 CHAIRWOMAN WEINSTEIN: Assemblywoman
4 Gunther.
5 ASSEMBLYWOMAN GUNTHER: Good morning,
6 Roger. I guess it's afternoon by now.
7 ACTING EX. DEP. COMMR. BEARDEN: Good
8 morning, Assemblywoman.
9 ASSEMBLYWOMAN GUNTHER: (Inaudible.)
10 (Microphone not on.)
11 ASSEMBLYWOMAN GUNTHER: Sorry.
12 -- the giveaways to a lot of
13 corporations and the Executive's decision to
14 defer the cost of living adjustment in the
15 human service field, and also the COLA. So
16 can you address those two and how important
17 the COLA is to our direct care workers?
18 ACTING EX. DEP. COMMR. BEARDEN: Well,
19 I appreciate the question. As I said in
20 speaking to Senator Carlucci, we have made
21 very substantial investments with the support
22 of the Legislature in the last several years
23 in the direct support workforce.
24 I'm aware, of course, that there was

1 not a COLA in this year's budget, and I'm
2 sure that that will be a topic of
3 conversation between the Legislature and the
4 Executive as there's a move to finalize the
5 budget.
6 ASSEMBLYWOMAN GUNTHER: Also, what
7 steps does OPWDD anticipate taking to ensure
8 an adequate supply of quality service and
9 supports are in place in areas where
10 providers are experiencing financial
11 difficulties and in danger of closing
12 programs? You know that that's happening a
13 lot in upstate New York, a lot are in danger
14 of closing programs, they can't afford it.
15 They also, because of the DSP and the wage
16 issue, that they can't keep people employed,
17 there's so much turnover.
18 ACTING EX. DEP. COMMR. BEARDEN: So we
19 have a very active effort to monitor our
20 providers and to work with them. So we're
21 constantly in communication with them. As
22 they're experiencing -- if they're
23 experiencing financial stress, we work with
24 them and we try to help them solve what the

1 issues are.
2 At times providers -- we may help
3 providers share services, they may share
4 back-office services or come together in some
5 way so that they can achieve some
6 efficiencies. We've seen some very
7 successful models doing that.
8 But we're always working with our
9 providers. We're very aware of the stresses
10 on the provider community. And so we try to
11 work in collaboration with them to address
12 those as they come up.
13 ASSEMBLYWOMAN GUNTHER: There has been
14 120 million made available for new services.
15 How much of that money has been spent?
16 ACTING EX. DEP. COMMR. BEARDEN: Well,
17 the 120 million that is proposed for this
18 year's --
19 ASSEMBLYWOMAN GUNTHER: In the last
20 four budgets.
21 ACTING EX. DEP. COMMR. BEARDEN: In
22 the last four budgets. So we typically do
23 not -- are you asking about the future
24 expenditures or the past expenditures --

1 ASSEMBLYWOMAN GUNTHER: Past. How
2 much has been spent? As there's been an
3 allocation, and we're interested to know how
4 much has gone out to be spent.
5 ACTING EX. DEP. COMMR. BEARDEN: I
6 don't have the specific allocations with me.
7 I can tell you as a general matter about
8 two-thirds of the spending that we engage in
9 is for residential supports and services, and
10 the other third is for community-based
11 programs, community habilitation, day
12 habilitation, those kinds of programs.
13 Supported employment.
14 If you're interested in a specific
15 breakdown of --
16 ASSEMBLYWOMAN GUNTHER: I am.
17 ACTING EX. DEP. COMMR. BEARDEN: Okay,
18 we can certainly get that to you.
19 ASSEMBLYWOMAN GUNTHER: You and I went
20 on a journey in Orange County to one of the
21 housing units, and in my opinion, you know,
22 there is money out there and this is a state
23 agency-run residential facility. And both
24 the two of us were there, and just that alone

1 was a little bit shocking. And I know
2 whether the paint on the wall or the
3 wheelchairs stored in a patient's individual
4 room, and those issues that we came across,
5 that, you know, really were unsuitable.
6 And I'm hoping that, you know, from
7 what we saw that we will spend this money to
8 upgrade these residential facilities, because
9 there is a lot to be done, including some of
10 the vans that break down that, you know, they
11 can't take folks out on their usual daily
12 trips or some of the places that they go
13 because the vans are in poor shape, some of
14 them over 100,000 miles on them.
15 So, you know, I think that as we talk
16 about the budget and continue on, that we
17 should think about those important things.
18 And, you know, all of the advocates,
19 you know, indicate reimbursement rates do not
20 support the funding needs of many individuals
21 with high needs, especially those that are
22 dual-diagnosed with behavioral issues,
23 significant medical needs or severe physical
24 needs. Will there be a higher reimbursement

1 rate to support these folks that need this
2 higher level of care?
3 ACTING EX. DEP. COMMR. BEARDEN: So
4 our system of reimbursement is a cost-based
5 reimbursement system. So to the degree to
6 which those kinds of concerns drive
7 additional costs, yes, that would be
8 something that would be reimbursed within the
9 rates that our providers would be receiving.
10 So the answer is yes.
11 ASSEMBLYWOMAN GUNTHER: The answer is
12 yes, but again, as we go from one facility to
13 the next, you know, what the folks that are
14 managing those facilities are saying, it's
15 just not enough.
16 I mean, if you have a DSP and you do
17 like a certain amount from one to five
18 residents, when you have somebody that has
19 like more needs or many needs -- sometimes it
20 could be a one-on-one or a one-on-two. And,
21 you know, are we really looking at the
22 severity of the illness and the needs of the
23 residential -- the folks that are living
24 there, in giving as much money as necessary?

1 And, you know, sometimes we do a one-to-five
2 or one-to-eight, and sometimes it's just not
3 adequate and the funding isn't there.
4 ACTING EX. DEP. COMMR. BEARDEN: Thank
5 you, Assemblywoman.
6 CHAIRWOMAN KRUEGER: Thank you. Just
7 double-checking that -- who was next? It is.
8 Senator Jim Seward. Thank you.
9 SENATOR SEWARD: Well, good morning,
10 Mr. Bearden.
11 ACTING EX. DEP. COMMR. BEARDEN: Good
12 morning, Senator.
13 SENATOR SEWARD: Good to see you
14 again. We appreciated your -- in response to
15 Senator Carlucci's question, your update in
16 terms of the regional CCOs and moving
17 forward.
18 Could you share with us, have you
19 heard of any concerns, you know, from either
20 providers, families or other interested
21 parties that are being brought to your
22 attention? And if so, what steps are being
23 taken to address those concerns as this whole
24 process unfolds?

1 ACTING EX. DEP. COMMR. BEARDEN: Thank
2 you, Senator, yes. And we made this
3 transition to the care coordination
4 organizations on July 1st, so we moved from
5 approximately 350 Medicaid coordination
6 agencies to seven care coordination
7 organizations. So that was a -- and the
8 population being served, about 100,000
9 individuals who were receiving that care
10 coordination.
11 So we made that transition, and there
12 were some initial hiccups, I would call them,
13 in the transition because they were largely
14 successful transitions but there were some
15 issues in terms of making sure that, in
16 particular, families knew who their new care
17 coordinator was. There were some
18 communication issues with some of the CCOs.
19 So we worked very hard. We had a
20 dedicated team that continues till this day
21 to troubleshoot those issues. We meet on a
22 weekly and sometimes daily basis with the
23 newly established CCOs to communicate
24 promptly to their executive directors any

1 issues we're seeing.
2 And so over the course of the fall, we
3 really did see -- there were also some IT
4 issues that -- IT compatibility issues that
5 came up. But over the course of the fall I
6 think we really did troubleshooting on a lot
7 of those problems, and coming into the new
8 year I think were in a very good space where
9 people are enrolled in that CCO service, they
10 know who the care coordinators are. Those
11 care coordinators in turn are performing the
12 functions.
13 So yes, we had some initial problems
14 to troubleshoot, but I think we addressed
15 them in a prompt way to try to get those
16 problems solved.
17 SENATOR SEWARD: Thank you for your
18 response. I think it was important to do
19 that particularly before the voluntary
20 enrollment period opens.
21 I wanted to shift, as a final
22 question, to our state's compliance with the
23 Olmstead decision. Could you provide me
24 with, shall I say, the latest developments

1 when it comes to our shelter workshops'
2 transitions to the integrated work settings,
3 as well as the intermediate care facility
4 care conversions and other Home and
5 Community-Based Waiver-related compliance
6 actions? I just wanted to get a status
7 report on that.
8 ACTING EX. DEP. COMMR. BEARDEN: So
9 there's kind of I think two things -- and I
10 know, Senator, we've spoken about it
11 previously. There's two things that are
12 parallel. One is the Olmstead provision,
13 which says that individuals who have a
14 disability have the right to live and receive
15 services in the most integrated setting.
16 And then there's a parallel federal
17 requirement called the HCBS settings rule,
18 which says that where the waiver services --
19 which is where the bulk of OPWDD's Medicaid
20 money is located -- are delivered, that that
21 must be a true home and community-based
22 setting.
23 So we've developed a multiyear plan at
24 OPWDD. Part of that was closing a number of

1 our larger institutions, several of the
2 developmental centers. That has concluded at
3 this point. We -- back in 2012 we had
4 approximately 1,000 individuals who were in
5 campus-based institutional environments, and
6 that number is now below 200. And we have no
7 further closure plans.
8 We are, as I mentioned earlier, in the
9 midst of a transition on the -- from the
10 sheltered workshop model to an integrated
11 employment model, and we have a couple more
12 years to work on doing that. And we're doing
13 that very closely with the providers.
14 And then in terms of the ICF
15 transition we've been transitioning those
16 ICFs into more individualized residential
17 alternatives, traditional group homes, and
18 are making a good pace on that.
19 And in all of this I think it's really
20 important -- we've always preserved the idea
21 that nobody is going to lose any kind of
22 service whenever we make these transitions,
23 so we're very mindful of that.
24 SENATOR SEWARD: Yeah. I appreciate

1 that. Because I know when I've toured my
2 sheltered workshops -- now integrated
3 employment settings -- in the past, as I've
4 talked to some of their participants, they
5 choose to be there. I mean, this is what
6 they want. And at one point there was a fear
7 that that was going to be taken away. So I'm
8 glad we've worked this out in that way.
9 ACTING EX. DEP. COMMR. BEARDEN: As am
10 I.
11 SENATOR SEWARD: Thank you.
12 CHAIRWOMAN KRUEGER: Thank you.
13 Assembly.
14 CHAIRWOMAN WEINSTEIN: Assemblywoman
15 Miller.
16 ASSEMBLYWOMAN MILLER: Hello.
17 ACTING EX. DEP. COMMR. BEARDEN: Hi.
18 ASSEMBLYWOMAN MILLER: So many
19 questions and so little time.
20 So you know Oliver. And I choose to
21 speak about Oliver because he is just
22 unfortunately really a perfect example of so
23 much of what does not go smoothly or
24 correctly through the OPWDD program.

1 So you know -- you know that I drive
2 here back and forth each day for session,
3 three hours-plus up, three hours-plus back at
4 the end of session, because I don't have the
5 care that I need for Oliver. Care is
6 authorized, I'm fully covered, fully
7 authorized. But I cannot find the care that
8 Oliver needs. I am not alone. There are
9 many, many people in the same boat as me.
10 That brings me to a question. Just
11 because something is authorized to be part of
12 a care plan doesn't mean that it's able to be
13 implemented. And I'm very concerned, is
14 OPWDD building new future policies or plans
15 for individuals based on things that have
16 been authorized for families or individuals
17 with high needs or complex needs? Does
18 anybody ever follow up to know that often
19 families never get to implement a plan or
20 care that is authorized? And that's often
21 the case.
22 In my case, there is no follow-up.
23 Nobody ever calls. Nobody follows up.
24 ACTING EX. DEP. COMMR. BEARDEN: So,

1 Assemblywoman, you know, I know we've spoken
2 previously about Oliver and the challenges
3 you've been facing to secure adequate nursing
4 staffing to support him.
5 I think one of the goals in what we're
6 trying to do with the move to managed care is
7 to be able to -- because one of the barriers
8 right now, as I understand it, is that there
9 are certain fee schedules that determine what
10 a nurse can be compensated down in
11 Long Island. And there are not nurses that
12 are available to work --
13 ASSEMBLYWOMAN MILLER: Right. Why
14 it's different county to county is --
15 ACTING EX. DEP. COMMR. BEARDEN: I'm
16 not sure that it's different. I know that in
17 Long Island versus somewhere else.
18 But I'm saying that there are fee
19 schedules that determine and limit the
20 availability. And in moving to a managed
21 care model where we have a per-member
22 per-month approach, the hope would be that
23 you would be able to dedicate some additional
24 resources to recruit those professionals that

1 would be able to assist you and your son --
2 ASSEMBLYWOMAN MILLER: Will that
3 cost-based service reimbursement still be in
4 place with managed care?
5 ACTING EX. DEP. COMMR. BEARDEN: So
6 the way that managed care reimbursement will
7 work is the managed care company will receive
8 a per-member per-month allocation, which will
9 be based on an average over population --
10 ASSEMBLYWOMAN MILLER: Will there be a
11 cap?
12 ACTING EX. DEP. COMMR. BEARDEN: And
13 then they will have the obligation of
14 arranging the necessary services and paying
15 for them that you or someone else in your
16 situation would require.
17 So it will expand the availability of
18 those services, including nursing services,
19 by changing the way that we pay for those
20 services.
21 ASSEMBLYWOMAN MILLER: Are there caps
22 on those?
23 ACTING EX. DEP. COMMR. BEARDEN: Will
24 there be caps on those service --

1 ASSEMBLYWOMAN MILLER: Yeah, is it
2 capitated?
3 ACTING EX. DEP. COMMR. BEARDEN: They
4 will be subject to the same kind of
5 utilization management review that --
6 ASSEMBLYWOMAN MILLER: Is that a yes?
7 ACTING EX. DEP. COMMR. BEARDEN: Well,
8 there will be a review to make sure that
9 there will be medically necessary services.
10 But I'm -- from what I'm aware of with
11 your son, you know, I would imagine that many
12 of those services would be authorized.
13 ASSEMBLYWOMAN MILLER: But is there a
14 cap on the budget --
15 ACTING EX. DEP. COMMR. BEARDEN: No.
16 ASSEMBLYWOMAN MILLER: -- for the
17 managed care for the needs?
18 ACTING EX. DEP. COMMR. BEARDEN: I
19 don't believe there would be.
20 ASSEMBLYWOMAN MILLER: Okay. And then
21 the transition to managed care, I know we've
22 discussed that it's not quite as seamless as
23 people are being led to believe that it might
24 be, and that you addressed that there was

1 some troubleshooting going on.
2 I can -- and you know, we spoke about
3 this just last week, but I beg to differ. I
4 still have not heard from my CCO in a couple
5 of months now.
6 So, you know, I know that it's a work
7 in progress. You're asking for patience.
8 But it just goes back to this no follow-up.
9 There is no communication or follow-up. You
10 do these workshops, you do -- but it's --
11 there's this limited reach-out to the
12 families, the families who have the
13 wherewithal to watch for your communication.
14 ACTING EX. DEP. COMMR. BEARDEN: So I
15 hear that concern, and I really want to take
16 that back, because we do try very hard to
17 make sure that we are communicating well with
18 the individuals and the families we serve.
19 And so to hear you say that we're not
20 accomplishing that goal, I want to take that
21 back.
22 You know, this past fall we did a
23 whole series of forums around the state to
24 talk about both the transition to the care

1 coordination organizations and also managed
2 care. I know we reached a lot of families in
3 that, but there are probably many, many more
4 families that we did not. We serve 140,000
5 individuals.
6 So I would like to maybe follow up
7 with you about how we can be more effective
8 in communicating with those families.
9 ASSEMBLYWOMAN MILLER: Thank you.
10 I'll be back.
11 ACTING EX. DEP. COMMR. BEARDEN: Thank
12 you.
13 CHAIRWOMAN WEINSTEIN: Thank you.
14 Senate?
15 CHAIRWOMAN KRUEGER: Thank you.
16 Senator Brooks.
17 SENATOR BROOKS: Thank you, Madam
18 Chair.
19 You know, to listen to the commentary
20 that just went on and then to have a response
21 is "we try," it doesn't work. You need to
22 accurately measure the services that you're
23 delivering and recognize where the shortfalls
24 are.

1 There's been an ongoing discussion
2 about staffing. And if you don't have the
3 proper staffing, (a) you can't deliver the
4 services and (b) you can't expand the
5 services. You can have the best idea in the
6 world, and if you don't have the people, it's
7 not going to happen.
8 I'd like to know if you are actively
9 tracking the turnover, understaffing, use of
10 overtime, and absenteeism of all of the
11 facilities, and if you're looking at that on
12 a regional basis.
13 ACTING EX. DEP. COMMR. BEARDEN: So
14 you're addressing the turnover rate of
15 workers in the field --
16 SENATOR BROOKS: Correct.
17 ACTING EX. DEP. COMMR. BEARDEN: -- as
18 well as the overtime.
19 Yes, we do actively track that. I'm
20 aware of -- starting, first of all, with the
21 turnover rate, that we do have turnover rate
22 that is, I think, below the national average.
23 I can get you the specific figures.
24 Overtime, I know we've had a decrease.

1 This is approximately 5 percent in the past
2 year. We've achieved that through some very
3 aggressive measures, really targeting where
4 we were seeing excess overtime, looking at
5 those houses, really drilling down to a
6 house-by-house level. We've also implemented
7 new scheduling software, and we're working
8 very, very well with our state union partners
9 to identify the sources of overtime and
10 address those. So we've seen a significant
11 decline in the overtime hours.
12 SENATOR BROOKS: So when you look at
13 overtime, as an example, what's an acceptable
14 level of overtime to you for an employee each
15 week?
16 ACTING EX. DEP. COMMR. BEARDEN: Well,
17 I think that, you know, overtime is obviously
18 very challenging both for the employees as
19 well as the individuals being served. And
20 it's something we strive to avoid. But there
21 is always -- in the human services sector
22 there's always going to be some amount of
23 overtime because we need to make sure that
24 minimum staffing ratios and safety and

1 security are maintained.
2 So we're always looking to reduce that
3 number. We're always trying to minimize it.
4 But there's always going to be some overtime,
5 because we have to make sure that --
6 SENATOR BROOKS: Okay, so you don't --
7 you don't have a goal.
8 But I think you have to really look at
9 what's happening, number one. You have to
10 find ways to recognize where you are and make
11 adjustments. One of the things you should be
12 considering, I think, is clustering some of
13 these facilities in a given area where one
14 facility can borrow from another when there's
15 a short-staff situation.
16 But I find it hard to listen to an
17 expansion of programs when we don't have the
18 right staff to do what we're supposed to be
19 doing now.
20 I also just wanted to follow up --
21 there was one question where you visited one
22 of the facilities recently with one of my
23 colleagues, and you found a couple of things
24 there. How often are those facilities

1 visited and inspected?
2 ACTING EX. DEP. COMMR. BEARDEN: So
3 each facility is visited once a year by our
4 team of oversight and licensing folks. So
5 that's once a year, and then more frequently
6 if there are identified problems, if there's
7 areas of concern.
8 So if they made the annual visit and
9 they identified some areas, they might issue
10 a plan of corrective action to the facility
11 and then return 30, 60 days later to make
12 sure that the plan of corrective action was
13 in fact followed.
14 SENATOR BROOKS: Okay, so you're
15 saying they might. Shouldn't that be the
16 rule? If you find a critical concern that
17 there's a plan developed as to how that's
18 going to be corrected and a scheduled
19 reinspection point.
20 ACTING EX. DEP. COMMR. BEARDEN: Yeah.
21 No, absolutely. If I said -- whenever
22 there's an issue. And in fact, if there's an
23 issue that is what we call immediate
24 jeopardy, Senator, our inspectors do not

1 leave the facility until it is fixed.
2 SENATOR BROOKS: Okay. I'm -- like I
3 say, I'm concerned and I think the
4 Assemblywoman's -- her comments and her
5 situation is -- tells you you're not
6 succeeding. And I think you need to give the
7 attention -- we've got to be realistic.
8 These are people that need help. And in many
9 cases we're not delivering the kind of help
10 they need. And we've got to be honest with
11 ourselves. And I don't think you're doing
12 that.
13 Thank you.
14 CHAIRWOMAN KRUEGER: Thank you.
15 Assembly.
16 CHAIRWOMAN WEINSTEIN: We go to
17 Assemblyman Santabarbara.
18 ASSEMBLYMAN SANTABARBARA: Thank you.
19 Thank you, Mr. Bearden, for being
20 here. I was hoping to talk to the acting
21 commissioner today, but I'll express my
22 concerns to you.
23 I just want to follow up on what was
24 said about the direct care field, about the

1 vacancy internal rates that are still at
2 unstable levels and the urgency to include
3 more funding in the budget to stabilize these
4 positions -- and also recruit new people to
5 work in the direct care field, very important
6 to so many families.
7 And this has been going on for years
8 and years. We always talk about this here at
9 the Capitol. Although some funding was
10 included, it did not have the effect that we
11 need, so we do need to look at stabilizing
12 these rates. So that does need to be a
13 priority.
14 I do want to thank you for the two new
15 initiatives related to autism, some other
16 services that are now going to be covered.
17 You mentioned ABA. What are some of the
18 other medical -- I guess what are some of the
19 other items covered under that?
20 ACTING EX. DEP. COMMR. BEARDEN: So
21 under the -- there's two proposals. So one
22 is really -- it's something that was
23 discussed with the Office of Mental Health in
24 their testimony, is including services for

1 individuals with autism in the mental health
2 parity bill. So it's really making sure that
3 there's no discrimination by commercial
4 insurers against particular therapies that
5 may be helpful to individuals who have autism
6 or other developmental disabilities, but
7 particularly autism is where we see the
8 issue.
9 The second is applied behavioral
10 analysis. Several years ago there was
11 coverage for that offered in the commercial
12 insurance side of the world, and so this is
13 something that's actually in the Department
14 of Health's budget to allow for public
15 insurance, Medicaid, to cover those
16 therapies. And it's children who would be
17 benefiting from that, those who are leaving
18 the Early Intervention program. And that's
19 school-age children I think is really the
20 target and the beneficiaries of that
21 initiative.
22 ASSEMBLYMAN SANTABARBARA: Great.
23 Great to hear. And when is that expected to
24 take effect?

1 ACTING EX. DEP. COMMR. BEARDEN: Well,
2 I believe it -- I don't have the date on
3 that. I know that it is -- obviously needs
4 to be approved through the budget process and
5 then I'm not sure what the --
6 ASSEMBLYMAN SANTABARBARA: If
7 everything goes through, though.
8 ACTING EX. DEP. COMMR. BEARDEN: If
9 everything goes through, I'm not sure if
10 there's a bit of an implementation period.
11 But we can certainly find that out from our
12 colleagues at the Department of Health.
13 ASSEMBLYMAN SANTABARBARA: Great.
14 And I know we've started our work with
15 the new statewide Autism Spectrum Disorders
16 Advisory Board.
17 ACTING EX. DEP. COMMR. BEARDEN: Yes.
18 ASSEMBLYMAN SANTABARBARA: OPWDD has
19 been working with that board. Just an update
20 on that. Has that been effective, has that
21 been helpful to the department?
22 ACTING EX. DEP. COMMR. BEARDEN: Well,
23 absolutely. So that board -- and I do
24 appreciate the legislation that you sponsored

1 to establish that board -- has been very
2 effective. Our former commissioner,
3 actually, Courtney Burke, has been the chair
4 of that, has brought together cross-agency
5 and also experts from the field generally.
6 There's been very active discussions and the
7 development of a number of recommendations.
8 I know, Assemblyman, you're waiting
9 for the report --
10 ASSEMBLYMAN SANTABARBARA: Yes.
11 ACTING EX. DEP. COMMR. BEARDEN: And
12 we expect that to be issuing in very short
13 order.
14 ASSEMBLYMAN SANTABARBARA: Okay, thank
15 you for that update.
16 And my next question revolves around
17 supportive housing. I know I've written
18 several letters to OPWDD, Acting Commissioner
19 Delaney, the new commissioner as well. Just
20 to follow up on Senator Carlucci's question,
21 what is the process -- there's been some
22 concern in the Capital Region, obviously,
23 with placement of a sex offender in
24 supportive housing where some other residents

1 were there for 30-plus years. That really
2 disrupted the household. And then that began
3 to spark concerns amongst many parents across
4 the state, a lot of calls to my office. I
5 know Assemblywoman Mary Beth Walsh also got
6 some calls, I believe it was in her district,
7 actually.
8 So there's been a number of concerns.
9 And my letters and my communication to OPWDD
10 was asking to clarify the process. Once
11 someone is released from a correctional
12 facility, what is the process?
13 And then a follow-up question to that,
14 what's the priority of these placements?
15 because as you know, there's a long list of
16 people waiting for supportive housing. The
17 concern also is what is the priority for
18 placement?
19 So I haven't been able to get an
20 answer to these questions since last year. I
21 wrote four or five letters. Another letter
22 came just a few weeks ago. This is an issue
23 that's been talked about in my district; it
24 continues to be an issue.

1 So I was hoping to talk to the
2 commissioner, but I'm going to ask you that
3 same question. Could you clarify the
4 process, what is the process for placements
5 from the time someone is released to when the
6 need is there and the actual placement? If
7 you can answer that question.
8 ACTING EX. DEP. COMMR. BEARDEN: I'd
9 be happy to clarify that, Assemblyman.
10 So the process starts actually before
11 the release, a number of months before the
12 release, when an individual -- and I think I
13 emphasized this in speaking to Senator
14 Carlucci on his question earlier. So these
15 are individuals who do have developmental
16 disabilities who are in the correctional
17 system and are due for release. So we get
18 information from the correctional system that
19 an individual who has a developmental
20 disability will be released some months into
21 the future, and then we begin that process of
22 planning to serve that individual.
23 So it first comes to our risk
24 management people, who take a look -- these

1 are trained psychologists who take a look at
2 the nature of the person's disability, the
3 nature of their offending behaviors, and come
4 up with an analysis of what is necessary in
5 order to serve that individual. So what
6 kinds of risk mitigation measures are
7 important, what needs to be present in the
8 home that they might live in. Does there
9 need to be door alarms, does there need to be
10 window alarms? Do there need to be other
11 safety features? Does there need to be
12 restrictions on access to the internet? Does
13 there need to be supervision -- one-on-one
14 supervision?
15 So all of those kinds of questions are
16 asked and analyzed as the placement is being
17 developed, long before the person -- the
18 specific placement is identified.
19 It's important to understand,
20 Assemblyman, we are not placing individuals
21 who have these offending behaviors with
22 non-sex offenders. That is not our policy.
23 Our policy is that we are placing them only
24 in homes that have people with other

1 offending behaviors.
2 So we're going to be doing that
3 through this process, and identifying so we
4 can consider the placement process, saying
5 what does this person need to maintain their
6 behaviors, and what can we do to make sure
7 that everyone else is safe.
8 ASSEMBLYMAN SANTABARBARA: We're out
9 of time, but I'm going to come back, because
10 that was -- is that new policy or is that
11 existing policy?
12 ACTING EX. DEP. COMMR. BEARDEN: It is
13 our policy.
14 ASSEMBLYMAN SANTABARBARA: Because I
15 don't believe that was the situation we
16 encountered in the Capital District here.
17 But I'm going to come back for a
18 second round.
19 CHAIRWOMAN WEINSTEIN: Thank you.
20 CHAIRWOMAN KRUEGER: Thank you.
21 Senator Diane Savino.
22 SENATOR SAVINO: Thank you.
23 Good afternoon, Commissioner Bearden.
24 ACTING EX. DEP. COMMR. BEARDEN: Good

1 afternoon.
2 SENATOR SAVINO: I want to just echo
3 the comments on the workforce -- I'm not
4 going to berate you on that, you've heard us
5 before.
6 The discussion from Assemblywoman
7 Miller, I have a constituent in my district
8 who is similarly situated to Oliver, and
9 their family right now is terrified -- she's
10 17. She requires 24-hour around-the-clock
11 nursing. And unfortunately, because of the
12 rate that's paid to RNs who have to come in
13 and take care of Alexia, they're only paid
14 the LPN rate. When she hits 21, that rate is
15 going to drop by an additional 30 percent.
16 It's going to be impossible for them to be
17 able to get the type of care that she needs
18 so that she can stay in her home.
19 So this is a critical issue for
20 families like the Trimarchis, like Missy
21 Miller and her son Oliver. We really need to
22 address this. And I look forward to working
23 with you. I've actually spoken to
24 Commissioner Zucker about working on this in

1 a collaborative approach. So we will follow
2 up on that.
3 I do want to talk about, though, the
4 Institute for Basic Research. We've been
5 waiting a couple of years now for the
6 decision to transfer IBR's responsibility or
7 jurisdiction from underneath OPWDD to CUNY so
8 that it could become the full research
9 facility that it was intended to be.
10 Can you give me an update as to what
11 is happening with IBR?
12 ACTING EX. DEP. COMMR. BEARDEN: I'd
13 be happy to.
14 So as you know, the Institute for
15 Basic Research on Staten Island -- really,
16 there's two functions there. One is the
17 research function that you mentioned, and the
18 other is the Jervis Clinic, which provides a
19 clinic services. So I think as you're aware,
20 there was a blue-ribbon commission that was
21 established to take a look at the issues
22 around IBR.
23 And I think there's really two kind of
24 related issues. One is how do we build and

1 sustain the research at IBR, how do we
2 attract more grant funding? And then the
3 second is, how do we sustain the Jervis
4 Clinic so that it continues to provide
5 necessary services? I know there were a
6 number of discussions that took place. There
7 were discussions between the College of
8 Staten Island, then-Commissioner Delaney, as
9 well as the state unions.
10 We're looking forward to releasing the
11 results of that analysis, and very soon. And
12 I think that we will have an opportunity to
13 kind of talk through what the options are at
14 that point.
15 SENATOR SAVINO: I think hopefully we
16 can come to some conclusions soon. The
17 building is sitting there -- you know, it's
18 only being half-utilized right now. And
19 because there's really no investment in it,
20 we're -- it's suffering, you know, what
21 happens to any building when it's not
22 properly utilized and maintained.
23 So again, you know, IBR I think is not
24 just important to the history of

1 Staten Island, the history of your agency,
2 Betty Connelly and Willowbrook, but we
3 believe it's critical to the future of the
4 research that is going to find the key to
5 autism, and groundbreaking research that we
6 know that can be done there.
7 ACTING EX. DEP. COMMR. BEARDEN: No, I
8 agree completely. There's a rich history and
9 a rich future for the IBR research, and we
10 just need to find that pathway to get there.
11 SENATOR SAVINO: Thank you.
12 CHAIRWOMAN KRUEGER: Thank you.
13 Assembly.
14 CHAIRWOMAN WEINSTEIN: Assemblywoman
15 Mary Beth Walsh.
16 ASSEMBLYWOMAN WALSH: Thank you.
17 So again, I think I agree with
18 Ms. Miller -- there's so little time, so many
19 questions. But what I'd like to talk about
20 is the issue of employment. You talked
21 earlier, I think in talking with Senator
22 Seward, about the transition from a sheltered
23 workshop model to an integrated model with
24 employment support.

1 My feedback, having been all around my
2 district, is that we need all of it, because
3 there's such a wide spectrum of what
4 different people can do and what they can't
5 do. I recently visited the ARC in my
6 district, and it's been gutted. I mean,
7 there's almost nothing left to that program.
8 And there are consumers that are there that
9 want to be there, that want to do work, that
10 derive value from the work that they do. And
11 their families need them to be in a setting
12 that is, you know, positive and structured.
13 So there's a place for that, and I'm
14 glad that you said to him that it wasn't
15 about completely removing it. But if it gets
16 cut down to the point where there's almost
17 nothing left, it won't survive.
18 So a couple of things that I would
19 just like to point out and then ask for your
20 comment on.
21 Over the next decade, an estimated
22 500,000 teens, 50,000 each year, will enter
23 adulthood and age out of school-based autism
24 services. So this is specific to autism. Of

1 the nearly 18,000 people with autism who used
2 state-funded vocational rehabilitation
3 programs in 2014, only 60 percent left the
4 program with a job. Nearly half of
5 25-year-olds with autism have never held a
6 paying job. You know, of the people who left
7 the program with a job, 80 percent work
8 part-time at a median weekly rate of $160,
9 putting them well below the poverty level.
10 So overall, there's an 80 percent
11 unemployment rate. And out of those who are
12 employed, there's severe underemployment. So
13 this is a cost to our society. It's an
14 incredibly missed opportunity to incorporate
15 people with developmental disabilities in the
16 workplace, whether it's supportive and done
17 with employment support. I've got great
18 resources in my district like LifeSong that
19 do that kind of work all the time. It's
20 wonderful. But not everybody can do that
21 kind of work. We've got to have different
22 models and different opportunities and a
23 range of opportunities that are available.
24 The second thing that I would really

1 like to talk to you about is that again, as
2 Assemblyman Santabarbara said, I think that
3 the expansion of Medicaid to cover ABA is
4 great. I appreciate that $26 million
5 commitment. The problem is that we don't
6 have enough licensed ABA analysts.
7 And I know Peoples-Stokes had a bill
8 last year, I don't know that it's been
9 reintroduced yet. New York has some very
10 weird rules about licensure that are not
11 followed in other states that make it
12 difficult for ABA people to be approved. If
13 we're going to be expanding it and expanding
14 it to Medicaid -- again, tying in with other
15 questions that you've been asked -- we can't
16 just approve it and then not have the people
17 to deliver it. So I would really encourage
18 you and also State Ed to work on fixing that
19 problem.
20 So did you have a comment on that?
21 ACTING EX. DEP. COMMR. BEARDEN: Okay,
22 so I think there's really two clusters of
23 questions. So first on the employment and
24 then on the ABA.

1 ASSEMBLYWOMAN WALSH: Right.
2 ACTING EX. DEP. COMMR. BEARDEN: So on
3 employment, I couldn't agree with you more.
4 I think that it's not just individuals with
5 developmental disabilities who have very high
6 rates of under- and unemployment, it's
7 individuals with disabilities generally.
8 ASSEMBLYWOMAN WALSH: Right.
9 ACTING EX. DEP. COMMR. BEARDEN: And
10 one of the things that I think has been done
11 over the last several years is this
12 Employment First Initiative that the state
13 has been pursuing. Because part of the
14 challenge is not only an agency like OPWDD,
15 which provides the employment supports, it's
16 also finding those employers, it's
17 encouraging an inclusive environment, making
18 sure that when people are, you know, job
19 sharing -- those kinds of tools that can be
20 useful to encourage individuals, and
21 recognizing different abilities.
22 So those are some efforts that we have
23 been working on with the Department of Labor,
24 the Office of Mental Health, which has taken

1 the lead in this area, to try to encourage
2 businesses themselves to embrace the
3 employment of individuals with disabilities.
4 Because we can provide the supports as OPWDD,
5 but we also need those partnerships with the
6 business community. So that's something
7 we're working on. And I agree with you
8 completely.
9 I'm not familiar with the legislation
10 that you're referring to about licensure.
11 I'd be happy to take a look at it and --
12 ASSEMBLYWOMAN WALSH: In 2018 the bill
13 number was 7632. It's a Peoples-Stokes bill
14 to actually amend the Education Law in
15 relation to applied behavior analysis.
16 ACTING EX. DEP. COMMR. BEARDEN: So
17 we'd be happy to review that and get some
18 feedback to you. Thank you.
19 ASSEMBLYWOMAN WALSH: Thank you.
20 CHAIRWOMAN WEINSTEIN: Thank you.
21 Senate?
22 CHAIRWOMAN KRUEGER: Thank you. I
23 think it's my turn.
24 So we had a Health hearing, and many

1 people came and testified there, and there's
2 a logic to why they came to that hearing.
3 They were very, very concerned about the
4 Governor's proposal to change the rules of
5 the road for consumer-directed -- I always
6 get the full name wrong -- personal
7 assistance. And it was disproportionately
8 people with disabilities who would fall under
9 the OPWDD world who were exceptionally
10 concerned. And in fact they have been
11 contacting many of us in large numbers.
12 And you're hearing today people
13 testifying -- actually, from the
14 Legislature -- how difficult it is to find
15 people to care for others, between the costs
16 involved and the limitations of finding
17 people who are in this field.
18 So the Governor has this proposal --
19 and it is within DOH, but it's really
20 affecting your agency's population -- that
21 the providers of the care say his proposal is
22 going to sort of destroy the system that is
23 working for large numbers of people, and you
24 have constituents of ours who are using these

1 programs who are very concerned that they are
2 going to be left high and dry and not be able
3 to continue with the personal directed care
4 they have worked to arrange for themselves or
5 their family members.
6 And you also referenced you're
7 continuing to transition people into managed
8 care models, and managed care plays a role
9 now -- good and bad, depending on who you
10 talk to -- about helping make sure that
11 personally directed care can continue.
12 So I'm throwing at you, how are you
13 coordinating with DOH to make sure that if
14 the Governor's proposed changes go forward,
15 we're not creating a new crisis for people in
16 the OPWDD system? And are you in
17 conversations with the providers and the
18 consumers, who seem to be pretty justifiably
19 outraged that after the state had announced
20 they were changing the rules of the road, I
21 think a year and a half ago, and just new
22 RFPs are going out right now, that suddenly
23 the Governor's proposing throwing that idea
24 out and starting again?

1 And of course there is the projection
2 of cost saving, which is why it's in the
3 budget, of I think $75 million. But for many
4 of us, we asked the question: Given all the
5 discussion about inability to find people who
6 will work in this field, the incredibly low
7 wages for people who work in this field, I'm
8 not really sure this Legislature thinks it's
9 a grand idea to cut $75 million out of
10 services to this population at this time.
11 So it's a very long question. And
12 you're going to tell me, well, that's a DOH
13 program. But I'm going to say, actually it's
14 landing in your lap.
15 ACTING EX. DEP. COMMR. BEARDEN: So
16 thank you, Senator. And you're right, and I
17 will continue the answer. But you're right,
18 obviously the Consumer Directed Personal
19 Assistance Program is under the auspices of
20 the Department of Health, so it's not a
21 program that we at OPWDD regulate and the
22 funding for it doesn't come through our
23 budget. However, you are also correct that
24 there are individuals with developmental

1 disabilities who do access that program.
2 I think it's also important to note,
3 you know, we at OPWDD have a self-directed
4 model of care through our waiver. We have
5 about 5800 enrollees in that waiver program.
6 So that's something that's accessible to
7 individuals. And we've seen in the last
8 several years about an 800 percent growth,
9 actually, in the enrollees in OPWDD's
10 Self-Direction program.
11 That doesn't mean that there aren't
12 individuals with developmental disabilities
13 who may access the Department of Health's
14 program, which is called Consumer Directed
15 Personal Assistance.
16 My understanding of the proposal is
17 that it does not impact eligibility for these
18 consumer-directed services, nor does it
19 impact the amount of authorization for those
20 services, that it has to do with the roles of
21 fiscal intermediaries in the program. So my
22 understanding is that the impact on the
23 individuals will not be there, that it is in
24 fact a savings on the administrative side.

1 CHAIRWOMAN KRUEGER: Well, that seemed
2 to be a debate in the Department of Health
3 hearing, or the medical hearing.
4 But I did not know you ran your own
5 version. So tell me, if I have constituents
6 who are in a panic about their ability to
7 continue the services that they need, should
8 they be switching to your program? How is
9 your program different? And why would
10 somebody go to yours versus DOH's?
11 ACTING EX. DEP. COMMR. BEARDEN: So I
12 think it would have to be a pretty specific
13 consideration of the particular circumstances
14 as to why somebody would access one program
15 versus the other. And there would need to be
16 an avoidance of duplication of services.
17 I think that would need to be -- if
18 there's particular constituents or
19 constituent groups that are coming to you
20 with that concern, I'd be more than happy to
21 talk to them about how one program might
22 relate to the other and how we might be able
23 to support those individuals through our
24 program. We call it Self-Direction, and

1 that's our program, which also uses a fiscal
2 intermediary model to -- you know, for people
3 who want to self-direct their services. You
4 know, budget control and spend the money in a
5 way that meets their best needs.
6 CHAIRWOMAN KRUEGER: And does it
7 provide more or the same number of hours of
8 coverage for people?
9 ACTING EX. DEP. COMMR. BEARDEN: I
10 can't really answer that question. I mean, I
11 would have to drill down into the cohort of
12 individuals who are accessing it, one program
13 versus the other. I just don't have that
14 information with me.
15 CHAIRWOMAN KRUEGER: So maybe you
16 could have somebody follow up and almost hold
17 up the regulations between the two and get
18 back to me on how these are the same, how
19 these are different.
20 And again, people may be testifying
21 here later today on the exact same issue.
22 But it seemed very specifically -- even
23 though a consumer-directed can be for lots of
24 different people with eligibility, it seems

1 specifically to be people with physical
2 disabilities who were concerned about -- that
3 the loss of continuation of the program as
4 they understood it would actually mean that
5 they wouldn't be able to stay living in their
6 homes and communities.
7 ACTING EX. DEP. COMMR. BEARDEN:
8 Right. And then I think the key
9 differentiation would be do they qualify for
10 OPWDD services or are they qualifying for
11 Medicaid services as a general matter.
12 So that's something we can certainly
13 get that information to you so you can
14 understand the issue as fully as possible.
15 CHAIRWOMAN KRUEGER: Thank you.
16 ACTING EX. DEP. COMMR. BEARDEN:
17 You're welcome.
18 CHAIRWOMAN WEINSTEIN: Assemblywoman
19 Rosenthal.
20 ASSEMBLYWOMAN ROSENTHAL: Thank you.
21 I'd like to follow up on some of those
22 questions, because I've met with constituents
23 and groups that are actually very distressed
24 about the plan changes in the budget about

1 fiscal intermediaries and about the CDPAP
2 program.
3 What they've said is that the change
4 in fiscal intermediary could prove
5 devastating to people. Why do you think
6 that's not a problem?
7 ACTING EX. DEP. COMMR. BEARDEN: So as
8 I was discussing with Senator Krueger, this
9 is a program -- the CDPAP program is a
10 program under the Department of Health.
11 ASSEMBLYWOMAN ROSENTHAL: Yes.
12 ACTING EX. DEP. COMMR. BEARDEN: And
13 so my understanding of that proposal is that
14 they are achieving some administrative
15 changes and --
16 ASSEMBLYWOMAN ROSENTHAL: But it's
17 supposed to be, what, 75 million? But it's
18 going to cause there to be maybe a couple of
19 humongous FIs, and all the smaller ones that
20 have been doing great -- individual liaison,
21 et cetera -- will be out of business. This
22 is not something I think anyone wants.
23 ACTING EX. DEP. COMMR. BEARDEN: So in
24 part I would really have to defer to my

1 colleagues in the Department of Health,
2 because I think --
3 ASSEMBLYWOMAN ROSENTHAL: Many of the
4 people who use OPWDD services rely on the
5 system.
6 ACTING EX. DEP. COMMR. BEARDEN: And
7 as I was saying, you know, I think that my
8 understanding of the proposal is that it is
9 not impacting either eligibility for the
10 program or the amount of services that would
11 be authorized under the program.
12 But perhaps, Assemblywoman, I can
13 provide the information to you as well that I
14 committed to providing to Senator Krueger so
15 that she can understand the impact on
16 individuals with developmental disabilities.
17 ASSEMBLYWOMAN ROSENTHAL: Well, I'd
18 appreciate that. But what I'm hearing is
19 that the existence of CDPAP might be
20 predicated on whether there is adequate
21 federal financial participation. And I don't
22 think people whose lives are so dependent on
23 care, whether it's during the day or 24/7,
24 can rely on what the federal financial

1 participation is.
2 I'd like to also see what is wrong
3 with the way the system is working now. I
4 understand all these FIs have had to submit
5 some applications and proposals almost a year
6 ago, and many have still not been gone over.
7 ACTING EX. DEP. COMMR. BEARDEN:
8 Right. And I have heard those concerns, but
9 I'm not familiar with the specific operations
10 of the program because it's not a program
11 that we administer. I can certainly get
12 these questions back to the Department of
13 Health, which does administer the program,
14 for response. I simply don't know the
15 details of how the program is administered.
16 ASSEMBLYWOMAN ROSENTHAL: Okay, thank
17 you.
18 CHAIRWOMAN KRUEGER: Thank you.
19 Senator David Carlucci, second round.
20 SENATOR CARLUCCI: Thank you, Madam
21 Chair.
22 And I too, I want to follow up on what
23 was said.
24 So we've heard from so many residents

1 really concerned about this program that has
2 been seen as a model for other states to
3 follow, the Consumer Directed Personal
4 Assistance Program, as well as you mentioned
5 the self-directed care program.
6 Just for clarification, won't those be
7 impacted the same way through the changes
8 from the fiduciary -- from the FI?
9 ACTING EX. DEP. COMMR. BEARDEN: So
10 no. So the OPWDD Self-Direction program --
11 and what that program is is that individuals
12 and their families who want an alternative to
13 what I call the traditional model, they
14 receive a budget and they are able to spend
15 that budget buck to support their loved one
16 in the ways that they find the most suitable.
17 And the fiscal intermediary in that model on
18 the OPWDD side performs a lot of the
19 back-office functions -- the billing, the
20 claiming, and the cutting of the checks.
21 So that program, we've seen
22 extraordinary growth over the last several
23 years, going back about 10 years ago, which
24 it basically didn't exist and now we have

1 5800 enrollees and is one of our
2 fastest-growing programs because families are
3 really seeing that as a wonderful
4 opportunity. We have no proposed changes in
5 our budget to that program, and we would like
6 to see it continue to grow.
7 I know, as I spoke with your
8 colleagues, that there are some changes that
9 have been proposed in the Consumer Directed
10 Personal Assistance Program, but that is not
11 an OPWDD program, that is a Department of
12 Health program. And I did commit to your
13 colleague to try to get some information
14 about the ways in which those are different
15 and similar.
16 But with respect to the OPWDD
17 Self-Direction program, there are absolutely
18 no changes in our budget.
19 SENATOR CARLUCCI: Okay. So do you
20 imagine -- I mean, just to back up here, so
21 with the Consumer Directed Personal
22 Assistance Program, we know that there are
23 thousands of people taking advantage of this
24 program. We have -- fortunately, the Journal

1 News in my region has documented the case of
2 Nick Astor, who is a Brooklyn resident, is
3 attending Purchase and is entering his second
4 semester, and had to fight all these
5 hurdles -- but, through the Consumer Directed
6 Personal Assistance Program, is there
7 attending college. He is living with
8 cerebral palsy, and now is in fear that this
9 program is going to go away -- all the work
10 that he's done, it just won't be feasible for
11 him.
12 So with this major change that's
13 happening, and although we say that it's not
14 directly to the consumer, but all these --
15 gutting the system and changing the providers
16 and all the work that's being done, whether
17 on the front end or the back end, is going to
18 have a major impact.
19 And so I know you've talked about this
20 with DOH. However, it impacts the people
21 that OPWDD is responsible for. And what is
22 going to be done with someone like Nick? Is
23 he now going to have to enter the
24 self-directed program? Is that even

1 feasible? Where will these people go?
2 ACTING EX. DEP. COMMR. BEARDEN: So I
3 am familiar with Mr. Astor's story, and it's
4 a remarkable one. And I think he's pursuing,
5 I guess, the American dream, and doing it in
6 a way that's really remarkable.
7 I, once again, don't -- I'm not
8 familiar enough with either the specifics of
9 the kinds of services he receives or how
10 those may be impacted by the changes to
11 really comment further. But absolutely
12 that's something that I would be happy to
13 look into to make sure that if there's some
14 supports and services that we at OPWDD may be
15 able to provide that he was seeking, that we
16 would be able to help him continue to achieve
17 his goals in life.
18 SENATOR CARLUCCI: Well, I know I
19 sound like a broken record, because we've
20 been talking about it all day here, about the
21 workforce. There's a crisis going on. Any
22 provider will tell you the turnover is
23 dramatic. The impact to the residents that
24 they're serving is dramatic. This is going

1 to fall on OPWDD's lap.
2 What we can do to assure people like
3 Nick that have fought so hard, that the
4 program is going to be there for them? And
5 for the people that maybe aren't as
6 persistent as Nick has been, to the people
7 out there that want to follow in his shoes,
8 what do we say to them?
9 ACTING EX. DEP. COMMR. BEARDEN: Well,
10 you know, OPWDD works every day and
11 tirelessly to make sure that every individual
12 with a developmental disability can lead the
13 richest life possible. We have a moral and
14 legal commitment to making sure that
15 everybody who has a developmental disability
16 can live the life of their choosing, and so
17 we keep working on that.
18 So what I would say is that we're
19 going to work very hard to make sure that
20 that's a truth for every person that we
21 serve.
22 CHAIRWOMAN KRUEGER: Thank you.
23 CHAIRWOMAN WEINSTEIN: Assemblyman
24 Barclay.

1 ASSEMBLYMAN BARCLAY: Thank you.
2 And good afternoon. Thanks for your
3 testimony so far.
4 I represent Oswego County,
5 primarily -- although I represent a little of
6 Onondaga and Jefferson -- a very rural
7 county. With the community settings people
8 moving into, and the integrated settings,
9 does this budget include anything additional
10 for transportation -- transportation is
11 obviously a big issue in my district. Do you
12 have any additional funding or programs to
13 help people with transportation?
14 ACTING EX. DEP. COMMR. BEARDEN: No,
15 there's nothing specific in the budget for
16 transportation.
17 But when I was discussing previously
18 the Self-Direction program in particular,
19 that's something where people may be able to
20 use self-directed dollars to assist in
21 transportation. Because in the traditional
22 model, right, where you might live in a group
23 home and go to day programming, that
24 transportation is usually provided by the day

1 program. So in a model where someone is
2 perhaps renting a apartment, if they're a
3 higher functioning SI, if they're renting an
4 apartment, maybe have competitive employment,
5 maybe with some supports, you know, that's
6 something where the Self-Direction program
7 might be able to kind of bridge that gap with
8 the transportation.
9 I know it's a very big barrier,
10 particularly in rural areas, for individuals
11 with disabilities but also people who don't
12 have disabilities who may not have access to
13 a car or other form of personal
14 transportation. So it's something that if
15 you're -- particularly in your community, if
16 you're finding that there are barriers, I
17 think that's something we'd want to talk to
18 you about.
19 ASSEMBLYMAN BARCLAY: I would
20 appreciate that. And continue to look at
21 it -- don't forget, you know, us in the rural
22 counties when it particularly comes to
23 transportation. So thank you.
24 CHAIRWOMAN WEINSTEIN: So I want to

1 just echo the concerns that have been raised
2 about the lack of a COLA and the resultant
3 turnover and vacancies and the impact that
4 has on the care of New Yorkers. Because
5 we've really turned these jobs -- so many of
6 these jobs into minimum-wage jobs. And as
7 was mentioned earlier, there were a lot of
8 other options that people could take if they
9 are at that kind of level.
10 I wanted to -- I know there's been
11 some discussion about the $30 million for
12 increased service slots. And I was just
13 wondering, it's an issue that I have in my
14 community, and I'm sure that exists
15 throughout the state.
16 Are there any new services being
17 specifically targeted to individuals with
18 aging caregivers?
19 ACTING EX. DEP. COMMR. BEARDEN: So
20 you reference the -- there's $120 million of
21 new resources in this year's budget to
22 dedicate towards new services.
23 As a -- typically we do not sort of
24 suballocate those within the budget because

1 what drives where those dollars go is where
2 people's needs are presenting themselves. So
3 we have seen our Front Door -- you know,
4 people present them at the Front Door, which
5 is our regional office, and they seek those
6 services. And we need to have the
7 resources available.
8 So we've seen, as I said previously, a
9 very significant growth in individuals
10 seeking self-directed services. We also have
11 seen an increase over time in the traditional
12 certified residential model. So what we do
13 is we really have how people are presenting
14 and the needs they're looking for drive
15 how -- the spending of the new resources that
16 are made available to us.
17 CHAIRWOMAN WEINSTEIN: And is there
18 any kind of outreach or -- or I guess not
19 outreach, but more educational information
20 available to families? What I was describing
21 was someone in my district taking care of
22 their son, the parents are probably at this
23 point in their eighties. And it was at a
24 time that they wanted their son to be at

1 home, but also I think at the time there were
2 very few services that would have been
3 available to him.
4 And they really need to be encouraged
5 to have him in a facility, because they're at
6 a point where they can't really take care of
7 him on their own.
8 So I'm just wondering what kind of
9 information is out there, if there's a place
10 where people can sort of be encouraged to get
11 updated as to what's available in the
12 community and how they could transition from
13 someone who's lived at home for so many years
14 into a facility.
15 ACTING EX. DEP. COMMR. BEARDEN: So
16 absolutely. We have regional offices all
17 over the state, and that is really where
18 people would come to access our services.
19 You know, so the first entry point for
20 any family or individual that is looking for
21 OPWDD services would be to come to one of our
22 regional offices. We have a process, which I
23 mentioned, called the Front Door, which has
24 sort of an educational component that talks

1 about all the different options that somebody
2 might benefit from. So sometimes people come
3 and what they really need is they need a
4 break, the family needs a break. It's a
5 service called respite. So that's a weekend
6 or a week.
7 Some people may need, completely on
8 the other side of the spectrum, a certified
9 residential opportunity. But for any of
10 those individuals anywhere along that
11 spectrum, they would be coming to our Front
12 Door. And there's an office in Manhattan
13 where they could come and meet with staff to
14 learn what their options might be.
15 CHAIRWOMAN WEINSTEIN: Okay, thank
16 you.
17 Does the Senate have seconds?
18 CHAIRWOMAN KRUEGER: No, I do not
19 think so.
20 CHAIRWOMAN WEINSTEIN: So we have
21 Assemblywoman Miller. Oh, she had to step
22 out.
23 Assemblyman Santabarbara? Three
24 minutes now.

1 ASSEMBLYMAN SANTABARBARA: Okay,
2 thanks.
3 I just wanted to I guess continue the
4 conversation from before. If you could
5 provide that policy on placement of sex
6 offenders into group homes for my
7 constituents so I can respond to their
8 concerns as well --
9 ACTING EX. DEP. COMMR. BEARDEN:
10 Absolutely.
11 ASSEMBLYMAN SANTABARBARA: -- that
12 would be helpful. I just wanted to circle
13 back on what we talked about with the vacancy
14 rates for direct care turnover rates,
15 overtime hours, all up.
16 Aside from the funding, are there any
17 other initiatives, any other plans for
18 retention and recruitment into the direct
19 care workforce and also to retain the
20 experienced workers as well?
21 ACTING EX. DEP. COMMR. BEARDEN: So
22 we've done a lot of work over the last few
23 years to promote being a direct support
24 professional as a career. We work very

1 closely with the National Association of
2 Direct Support Professionals, which is very
3 fortunately for us, although a national
4 association, located here in Albany. And
5 they've been very helpful to us in developing
6 materials and in encouraging individuals who
7 want -- who are called to that profession to
8 do so.
9 We have worked to make sure that we
10 connect those individuals to willing
11 employers. So that's the Regional Centers
12 for Workforce Transformation that we have, we
13 have six of them across the state.
14 We are also collaborating with our
15 partners on the workforce development, the
16 Department of Labor, to make sure that that's
17 one of the professions that people are aware
18 of as a possibility.
19 And then, you know -- and as I said,
20 also we recently convened a statewide Human
21 Services Workforce Summit here in Albany,
22 where we brought together human resources
23 professionals, employers, staff who -- direct
24 support professionals who perform the

1 function to kind of share and understand what
2 are the strategies.
3 So we're always looking at ways of
4 encouraging people to take up this difficult
5 but incredibly rewarding profession.
6 ASSEMBLYMAN SANTABARBARA: And again,
7 the funding obviously is important. And I
8 know there's been some investment in the
9 supportive housing as a whole as well, but we
10 also have to keep in mind that without the
11 workforce behind it, that's sort of -- it
12 really doesn't work, some of those
13 opportunities are just not able to function.
14 I just want to express concern with
15 the lack of funding for transformation,
16 transformation funding. I know that the
17 system is being transformed, but the funding
18 has not been included to help these nonprofit
19 providers to establish the infrastructure.
20 That's just not there right now. So we kind
21 of have to put the funding behind it if we're
22 going to make the transformation happen
23 effectively.
24 And I also want to mention the use of

1 telemedicine. That is not covered by
2 Medicaid, only under limited circumstances.
3 If we could look at providing coverage,
4 because that does save the state and everyone
5 time and money as well.
6 ACTING EX. DEP. COMMR. BEARDEN: Well,
7 I appreciate those comments, Assemblyman.
8 ASSEMBLYMAN SANTABARBARA: Thanks.
9 CHAIRWOMAN WEINSTEIN: Thank you. Now
10 we'll go to Assemblywoman Miller.
11 ASSEMBLYWOMAN MILLER: Hi. So back to
12 the redesign of the CDPAP program. I know we
13 touched on it the other day a little.
14 Many of the families like mine who
15 have individuals that have more medical needs
16 and are also enrolled in OPWDD have found
17 themselves utilizing the CDPAP program
18 because they cannot get what they need
19 through the OPWDD program, such as through
20 the Self-Direction Program.
21 There's a 37-year-old male in my
22 district who has a life-threatening condition
23 who is very medically complex. He went
24 through school, through a master's program.

1 He's working, but only because of his CDPAP
2 workers that he has been able to employ with
3 the help of his family interviewing them.
4 His family, his parents are getting
5 older and can no longer physically manage to
6 take care of him. He shares the same problem
7 that I have with the Self-Direction Program.
8 For many, the Self-Direction Program is
9 wildly successful, and it enables them -- and
10 many people who would suffer from having
11 CDPAP be eliminated or structured so
12 differently that they can't use it could go
13 into and use a Self-Direction Program through
14 OPWDD. But many, like this young man or my
15 son, really can't access the Self-Direction
16 Program for their needs.
17 And I know I keep saying it, but I'm
18 just not getting a satisfactory answer, so
19 I'll keep saying it. I feel that it's
20 somewhat discriminatory towards those with
21 more skilled-care needs. In order to utilize
22 the allowable things through self-direction,
23 you can't have skilled-care needs. You need
24 to have a nurse with you or you need to have

1 somebody that is skilled to -- in order to
2 access that.
3 We cannot use a comm hab worker or a
4 day hab worker. The amount of family respite
5 available to my son through Self-Direction is
6 $3,000 per year. That's not really going to
7 help us very much, you know, on a weekly
8 basis.
9 So in many ways, you know, the answer
10 of, well, they could go into self-direction
11 is very limited for a lot of these families
12 that it's going to be catastrophic. And I do
13 believe that this is going to fall directly
14 in your laps, because these people that it's
15 affecting are going to be looking right back
16 at OPWDD to fill that gap.
17 ACTING EX. DEP. COMMR. BEARDEN: Well,
18 I do appreciate the comment. We're
19 definitely going to take a look into that and
20 make sure that we evaluate that impact.
21 CHAIRWOMAN WEINSTEIN: I believe that
22 is the --
23 ASSEMBLYWOMAN MILLER: Can I ask one
24 more question? It's very short.

1 CHAIRWOMAN WEINSTEIN: Go ahead. Go
2 ahead. it's the last question.
3 ASSEMBLYWOMAN MILLER: Regarding the
4 disparity in wage for DSPs, is there an
5 answer why there's a difference between state
6 DSP workers and the not-for-profit workers,
7 considering that about 80 percent of the
8 workforce is through not-for-profit?
9 ACTING EX. DEP. COMMR. BEARDEN: So
10 you're correct that about 20 percent of our
11 workforce providing direct care are state
12 operations services, state workers, and about
13 80 percent of the services are delivered by
14 not-for-profit partners.
15 So obviously the state salaries are
16 determined through the collective bargaining
17 process, and so those are, you know,
18 negotiated between the unions and the
19 Executive to establish an appropriate salary
20 scale.
21 On the nonprofit side, we don't
22 determine what the salaries are for those
23 workers. That is a matter for the nonprofits
24 and their employees to negotiate. So we do

1 not have the same level of direct control
2 over those salaries.
3 ASSEMBLYWOMAN MILLER: It just
4 contributes to the overall crisis.
5 Thank you.
6 CHAIRWOMAN WEINSTEIN: Thank you.
7 CHAIRWOMAN KRUEGER: I think we're
8 done, although I just want to clarify --
9 SENATOR SAVINO: No.
10 CHAIRWOMAN KRUEGER: Oh, hello,
11 Senator Savino, I didn't notice you'd come
12 back. We have one more question.
13 SENATOR SAVINO: I wasn't going to
14 have another question. But, you know, having
15 negotiated labor contracts in the past, I
16 just want to dispute your description of what
17 actually happens.
18 You guys put the dollar amount on the
19 table. It's not as if there's an unlimited
20 amount of money. So to say that the
21 bargaining units accept this rate because
22 they want to is I think is little
23 disingenuous. The fact is this is an
24 undervalued service, and it starts at the top

1 from the state agencies and it goes down to
2 the nonprofits, because you also determine
3 what their budgets are. And I don't mean you
4 personally.
5 By the way, did anyone ever tell you
6 you look like Clark Kent? You really do.
7 (Laughter.)
8 ACTING EX. DEP. COMMR. BEARDEN: I'll
9 take that one, Senator.
10 SENATOR SAVINO: We want you -- we
11 want you to be Superman, then, okay, and
12 acknowledge --
13 CHAIRWOMAN KRUEGER: I don't think
14 that was a budget question.
15 SENATOR SAVINO: -- that the State of
16 New York undervalues human services so much
17 so from the very top at the state agencies
18 down to the amount of money we provide to the
19 nonprofit sector, and then we nickel-and-dime
20 them all the way down.
21 If we want a professional workforce,
22 if we want people who want to invest in this
23 and they want to make a career path out of
24 it, you have to find a way to lift everyone

1 and pay them more money. And to say that the
2 unions accept this lesser amount of money
3 is -- you know, having done this for a while,
4 it's insulting.
5 And again, it's not you personally
6 that have created this dynamic. But it's
7 time for the State of New York to say: We
8 value not just the people that you're serving
9 but the people who provide the service.
10 Thank you.
11 (Applause from the audience.)
12 CHAIRWOMAN KRUEGER: Thank you.
13 And with that, we will send you back
14 to your agency to tell them all of this.
15 (Laughter.)
16 ACTING EX. DEP. COMMR. BEARDEN: Thank
17 you, Senator. And thank you, everyone.
18 CHAIRWOMAN KRUEGER: Thank you.
19 And then next up is the New York State
20 Office of Alcoholism and Substance Abuse
21 Services, Arlene González-Sánchez,
22 commissioner.
23 Good morning -- no, good afternoon.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.

1 Is this on? Good, okay.
2 So good afternoon, Chairs Krueger,
3 Weinstein, Harckham, Rosenthal, and
4 distinguished members of the Senate and
5 Assembly. My name is Arlene
6 González-Sánchez, and I'm the commissioner of
7 the New York State Office of Alcoholism and
8 Substance Abuse Services. Thank you for
9 providing me with the opportunity to present
10 Governor Cuomo's 2019-2020 Executive Budget
11 as it pertains to OASAS.
12 Before I discuss the specific details
13 of the upcoming Executive Budget, I want to
14 take a moment to share with you our
15 accomplishments to date. We have opened new
16 detox services, expanded mobile treatment
17 units, increased the use of peer-based
18 interventions, expanded treatment for
19 individuals reentering communities from
20 incarceration, and opened new residential
21 treatment facilities for women and their
22 children.
23 To improve access to services, we have
24 awarded 14 24/7 open access centers, seven of

1 which are operational and seven more that are
2 at various stages of development or will be
3 operational by the end of this year. These
4 centers provide on-demand engagement,
5 assessment, and referral services to people
6 in need of help for addiction.
7 In addition, we developed 20 Centers
8 of Treatment Innovations, known as COTIs,
9 serving 35 counties, offering access to
10 treatment via telepractice,
11 medication-assisted treatment, and peer
12 support services. These services are being
13 supported by 81 mobile treatment and
14 transportation vehicles, and we plan to make
15 similar services available in every county
16 this year.
17 So to increase the availability of
18 buprenorphine prescribers, we have trained
19 approximately 280 physicians, physician
20 assistants, and nurse practitioners, bringing
21 the total to over 5,000 statewide. We funded
22 addiction prevention services in over 1700
23 public and private schools serving
24 approximately 454,000 youth during this past

1 school year. These programs include
2 classroom curriculum, schoolwide activities,
3 and individualized prevention support for
4 at-risk youth.
5 In addition, our youth clubhouses
6 provide safe environments for at-risk youth
7 to receive prevention and recovery supports.
8 In fact, last year there were over 33,800
9 visits to our clubhouses across the state.
10 We have awarded seven Problem Gambling
11 Resource Centers throughout the state, four
12 of which are operational and three more that
13 are set to be opened by August. These
14 centers increase engagement and support for
15 people in need of problem gambling services.
16 And we will continue our public
17 education campaigns to address stigma, raise
18 community awareness about addiction, and
19 provide information on where to get help.
20 So together we have accomplished a
21 great deal, but there's still more to be
22 done. Under Governor Cuomo's leadership, and
23 with the support of the New York State
24 Legislature, we continue to make an

1 aggressive push to confront the opioid
2 crisis. The Governor's 2019-2020 Executive
3 Budget proposes that OASAS receive over
4 $802 million, which includes $138 million for
5 state operations, $90 million for capital
6 projects, and $574 million for Aid to
7 Localities.
8 In addition, our providers collect
9 more than $800 million in Medicaid and
10 private insurance funding that supports
11 addiction treatment and recovery services.
12 We will open nearly 200 new residential
13 treatment beds this year. Additionally,
14 260 beds, including 84 detox and 176
15 residential beds, are in various stages of
16 development.
17 We're also in the process of awarding
18 another 40 beds. These beds will add to the
19 more than 11,400 beds operating in our
20 residential continuum of care throughout the
21 state.
22 The Executive Budget will enable us to
23 enhance our outreach and engagement efforts
24 to homeless individuals with opioid use

1 disorders. OASAS and the State Department of
2 Health will partner with New York City and
3 community-based organizations to develop a
4 pilot project to engage homeless individuals
5 who are living in the streets and provide
6 them with access to medication-assisted
7 treatment services.
8 We will also enhance
9 medication-assisted treatment options for
10 persons in correctional custody. We're
11 working with several county correctional
12 facilities -- Albany, Monroe, Onondaga,
13 Suffolk, Nassau, Saratoga, and others -- to
14 start methadone and/or buprenorphine
15 programs. We will further support access to
16 medication-assisted treatment by encouraging
17 the use of all three medication options --
18 methadone, buprenorphine, and long-acting
19 injectable naltrexone -- in 49 out of 50
20 county correctional facilities, and also
21 Rikers Island.
22 Furthermore, six to eight correctional
23 facilities -- Queensboro, Edgecombe, Hale
24 Creek, Orleans, Bedford Hills, and the

1 Willard Drug Treatment Campus -- currently
2 make methadone or long-acting injectable
3 naltrexone available to persons under
4 custody.
5 This year DOCCS, with OASAS support,
6 will expand methadone availability to Elmira
7 and three additional state correctional
8 facilities yet to be identified.
9 This budget also continues to support
10 the office of the Substance Use Disorder and
11 Mental Health Ombudsman Program to help
12 individuals, families and healthcare
13 providers with their legal rights related to
14 insurance coverage and denials. Since the
15 program launched in September, this past
16 September, it has helped over 160
17 individuals.
18 I am pleased to announce that
19 yesterday we issued a Request for
20 Applications with more than $7.5 million
21 available in funding to support a variety of
22 initiatives, including a program to
23 facilitate buprenorphine induction in
24 hospital emergency departments with linkage

1 to community-based treatment centers; the
2 establishment of medication-assisted
3 treatment services in Federally Qualified
4 Health Centers in partnership with
5 OASAS-certified providers; also the expansion
6 of prevention services in classrooms via the
7 PAX Good Behavior Game; also training and
8 delivery of the Strengthening Families
9 Program, offering SUD support and services to
10 upstate families living in permanent
11 supportive housing; and the creation of new
12 peer-driven recovery programs for youth and
13 young adults.
14 We're also pleased that the Executive
15 Budget includes support for a tax credit to
16 employers as an incentive to hire individuals
17 in recovery from substance use disorder.
18 Additionally, Article VII bills have been
19 submitted to eliminate prior insurance
20 authorization for medication-assisted
21 treatment, limited the outpatient copays and
22 require hospitals to develop protocols to
23 improve access to medication-assisted
24 treatment, discharge planning and referral to

1 services from emergency departments.
2 In conclusion, the 2019-2020 Executive
3 Budget includes funding to support OASAS's
4 continued work to advance our key initiatives
5 and tackle the opioid epidemic. We look
6 forward to your continued partnership as we
7 advance these priorities.
8 Thank you.
9 CHAIRWOMAN KRUEGER: I'm sorry. Thank
10 you for your testimony.
11 Our first questioner is chair of the
12 Substance Abuse Committee, Senator Pete
13 Harckham.
14 SENATOR HARCKHAM: Thank you, Madam
15 Chair.
16 Thank you, Commissioner. Good to see
17 you. Thank you for coming to meet with us
18 the other day with your team. Much
19 appreciated. We look afford to working with
20 you.
21 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank
22 you.
23 SENATOR HARCKHAM: The first thing I
24 want to talk about is something that all of

1 us have a great concern about, is the opioid
2 crisis. As we know, currently as many people
3 are dying at a rate surpassing the AIDS
4 crisis. And I lived on the west side of
5 Manhattan in the '80s, and I know how
6 devastating that was. And we thought we'd
7 never have to live through those kinds of
8 days again. And yet that's happening all
9 over the state, from urban areas to rural
10 areas.
11 And what we learned in that crisis was
12 we needed a public health model to really
13 attack the crisis. And what I'm hearing from
14 people in the field and advocates is that
15 this budget is a management budget, it's not
16 a public health crisis budget.
17 What are you doing to attack the
18 opioid crisis? And if you had more
19 resources, where would you direct those
20 resources? And how much more money would you
21 like to attack this issue?
22 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank
23 you for the question.
24 So, you know, I like to think that the

1 approach that OASAS has taken in these last
2 several years is a public health approach to
3 the disease of addiction. If you look at the
4 programming that we have put forth, it has
5 been very innovative programming that
6 encompasses treatment but also prevention and
7 recovery and really focuses on the supports
8 that are needed in the community so that
9 folks could sustain their stability in the
10 community.
11 I can tell you that this existing
12 budget is going to allow us to continue
13 programs we have in the pipeline and continue
14 to do what we have been doing in the past few
15 years.
16 I think that it's -- it's an illness
17 and it's an epidemic that has taken, you
18 know, really, really big strides, but I think
19 if you see our outcomes, you see what we have
20 been doing, we're really very good stewards
21 of the moneys we have. We utilize every
22 ability we can in terms of funding, whether
23 it's state, federal, to implement our
24 mission.

1 And our mission is to ensure that we
2 have a comprehensive system of care that
3 focuses on the individual need, is very
4 patient-centered, very family-focused. And
5 we will continue to do that to the best of
6 our abilities.
7 SENATOR HARCKHAM: Thank you. I
8 appreciate the answer. I guess what I'm
9 looking for -- and I don't doubt anything
10 that you've said. But I'm looking for a big
11 solution. You know, that when we got serious
12 about attacking the AIDS crisis, it was every
13 agency of government, every level of
14 government, from local government to
15 nonprofits to the federal government. And
16 you know, a lot of us -- and I'm sure you
17 are -- are just weary of going to funerals or
18 having our constituents share the stories of
19 lost loved ones.
20 What more can we do -- you know, the
21 numbers have stabilized, that's good, they're
22 not growing. But there's still far too many
23 people impacted.
24 And so what I'm asking you is if we

1 can get you more resources, what can you do
2 to move the needle on this?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
4 I think one of the areas that we're really
5 looking at is working perhaps more in hand
6 with other sister state agencies and
7 localities to develop more nontraditional
8 services that will support people in their
9 communities and address the needs in their
10 communities. And that may be something that
11 we will look at to do.
12 SENATOR HARCKHAM: All right, thank
13 you.
14 Since time is short, I just want to
15 mention what was mentioned with the prior two
16 commissioners. And I mention it in the
17 spirit that it does carry a lot of weight,
18 but I don't want to dwell on it because a lot
19 of people have -- is the absence of a cost of
20 living increase. Tied with Medicaid, it's
21 really impacting the providers and it's
22 really impacting the people who provide the
23 services. So I just put that out there as
24 something on your radar.

1 When we speak about the parity -- and
2 we spoke to the Mental Health commissioner
3 about this, the parity of insurance -- we as
4 a legislature are trying to dive into this.
5 We think it's a good step forward, but as the
6 prior commissioner mentioned, it's in the
7 weeds. Is there any way -- and you don't
8 have to tell us right now. But can your
9 staff get us a comparison of what this will
10 guarantee is covered, I don't know, say
11 versus Medicaid?
12 You know, a lot of people have said to
13 me in the last couple of weeks, they say,
14 isn't it incredible that Medicaid has become
15 the gold standard because some private
16 insurance is now so poor on this? So we're
17 just trying to get a place where we can hang
18 our hat on what this parity means.
19 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure,
20 I'm more than glad to do that. I think we
21 had some basic conversations along these
22 lines.
23 But I just want to also comment on
24 something you said.

1 SENATOR HARCKHAM: Sure.
2 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We at
3 OASAS take the staff on the front line very
4 seriously. If it wasn't for their
5 dedication, their hard work and their
6 day-to-day commitment to serving this very
7 vulnerable population, we would be in worse
8 shape. So I need to also make that very
9 clear.
10 We have at OASAS also tried to also
11 make their lives a little bit easier. In
12 this budget this year we have monies to
13 certify people in our system that we will pay
14 for the certification for like 250 additional
15 individuals. I understand that the
16 discussion is broader than that, but I needed
17 to throw it out so that people understand
18 it's very much on our radar, and it's a
19 larger discussion.
20 With respect to the parity piece, we
21 at OASAS have actually worked outside of the
22 parity piece and taken it upon ourselves to
23 revise regulations, because waiting for the
24 parity is not going to really help our

1 system.

2 But getting back to your request, we
3 would be more than glad to submit to you
4 whatever information you need or even sit
5 down with you.

6 SENATOR HARCKHAM: Yeah, I think we're
7 really just trying to, you know, almost a
8 side-by-side comparison: What actually are
9 we covering and what's guaranteed and are
10 there still gaps? So that would be very
11 helpful. Thank you.

12 The other thing, on a larger level --
13 I know time is short and I want to yield to
14 other colleagues, and I'll come back to more
15 detailed stuff -- you list a lot of outcomes
16 in your opening statement. Do you have data,
17 quantifiable data? Is that evidence-based?
18 Are all those working? What the taxpayer
19 dollar is going for.

20 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
21 As a matter of fact, we have a report that we
22 have to submit and we did submit to the
23 Legislature on a quarterly basis, and it has
24 the data. And it even has the outcome data

1 of some of the programs that I did not
2 mention like family support, recovery centers
3 and so on and so forth. So if you didn't get
4 it, we'll be more than glad to give it to
5 you, yes.
6 SENATOR HARCKHAM: Okay. That's
7 terrific. Thank you.
8 And then also for the record -- I know
9 we've spoken about this offline, but for the
10 record here, the same question we asked the
11 commissioner of Mental Health, is what is
12 your agency doing, working in partnership
13 with the Office of Mental Health, to
14 streamline the funding sources, the licensing
15 process, so that people who provide both
16 services -- and as we know, co-occurring
17 disorders are the key to relapse and
18 self-medication.
19 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
20 And to that point, we have implemented single
21 licensures, where individuals that may have
22 multiple licenses -- mental health, primary
23 health and an OASAS license -- can come
24 together and provide integrated care.

1 The issue is not so much on the state
2 level as it is on the federal level, because
3 they require that we track funding
4 separately.
5 But yes, we have done everything
6 possible on the state level to implement and
7 give access to integrated care, not only with
8 behavioral health but also primary health.
9 And we will continue to do that.
10 SENATOR HARCKHAM: Terrific. Thank
11 you. Thank you, Madam Chair.
12 CHAIRWOMAN KRUEGER: Thank you.
13 Assembly.
14 CHAIRWOMAN WEINSTEIN: Assemblywoman
15 Rosenthal, chair of Alcoholism and Substance
16 Abuse.
17 ASSEMBLYWOMAN ROSENTHAL: Thank you
18 very much.
19 Good to see you, Commissioner. I have
20 no doubts about your commitment and your
21 staff's commitment and all of OASAS's
22 commitment to being a resource to help to
23 save lives during this opioid epidemic.
24 However, I don't see any additional funding

1 in this budget of any note to address the
2 crisis.
3 For example, the Aid to Localities
4 change is $646,000. The Governor has stated
5 2 percent tax cap, et cetera, 2 percent cap.
6 This is not even a 2 percent increase. And
7 the General Fund appropriation is 10 million
8 less as well.
9 So I believe during the State of the
10 State he said that we're going to put a few
11 hundred million toward the crisis. Can you
12 tell me where that is in the budget?
13 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes,
14 it's actually in the 802. And there is -- we
15 anticipate that we're going to use
16 200 million in delivering our day-to-day
17 services in this coming year. So that's
18 where that 200 million is. That's going to
19 be the cost of our ongoing service delivery
20 this coming year.
21 The 10 million that you said that you
22 saw changed, that was for capital, and that
23 was reappropriated. And that's going to be
24 the monies we're going to use to open up

1 these beds. So they have already been
2 reappropriated, and they will be used for the
3 implementation of the beds that I mentioned
4 in my narrative.
5 ASSEMBLYWOMAN ROSENTHAL: So they are
6 carryover funds from previous years.
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm
8 not sure that's the appropriate word. But
9 it's -- it's not 90 million, the 10 million
10 that was decreased will be reappropriated.
11 ASSEMBLYWOMAN ROSENTHAL: Okay. So we
12 know that we tried to have this bulk program
13 where we tax opioid manufacturers and
14 distributors, and there was supposed to be
15 100 million from that fund, a lot of which
16 went into the General Fund. But in any
17 event, it's still in the budget although that
18 is tied up in court now. So I doubt that it
19 will be figured out before April. So how
20 will that affect --
21 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So
22 you're talking about the stewardship?
23 ASSEMBLYWOMAN ROSENTHAL: Yes.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So we

1 were very displeased with the decision as
2 well, and the administration is currently
3 reviewing what next steps will be taken.
4 And so we're still evaluating how
5 we're going to address that. It may be
6 re-appealed; I don't have the details to
7 that.
8 However, that is not going to impact
9 this year's budget at all, because we didn't
10 do any programming based on those dollars.
11 ASSEMBLYWOMAN ROSENTHAL: Okay. I
12 have a question about how much federal money
13 has OASAS received this year, and where is
14 that money being spent? Because I think a
15 large portion of the budget is from federal
16 funds.
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
18 yeah, we've received, like other states, STR
19 and state opioid targeted response funds.
20 And we have used those dollars to complement
21 some of the things we're doing with state
22 funding to establish, you know, the 24/7s,
23 the COTIs, the transportation -- not
24 transportation, mobile treatment throughout

1 the state.
2 You know, we fund our system with a
3 combination of state and federal dollars, and
4 we try to maximize to the best of our
5 ability. And all those dollars have been
6 spent to be able to address this epidemic.
7 And you know, we never would have been
8 able to do so many things in such a quick
9 manner if we weren't smart about how to spend
10 this money.
11 ASSEMBLYWOMAN ROSENTHAL: I appreciate
12 that. Yet the overdose rate continues to
13 climb. It may be climbing at a lesser level
14 than in the past, but it is still climbing.
15 So I don't understand how your agency and the
16 organizations that execute the mission will
17 be able to handle all the people who are
18 suffering out there from opioid use disorder,
19 especially with the advent of fentanyl lacing
20 heroin, people are dying, you know, at a --
21 more people are dying because of fentanyl.
22 So that leads me to a question about
23 safe consumption spaces. And I know that the
24 Health commissioner answered some questions

1 the other day. But is there anything that
2 OASAS is doing to make the idea more
3 well-known among different entities that you
4 license? Within the community of providers.
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah,
6 I -- you know, I think this is a conversation
7 that we all have. Safe consumption sites is
8 something that's on the table. We're looking
9 at it because it's about really saving lives,
10 which is what you indicated. But there are
11 also some complexities surrounding safe
12 injection sites. You know, some things that
13 we have to look at. There may be some
14 federal issues around it that we really have
15 to address. We don't want to jeopardize
16 funding from the federal government if we
17 open safe consumption sites.
18 All I want to say is that it's not a
19 simple thing, it's very complicated. We're
20 really looking at it, you know, seriously.
21 We are working with DOH. We're at the table.
22 Our provider agencies understand and know it.
23 And like any issue, you have some that are on
24 one side and you have others that are on the

1 other side.
2 You know, our mission is to try to
3 work with both and bring people to a happy
4 middle, and that's what we're trying to do.
5 ASSEMBLYWOMAN ROSENTHAL: I mean, what
6 I've seen and what I've heard and has been in
7 the press is how in different parts of
8 New York City there are places where
9 needles are found on the ground. That's
10 because people are going to that location to
11 use drugs.
12 You know, people yell and scream like,
13 Oh, look, it's littered with syringes -- yet
14 they don't understand that if people use
15 these syringes in their own pre-obtained
16 drugs in a safe consumption space, no one
17 will die, because no has died of an overdose
18 in a safe consumption space in the many that
19 have been situated across the globe for
20 decades. I just think we need a little
21 courage, a little boldness here. And it's a
22 new tool that we haven't used here in this
23 country. And I really wish New York State
24 would step up.

1 When was the last time the human
2 services COLA was not deferred? Because it
3 has been deferred, right?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Not
5 deferred last year, the COLA.
6 ASSEMBLYWOMAN ROSENTHAL: And now it's
7 deferred.
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ: This
9 year it was deferred.
10 ASSEMBLYWOMAN ROSENTHAL: And so I'll
11 reiterate what I said about the other
12 agencies. It's not -- it's not -- it's not
13 acceptable. But it also will lead to worse
14 outcomes for everyone involved, and tax the
15 people who are providers who will not
16 continue in their job because they can get
17 the same pay elsewhere where it's not so
18 stressful on them.
19 I think we need to fight to increase
20 their pay this year. Do you think that would
21 be a possibility?
22 (Applause from the audience.)
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
24 think that that's up for discussion now as

1 you finalize your negotiations.
2 ASSEMBLYWOMAN ROSENTHAL: Okay. I
3 know that there was a Milliman study looking
4 at compliance with federal parity laws here
5 in New York State. Do you have anything
6 about its progress, where it's at?
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm
8 sorry, I didn't --
9 ASSEMBLYWOMAN ROSENTHAL: It's called
10 the Milliman study.
11 COMMISSIONER GONZÁLEZ-SÁNCHEZ:
12 It's -- no, I don't have any -- I can't
13 report on that right now. But I'll be more
14 than glad to report that.
15 ASSEMBLYWOMAN ROSENTHAL: Okay. All
16 right. In terms of MAT in prisons, so you
17 mentioned the county jails. But as far as
18 statewide, it doesn't seem like there's much
19 movement on that front. We had a hearing,
20 there were six that had Vivitrol. But none
21 of them had methadone or buprenorphine.
22 What can you report about the push to
23 make sure that the gold standard in prisons
24 is available across the state?

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: What I
2 can say is that we've been working very
3 closely with the commissioner of DOCCS.
4 And if you go back even a year or two,
5 we were in no prisons, zero prisons. So
6 within two years, to be able to sit here in
7 front of you and say we at least have
8 penetrated and gone and now we're in
9 10 facilities, I think we're making waves.
10 In terms of buprenorphine, you know,
11 there are security issues, there are federal
12 issues that are outside of us that need to be
13 worked out. It's not just the state piece.
14 You know, we have to work with the DEA, they
15 have come in, they have to certify.
16 So all I can tell you is that we're
17 seriously really working to ensure that we
18 have medication -- the full continuum of
19 medication-assisted treatment across the
20 board. And I have to say I feel really
21 pleased that we -- even though 10 may not be
22 a lot, to me it's a lot, when two years ago
23 it was zero.
24 So I'm hopeful that we're getting

1 there. I know it's taking a little bit, but
2 there are things that we need to address that
3 are very important and are out of our
4 purview.
5 CHAIRWOMAN WEINSTEIN: Thank you.
6 CHAIRWOMAN KRUEGER: Thank you.
7 Senator John Brooks.
8 SENATOR BROOKS: Thank you,
9 Madam Chair.
10 Commissioner, good to see you again.
11 Unfortunately, I have to run out
12 pretty quick, so I did want to ask about two
13 areas. One of the things that I'm hearing a
14 great deal of from our school officials is
15 the concern about the growing number of
16 students vaping in the schools. Is anything
17 planned in that area?
18 And then the second question would be,
19 we are looking seriously at the legalization
20 of adult recreational use for marijuana. Do
21 you have any concerns in that area?
22 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
23 So with respect to vaping, that's something
24 that perhaps we could address and something

1 else Chairwoman Krueger mentioned in terms of
2 trauma-informed care, which is the basis of
3 what -- how we deliver service with sex
4 offenders and so on and so forth, or sexual
5 abuse and so on.
6 Those are two things that I think we
7 could put under this prevention blueprint
8 that the Governor spoke about in his State of
9 the State, asking for, you know, sister
10 agencies to come together and develop this
11 blueprint. And I think those will be two
12 really great new ideas to bring to the table.
13 So I will consider bringing that back.
14 You know, as you well know, we do have
15 our ongoing prevention. But vaping seems to
16 happen -- just something that really has
17 spurred up on us, and we will be more than
18 glad to address it.
19 SENATOR BROOKS: Okay, good. Thank
20 you. Thank you very much.
21 CHAIRWOMAN KRUEGER: Thank you.
22 Before I pass it to the Assembly, I
23 want just a sidebar. So if the marijuana
24 legalization bill that I carry were to be

1 approved, it includes more funding both for
2 drug treatment and prevention of drug abuse.
3 So it would actually be a new funding source
4 for both of those purposes.
5 Thank you.
6 (Applause from audience.)
7 CHAIRWOMAN WEINSTEIN: Assemblyman
8 Will Barclay.
9 ASSEMBLYMAN BARCLAY: Thank you,
10 Chair. Commissioner, welcome.
11 First of all, I'd say with our
12 expansion of gambling in New York State and
13 with the potential legalization of marijuana,
14 it sounds like you're going to have some busy
15 times ahead of you. So good luck with that.
16 My first question is regarding -- last
17 year, with some fanfare, the Governor
18 announced a tax on the drug companies over
19 the opioid problems, and I think it was
20 $100 million he was going to tax those
21 companies. I understand that a federal judge
22 has put an injunction on -- or stopped that
23 from happening right now.
24 What are you doing to make up for that

1 $100 million that was I guess going to be
2 spent on programs to help addiction?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
4 So it's -- the way I see, it's not dead
5 yet. I think the administration is still
6 looking at what next steps to do, maybe
7 re-appeal it or whatever.
8 What I did say to Assemblymember
9 Rosenthal is that we have not started any
10 planning with those dollars, so it really
11 hasn't impacted our budget this year. And
12 it's still too soon to tell what if any
13 impact it will have until we realize whether
14 it's going to come through or not.
15 ASSEMBLYMAN BARCLAY: Where does it
16 stand now in litigation?
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
18 don't -- I know it's being reviewed by the
19 administration, but I really couldn't tell
20 you.
21 ASSEMBLYMAN BARCLAY: My colleague
22 just talked about the legalization of
23 marijuana. And, I mean, do you have any
24 feeling of -- that this is a gateway drug, if

1 we potentially expand the use of marijuana it
2 could lead to additional drug addiction with
3 other, more -- probably serious drugs?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So,
5 you know, you all know there's going to be a
6 hearing specifically on marijuana, I believe
7 next week. And I think that it's better to
8 discuss these really intricate issues at that
9 point. But what I will say is that what I
10 find is that you have people on both sides.
11 There are some that say it is, there are
12 others that say that it isn't.
13 You know, my focus right now is on the
14 mission of my department and what my mission
15 is. And my mission is to ensure that I have
16 a comprehensive system of care for everyone
17 and anyone who's addicted, and that's the way
18 I'm going to continue to look at this right
19 now.
20 But I would respectfully decline and
21 maybe ask you to ask these questions at the
22 hearing. I think that's going to be a little
23 bit more appropriate place for us to discuss
24 that.

1 ASSEMBLYMAN BARCLAY: Okay, let's --
2 thank you. I appreciate that answer.
3 And just switching over to gambling,
4 obviously we've seen a big expansion of
5 gambling in the states. Have you seen a
6 comparable expansion of gambling problems
7 that you're dealing with? Has that gone up
8 as a result of additional gambling in
9 New York?
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
11 haven't seen additional problems. What we
12 have ensured is that we have the capabilities
13 throughout the state, should there be a need
14 for problem gambling treatment available.
15 What we plan to do in the coming year,
16 in the next two years, is do a survey, now
17 that we have implemented like Resource
18 Centers, to better understand what and if the
19 problem is.
20 ASSEMBLYMAN BARCLAY: What is the
21 biggest problem with addiction to gambling?
22 I mean, is it going to a casino? Is it --
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
24 really couldn't honestly --

1 ASSEMBLYMAN BARCLAY: You don't know.
2 COMMISSIONER GONZÁLEZ-SÁNCHEZ: --
3 give you an answer, and I don't want to do
4 that. I think once we have the survey, I
5 think that will give us a better standing
6 ground.
7 What I will tell you is that, you
8 know, a lot of folks tend to go to private
9 practitioners, not to our system of care, for
10 problem gambling. We are equipped to do even
11 inpatient rehab for gambling in our 11
12 addiction treatment facilities, which a lot
13 of people -- I'm surprised a lot of people
14 did not know.
15 So we're preparing ourselves. And we
16 are available, we have capacity, from what I
17 see and from what I get reports on. And like
18 I said, we're planning on doing a survey that
19 will better inform all of us of what the
20 situation is.
21 ASSEMBLYMAN BARCLAY: And that survey
22 is going to be done when? I'm sorry, did you
23 say in two years?
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's

1 going to be in the next -- either this coming
2 year or the following year.
3 ASSEMBLYMAN BARCLAY: All right.
4 Thank you.
5 CHAIRWOMAN KRUEGER: Thank you.
6 Senator David Carlucci.
7 SENATOR CARLUCCI: Thank you, Madam
8 Chair.
9 And thank you, Commissioner
10 González-Sánchez, for being here today and
11 for your work over the years on these
12 important issues.
13 So just to start, we just talked about
14 gambling addiction, and the Comptroller just
15 put out a report really critical of OASAS in
16 terms of the lack of really knowing where the
17 problem is. And I'm very concerned about
18 that report for a number of reasons, not only
19 the need of addressing problem gambling and
20 the proliferation of gambling -- I mean, you
21 walk into a convenience store now, it's like
22 you're at a casino with all the different
23 options you have.
24 So really the bigger issue I have is,

1 how are we being proactive in OASAS to deal
2 with these emerging -- unfortunately, these
3 emerging technologies that are looking to
4 addict people, whether it's through vaping,
5 that we talked about, through gambling, or
6 even through technology? We've seen in other
7 countries where they're making technology or
8 tech/social media addiction actually an
9 issue, and they're beginning to understand
10 that.
11 So what can you tell us in terms of
12 how does OASAS react, how do you get your
13 information and decide what to focus on? Is
14 it only at the request of the Governor or the
15 Legislature? Maybe you could respond to
16 that.
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes,
18 absolutely. No, it's not at the request of
19 the Governor or the Legislature. We have a
20 system of care that's comprised of providers
21 that are licensed through us. We get input
22 from them, we get data from them. And those
23 that do not receive funding, we still reach
24 out.

1 We have a -- in terms of prevention
2 and gambling, we have coalitions that we work
3 very closely with. They are the ones that
4 inform us of the needs. Those are the
5 individuals that tell us which way we've got
6 to go. And that's the basis of how we do
7 planning. We don't plan in a vacuum, so to
8 speak.
9 And to get to the report -- which, by
10 the way, I didn't have a chance to read the
11 article today in depth. It's very
12 interesting, because on the one hand we are
13 being proactive and we're being criticized
14 for being proactive. Because the reason why
15 we established these Centers of Excellence in
16 these areas was so that we could have a
17 better understanding of the issue. And so
18 that people, if they needed to go somewhere,
19 they knew where to go so they could be linked
20 to services specifically around gambling.
21 So it's, you know ...
22 SENATOR CARLUCCI: Okay. Well, I look
23 forward to working with you more on that
24 issue.

1 Some of the issues we've talked about
2 in the past is the issue of the patient
3 brokers, you know, manipulating people
4 suffering from addiction, the treatment
5 fraud. And I know we've talked about it,
6 it's been highlighted in the media, what
7 steps.
8 Are you confident that we're cracking
9 down on that in New York State?
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
11 believe there was a bill -- and I believe it
12 was passed last year -- it's a patient
13 brokering bill where we are cracking down on
14 individuals --
15 SENATOR CARLUCCI: And you've seen
16 it's been working for us?
17 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
18 I believe it is, yes. It's not perfect, but
19 I think it's working.
20 SENATOR CARLUCCI: Okay. How about in
21 that realm in regard to sober homes? That's
22 another issue that we've been tackling,
23 talking about it for a while. Can you give
24 us an update in terms of regulating, making

1 sure that we're weeding out any bad actors
2 that exist?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So in
4 terms of regulating, I always say the same
5 thing. We don't regulate sober homes. I
6 always say, year after year, if there's an
7 independent entity out there who's
8 functioning under the auspice of a sober home
9 and they're interested in being part of our
10 system of care so that we could then have
11 jurisdiction to monitor and regulate them, I
12 would welcome them to come forward. But the
13 understanding is they have to abide by our
14 regulations.
15 SENATOR CARLUCCI: Okay. And we've
16 fought to make naloxone more accessible in
17 New York State, we're one of the first states
18 to pass legislation to make it accessible
19 over the counter.
20 One of the concerns I have is that
21 we've -- over the years we've found different
22 pots of money to provide naloxone in the
23 community to first responders free of charge,
24 and to regular citizens.

1 What's being done to continue that
2 program of making naloxone accessible?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We
4 still have that available in our budget. As
5 a matter of fact, we still continue to offer
6 naloxone training and offer it to kids as
7 well.
8 SENATOR CARLUCCI: So that's not going
9 to go -- that's going to be provided --
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's
11 not going away. That's still very much alive
12 in our budget, yes.
13 SENATOR CARLUCCI: Okay. And how
14 about access -- we talk about
15 medical-assisted treatment. Methadone has
16 been around for a long time, but we still
17 have barriers to access, people driving, you
18 know, two or three hours a day, one way, just
19 to get treatment.
20 COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's
21 being addressed with the COTIs and the 24/7.
22 The COTIs, Centers of Treatment Innovation,
23 where we have mobile capacity, we have
24 telehealth. That's all being implemented

1 throughout the state. And I firmly believe
2 that by the end of this year you're going to
3 see many changes, especially in the rural
4 areas where that's an issue.
5 SENATOR CARLUCCI: Thank you.
6 CHAIRWOMAN KRUEGER: Thank you.
7 Assembly.
8 CHAIRWOMAN WEINSTEIN: Assemblywoman
9 Gunther.
10 ASSEMBLYWOMAN GUNTHER: So I have a
11 question. One of the gentlemen that I work
12 with, we have an interdisciplinary group
13 that's working on addiction and the overdose
14 problem. They talked about early education.
15 You know, right now there are baby steps and
16 some of the thoughts of, you know, our group
17 is to start the education of children very,
18 very early, like first, second grade, baby
19 steps.
20 Any thoughts about introducing a
21 program like that throughout the state?
22 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Oh,
23 absolutely. Actually, one of the initiatives
24 that we -- I just announced, that we

1 announced yesterday, the PAX Good Behavior,
2 is really targeted for elementary schools,
3 but it could be for middle schools as well.
4 And it's a best practice to impact behaviors
5 at a very early age.
6 So yes, we are very cognizant of that.
7 We're very much in support of starting very
8 early. We continue to work with the
9 individual schools, school districts, the
10 State Ed Department to the best of our
11 ability to make sure that we are out there in
12 the schools early on, that our curriculum is
13 being used. And we will continue to do that.
14 ASSEMBLYWOMAN GUNTHER: Two other
15 comments that I have. And I think that's
16 great that we're introducing it really early.
17 I think that's a very proactive move for
18 OASAS.
19 So there's two things. One thing that
20 I feel in New York State is very harmful is
21 the pharmaceutical commercials that are
22 encouraging -- like the Joint Commission did
23 about pain-free life. So in other words,
24 postoperatively. And it's all over the

1 commercials how one should treat themselves
2 and how they go to the physician.
3 And the Joint Commission has the faces
4 that said after like a very aggressive
5 surgery that you don't -- shouldn't feel
6 pain. And as a nurse, that pain is
7 indicative of infection and all kinds of
8 things.
9 And I think that we need to rearrange
10 our thoughts on that. And also the
11 introduction at an early age. And also, to
12 me, the commercials on TV should be banned.
13 People are self-prescribing as they go into a
14 doctor's office.
15 CHAIRWOMAN KRUEGER: (Clapping.) Oh,
16 sorry, I'm not supposed to do that.
17 ASSEMBLYWOMAN GUNTHER: And I think
18 that's really important.
19 (Applause.)
20 CHAIRWOMAN KRUEGER: We're not
21 supposed to do that. Everyone's not supposed
22 to.
23 ASSEMBLYWOMAN GUNTHER: I don't know
24 how you feel about it, but you know what, my

1 skin crawls every time I see an ad and
2 they're making money off of the backs of
3 addicted people.
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's
5 why we have the really aggressive campaigns
6 that we have. We just started a campaign,
7 you know, to inform people -- I think it's
8 about education. You have to try to inform
9 people any which way you can. We have PSAs,
10 we have billboards. You know, it's a
11 multipronged effect that we have to take in
12 order to deal with this.
13 ASSEMBLYWOMAN GUNTHER: But I do think
14 that, you know, reeducation is always
15 important. And honestly, when -- 10 years
16 ago we were educated to the point of no one
17 should have pain. Now we need reeducation
18 about addiction. And that, you know, that
19 it's indicative of sometimes infection. And
20 the Joint Commission and the department --
21 the Joint Commission comes in, and they do
22 the happy faces and the smiley and the 1 to
23 10 and everything like that. They're making
24 boatloads of money.

1 And also the pharmaceuticals, because
2 of this way that we turned medicine around,
3 are making boatloads of money. And I think
4 it's time to stop it. And what they're doing
5 is they are making money off the backs of
6 addicted people who went in, went to the
7 dentist, had a tooth pulled, you got a
8 prescription for 35 Percocets, and you went
9 home and you thought, Jeez, I should not feel
10 pain, and they popped them. Not because they
11 were addictive, but it happens.
12 And I just think that that reeducation
13 across our society is a necessity. And the
14 early intervention with children, and
15 education, is necessary.
16 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
17 And if I could just respond. I
18 understand everything you're saying, I'm in
19 agreement. And so we are taking the measures
20 that we can.
21 One other thing that we -- and I'm not
22 going to talk about past legislation, but you
23 know we have passed legislation to limit the
24 numbers of Oxys and so on and so forth. But

1 also we're requiring that physicians also, as
2 part of their continuing education credit,
3 get at least eight hours of addiction-
4 specific training. Because the doctors also
5 need to be on board with what we're talking
6 about in terms of prescribing.
7 ASSEMBLYWOMAN GUNTHER: They have been
8 given two different messages here. And
9 Message One from the Joint Commission needs
10 to change, number one, and I believe that to
11 be true. And number two, the reeducation
12 regarding addiction. And most doctors don't
13 really -- you know, that's not their ballywag
14 {sic}.
15 CHAIRWOMAN WEINSTEIN: Thank you.
16 CHAIRWOMAN KRUEGER: Thank you.
17 I'm going to take the next questions,
18 thank you. I associate myself with all of
19 the comments of Assemblywoman Gunther when
20 she was laying out what a crisis we have with
21 actually structurally encouraging people to
22 become addicts.
23 And I tried to come up with a bill to
24 outlaw the TV commercials of drugs years ago

1 and learned that it was federal and that we
2 would be superceded and that we could not
3 control that in our own state.
4 But we all waited too long, and now we
5 are dealing with a ridiculous situation.
6 I want to go back to -- I know you
7 were here when I was talking to the Office of
8 Mental Health about the fact that the
9 academic research is extremely consistent
10 about the correlation between mental health
11 and substance abuse and being the victim of
12 childhood sexual assault.
13 And as you were testifying, you were
14 talking about a program where you're in 1700
15 public and private schools per year, working
16 with almost a half a million youth in the
17 last year. Perhaps you are the right agency
18 to combine sexual assault education
19 programming with drug prevention programming
20 for young children, since apparently there is
21 such a strong correlation there.
22 So I'm not asking for an answer now,
23 I'm asking for you to go back and think about
24 how can you multitask to -- while basically

1 having two approaches to prevention.
2 Basically, you know, yes, teaching kids it's
3 bad for you, but also teaching kids, here's
4 what you need to know to protect yourself
5 from sexual assault and get someone to pay
6 attention if you're a victim, because then
7 you will save having to treat them for drug
8 and alcohol addiction later on in their
9 lives.
10 Although actually that response of
11 self-medicating from sexual harassment starts
12 very early. So I do hope you will do that.
13 COMMISSIONER GONZÁLEZ-SÁNCHEZ:
14 Absolutely.
15 CHAIRWOMAN KRUEGER: Thank you.
16 Second, when Assemblymember Barclay
17 just asked you about gateway drug and
18 cannabis, I just -- I'm surprised by your
19 answer. Because it's sort of like climate
20 change. There are one or two scientists out
21 there who still say we don't have climate
22 change, but everyone else knows we do.
23 And there has been so much research
24 done that confirms that cannabis is not a

1 gateway drug and that people who get addicted
2 to the other drugs may in fact have used
3 cannabis before because it turns out over
4 half of the American public is using cannabis
5 before anything else in their life.
6 But again, I would urge you as the
7 commissioner to have a fact-based set of
8 answers when people ask you questions like
9 that, because it's not hard to find the
10 scientific research and an enormous amount of
11 it has been done.
12 On addiction to gambling, I am -- and
13 I have asked you this in other years, so I'm
14 continuing. But I am more and more concerned
15 about the fact that we expand gambling and
16 potentially expand gambling into even more
17 kinds of addictive gambling.
18 So does the state ask you, does the
19 Governor's office ask you for an opinion when
20 they're exploring whether or not to open up
21 online gambling as a legal model in New York
22 State?
23 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
24 we're part of the discussion, yes.

1 CHAIRWOMAN KRUEGER: And when they ask
2 you, do you show them the research that is
3 coming out -- again, I feel like I want to
4 give everybody in government a lesson in
5 Google, because there's unbelievable
6 research coming out about the exceptionally
7 addictive nature of online and handheld
8 devices for gambling, because it's there with
9 you all the time.
10 There are scientists who develop apps
11 who are specifically admitting that these
12 apps are designed to retrain your brain to be
13 addicted to anything you're doing on them,
14 and that is absolutely being used by the
15 companies that are expanding online gambling.
16 And there is research and numbers out
17 of Great Britain about the rate at which
18 addiction to gambling has grown, particularly
19 around the handheld and the online sports
20 betting.
21 So do you have anybody in your agency
22 who is doing this research or even just
23 collecting up the research that's coming out
24 of other parts of the world?

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
2 now with the Resource Centers that have
3 opened, this is exactly what they're doing,
4 and we do have --
5 CHAIRWOMAN KRUEGER: So those are
6 scientists doing research?
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: No,
8 no. We have also a Prevention Unit that does
9 look into what's out there.
10 Do I have a unit that does the
11 research? No, I don't.
12 CHAIRWOMAN KRUEGER: Maybe just a
13 staff person who Googles every once in a
14 while and collects the research that's coming
15 out of other places? Because a Resource
16 Center isn't going to show you there's a
17 problem until we legalize and then watch a
18 crisis grow in front of us, and then you
19 would learn, you saw people coming in.
20 So I would urge the state to take very
21 seriously looking at the risks of expanding
22 online and handheld gambling, because the
23 numbers coming out of other places that have
24 allowed it are fairly startling.

1 And of course that kind of addiction
2 might not kill you physically, but
3 bankruptcies, response to the crisis of
4 losing all your money to being -- using other
5 substances, eviction from your home,
6 destruction to families are very real and the
7 numbers are absolutely growing even before we
8 move to online.
9 So again, it's a little bit more of a
10 begging of the state to have people who do
11 their homework and take these questions very
12 seriously before they are proposed by the
13 Governor or the Legislature.
14 Thank you.
15 CHAIRWOMAN WEINSTEIN: So I just
16 wanted to take a moment to echo what
17 Senator Krueger just said about the gambling
18 and the potential expansion to online
19 gambling. Because some of what I also have
20 read is very concerning.
21 I did want to ask a question. Does
22 your agency have a role in the Raise the Age
23 services area?
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We

1 work with OCFS to ensure that they're
2 trained. And we offer training to their
3 staff that would assist them, especially in a
4 group home, foster home, to identify SUD,
5 individuals with SUD needs, and link them to
6 our community-based providers for assistance.
7 CHAIRWOMAN WEINSTEIN: And did the
8 agency receive any additional funding or is
9 there any additional funding projected in
10 this year's budget to help provide those
11 additional services for the Raise the Age
12 population?
13 COMMISSIONER GONZÁLEZ-SÁNCHEZ: We
14 don't have any additional funding for Raise
15 the Age in our budget. But this is what we
16 do as our regular course of work. We train
17 individuals, and we have that training
18 capacity, and that's what we offer.
19 CHAIRWOMAN WEINSTEIN: I guess I'm
20 thinking because some of these young people
21 are people who would otherwise have been in
22 the correctional system at some point and now
23 will be in the -- potentially be in the
24 community. And you would think there would

1 be an increased need of services because of
2 that.
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
4 we keep tabs on our community-based programs.
5 And they would be the ones to get the
6 referrals of -- you know, from the OCFS
7 system.
8 I haven't seen that we don't have the
9 capacity or that the providers don't have the
10 capacity to deliver the service, so.
11 CHAIRWOMAN WEINSTEIN: Okay. Thank
12 you very much.
13 CHAIRWOMAN KRUEGER: Thank you.
14 Senator Seward.
15 SENATOR SEWARD: Thank you, Madam
16 Chair.
17 And, Commissioner, good to see you and
18 your team again.
19 As you know, last year's budget, at
20 the request of the Senate, included
21 $3.75 million for the jail-based substance
22 use disorder treatment. And I know there was
23 a little tussle over the distribution of
24 those funds. But moving forward, can you

1 tell us where we are in terms of
2 implementation and use of these funds?
3 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So the
4 funds were distributed amongst 49 counties.
5 Every one who requested dollars to either
6 expand or open a jail-based program we were
7 able to cover with the 3.75. And so some of
8 them -- I believe they're all operational.
9 Some of them needed money for an individual,
10 some of them needed money for the medication.
11 They were at different stages of development.
12 But they're -- all 49 are working right now.
13 SENATOR SEWARD: That's great.
14 Because I think that's a -- there's a great
15 need for that, with so many people who are
16 incarcerated in our county jails that really
17 have drug addiction problems.
18 Can you share with us any process that
19 you may have in terms of evaluating the
20 effectiveness of these various programs?
21 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
22 Actually, that's the report that I mentioned
23 that was submitted, that we have to submit to
24 the Legislature quarterly, I believe. And we

1 did submit that. If anybody has not gotten
2 it, I'd be more than glad to submit it again.
3 SENATOR SEWARD: That's included in
4 that report?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
6 SENATOR SEWARD: Okay, thank you.
7 I'll watch for that.
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's
9 the outcomes on how we're measuring these new
10 innovative programs.
11 SENATOR SEWARD: Yeah. Yeah, there
12 have been a lot of new and innovative
13 programs in recent years because the need is
14 so great, and so it's important to do that.
15 Following up on questions my
16 colleagues had raised about the level of
17 funding for the heroin and opioid addiction
18 issues. It's a little over $200 million
19 again this year.
20 Can you provide any specifics in terms
21 of how these funds will be used? It's a
22 little unclear in what we've received from
23 the Governor.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'd be

1 more than glad to submit a list of what we
2 have down in the pipeline and what we're
3 anticipating opening in this coming year. I
4 could do that.
5 SENATOR SEWARD: Is there a geographic
6 formula that you use in terms of distribution
7 of these funds to make sure that they reach
8 every corner of the state?
9 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
10 obviously we look at priority areas, and the
11 priority areas for the longest have been, you
12 know, you look at the overdose rates, how
13 many people have to leave their immediate
14 area because there are no services and they
15 have to go to other areas. And the lack of,
16 you know, treatment programs.
17 Those are the three things that we
18 look at. And then we base -- you know, we
19 use that as a priority to implement services.
20 SENATOR SEWARD: My final question
21 revolves around the preventive monies that go
22 through your agency. I was encouraged to
23 hear in your testimony about the -- reaching
24 a number of public and private school

1 students, and that's a pretty high number
2 that you're able to reach through the
3 schools, which was very, very important.
4 I'm a great believer in the preventive
5 dollars. Have these -- the school programs
6 that you mentioned, are they channeled
7 through these -- our local community-based
8 organizations that work in this area of
9 prevention?
10 COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's a
11 combination. Some are -- some of these
12 services are provided by, you know,
13 individual, independent prevention providers
14 that we fund directly, and they're going to
15 schools, coalitions, community coalitions.
16 With respect to New York City, it
17 would be the SAPAS workers through the
18 Department of Education, Board of Ed in
19 New York City.
20 So it's a combination.
21 SENATOR SEWARD: Okay. Would you
22 agree that we perhaps should have a set-aside
23 in terms of funding specifically for
24 prevention programs around the state?

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Do I
2 agree -- I'm sorry?
3 SENATOR SEWARD: That we should set
4 aside a certain amount of money that comes
5 into your agency for preventive services.
6 COMMISSIONER GONZÁLEZ-SÁNCHEZ: You
7 know, that's something that the federal
8 government, you know, actually mandates to
9 us.
10 You know, we at OASAS have been very
11 good stewards in terms of dollars. We don't
12 just focus on that. We really focus -- we
13 have a patient-centered approach. And so
14 whether we have set aside dollars or not, we
15 try to address the three areas of our system:
16 Prevention, treatment and recovery.
17 And I -- you know, I haven't really
18 looked at this set-aside or not. I think,
19 you know, we just focus on where the needs
20 are and use our monies to --
21 SENATOR SEWARD: Just very, very
22 briefly, and you can give me a one-word
23 answer. Would you be willing, you and your
24 team be willing to sit down with some of my

1 local agencies that are involved in
2 prevention just to discuss ways that they
3 could access some additional help?
4 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.
5 More than glad.
6 SENATOR SEWARD: We'll follow up with
7 you to arrange such a meeting. And I
8 appreciate it.
9 CHAIRWOMAN KRUEGER: Thank you.
10 Assembly.
11 CHAIRWOMAN WEINSTEIN: Assemblywoman
12 Rosenthal for her -- on seconds.
13 ASSEMBLYWOMAN ROSENTHAL: Thank you.
14 You and I have discussed this over the
15 years, sober homes which your agency does not
16 regulate. Yet sober homes runs counter to
17 what OASAS has embraced as a harm-reduction
18 medication-assisted treatment approach.
19 So I'd be interested in getting OASAS
20 more involved in overseeing and regulating
21 some of these sober homes, because they use
22 something that works on a minuscule
23 percentage of people with opioid or substance
24 use disorder, and there are really no good

1 results coming out of them.
2 Would that be something you'd be
3 willing to entertain, perhaps, with some
4 other agency?
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.
6 ASSEMBLYWOMAN ROSENTHAL: Okay.
7 Because we see that problem more outside the
8 city. We have three-quarter houses in the
9 city, and those are, you know, difficult
10 questions.
11 So we have 23 New York State waivered
12 syringe-exchange programs, which I'm not sure
13 has changed for years. And I know it's
14 mostly the Department of Health. But is
15 there any talk of increasing the number?
16 Especially since SIFs are not proceeding
17 right now.
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
19 So I think that's really a question for DOH.
20 What I could tell you is that we
21 support the syringe exchange program, and we
22 funnel money to the Department of Health in
23 support of the needle exchange.
24 But in terms of increasing the

1 numbers, I think that's discussion for them.
2 ASSEMBLYWOMAN ROSENTHAL: Okay.
3 Because, you know, as you know, they provide
4 many more services than just exchange, and
5 they really help people who are struggling at
6 various junctures of their drug use.
7 How many programs do you license for
8 harm-reduction community-based services?
9 COMMISSIONER GONZÁLEZ-SÁNCHEZ: So our
10 total licensure program is around 1600, 1,600
11 programs throughout the state.
12 ASSEMBLYWOMAN ROSENTHAL: And do you
13 have a breakdown on where they're located?
14 Because in some places you hear that there's
15 not enough access. And of course the rural
16 areas, et cetera. But it would be
17 interesting to see where they are.
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.
19 I'll give you a breakdown.
20 And I just want to remind folks too
21 that if you go on our website, we have a
22 listing of all the programs, a definition of
23 what they do, where they're located, and you
24 could also see where, you know, the vacancies

1 are. It's on our, you know -- it's called
2 Find Addiction Treatment Dashboard. So
3 anyone could access that 24 hours, seven days
4 a week. But I'll be more than glad to give
5 you a list.
6 ASSEMBLYWOMAN ROSENTHAL: Okay. I
7 mean, I had wanted, through legislation, to
8 require the insurance that is taken at each
9 of these facilities, but unfortunately that
10 bill got the heave-ho. I still think it's a
11 good idea. Maybe we'll try some more.
12 In terms of vaping, is that something
13 that's in your purview or more Department of
14 Health? Because I've done a lot of the
15 legislation around e-cigarettes and the huge
16 increase in the number of adolescents, thanks
17 to JUUL, whose commercials now say "Make the
18 Switch." So a switch implies substitute one
19 practice for another, so switch from smoking
20 to vaping.
21 The unfortunate thing is the explosion
22 of flavors is what entices young kids, and
23 then they are addicted with no way of
24 quitting that's not torturous and painful.

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
2 I think it's suitable for both DOH and OASAS,
3 because it's just like, you know, smoking,
4 drinking. So it's for both.
5 ASSEMBLYWOMAN ROSENTHAL: Okay.
6 Because the addiction problem, it's the same
7 problem no matter what the drug or the
8 behavior of choice is. It's all the same in
9 how it changes your brain. And for an
10 adolescent's developing brain, the intake of
11 nicotine is particularly harmful. And so
12 maybe that's something we can also work on
13 together.
14 Thank you. Thank you very much.
15 CHAIRWOMAN WEINSTEIN: Thank you.
16 Senator Savino.
17 SENATOR SAVINO: Thank you,
18 Assemblywoman.
19 Good afternoon, commissioner.
20 First I just want to say publicly that
21 you and your staff have been amazing, not to
22 me when I call, but for everyone. And I want
23 to thank you for that.
24 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank

1 you.
2 SENATOR SAVINO: But not everybody has
3 access to their State Senator or even thinks
4 to call them when they're trying to get into
5 a program. And I think one of the -- there's
6 a lot of confusion among people if they
7 finally do realize that they need help and
8 they need to get into a residential facility,
9 they get conflicting information from the
10 facilities about what insurance companies
11 will cover them, whether or not they can go
12 in, whether they can't.
13 And I'm hoping that maybe we can come
14 up with a way to assure patients that if they
15 are in need of treatment and they can get
16 into treatment, that regardless of their
17 insurance, that they're going to be able to
18 go.
19 So you don't need to answer that.
20 It's an ongoing problem, and I know your
21 agency deals with it if someone reaches out
22 to you. But when you finally get them there
23 and they're in treatment, in residential
24 treatment -- which is hard enough, because a

1 lot of people are in residential treatment
2 because they're ordered there by a court as
3 alternatives to incarceration.
4 How do we keep them there? Right? So
5 there's a black market in the addiction
6 treatment programs that is really not drugs,
7 it's cigarettes. Because there's a rule now,
8 I know it was from your predecessor, Karen
9 Carpenter-Palumbo, that made them all
10 smoke-free.
11 Now, nobody hates cigarettes more than
12 I do. I would ban the sale of tobacco if I
13 could. But the truth is if you have people
14 who are just engaged, they've gone through
15 detox, they're in a residential treatment,
16 they're trying to comply, and they are
17 desperately in need of a cigarette. And
18 what's happening is they go out and they're
19 selling cigarettes in these facilities at $10
20 a pop, which is just crazy.
21 Is there a way to rethink this idea of
22 smoke-free facilities to allow for people who
23 are struggling with addiction and trying to
24 get their lives back together a smoke break,

1 so you don't have this environment that's
2 happening? People have actually been, you
3 know, penalized or forced to leave programs,
4 which is really not helpful to their
5 attaining sobriety. Is there a way we can
6 talk about this?
7 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah,
8 let's talk about it.
9 But what is disturbing to me is no one
10 should be forced out of a program because of
11 that.
12 SENATOR SAVINO: Well, eventually, if
13 you get caught five or six times --
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ: They
15 should be working with the individual.
16 SENATOR SAVINO: Right. We know how
17 addictive tobacco is.
18 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.
19 Yeah. But you know, we should talk about it,
20 because it may be an area that, you know, at
21 some point it worked, maybe, but now maybe we
22 need to revisit it. So we should revisit it.
23 SENATOR SAVINO: I mean, there's no
24 coffee because that's a stimulant. There's

1 no chocolate because that's a stimulant.
2 There's no tobacco because it's a stimulant.
3 And yes, I understand it from a
4 clinical perspective. But these are people
5 who are just trying to hold their head
6 together in the beginning, and I just think
7 it's somewhat counterproductive.
8 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah,
9 we'll take a look at it.
10 SENATOR SAVINO: And on the insurance
11 issue, again, some of the providers, they
12 accept clients and the insurance companies
13 then notify them after the fact that they
14 didn't have the coverage, and then they claw
15 back whatever the money was from them.
16 And it just seems, again,
17 counterproductive. Because I know in
18 conversations you and I have had, every
19 agency gets enough deficit funding so that
20 everyone is made whole. So there seems to be
21 this inconsistent approach with insurance
22 companies first approving it; secondly, then
23 trying to take the money back because they
24 didn't have the coverage for it. And I think

1 we need to get a better handle on coverage.
2 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay,
3 maybe we should talk more.
4 SENATOR SAVINO: Definitely.
5 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
6 SENATOR SAVINO: Thank you.
7 CHAIRWOMAN KRUEGER: Thank you.
8 Senator Pete Harckham for a second
9 rounds.
10 SENATOR HARCKHAM: Thank you, Madam
11 Chair. Thank you again, Commissioner.
12 Just back to the insurance piece
13 again, and this is actually good news for
14 patients and consumers, but it's a little
15 confusing. Could you talk more about the
16 preauthorization and the concurrent
17 utilization review that goes from 14 to 21
18 days, what that means for consumers, what
19 that means for the insurance company? How is
20 21 days decided on versus 28, which was kind
21 of the standard back in the day, you needed
22 28 uninterrupted days.
23 So if you could expound upon all of
24 that.

1 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.
2 So we developed in OASAS our own assessment
3 tool, we call it the locator tool, which we
4 mandate, you know, Medicaid, managed care,
5 for companies to use when they are
6 determining levels of care.
7 We strongly recommend the private
8 insurers to do it. And my understanding is
9 that while we can't force them to do it, they
10 agree, most of them, to use it. And what
11 that does is it gives you a baseline that
12 you're comparing apples to apples and not
13 apples to oranges.
14 Originally we had insurance companies
15 that an individual would be in treatment for
16 five days, six days, they would automatically
17 then say we're not paying for any more
18 treatment, they have to be reassessed. Now,
19 how do you assess somebody when they've been
20 there for five days? What changes do you --
21 So in order to avoid that, we
22 introduced the locator. Now everybody is
23 making decisions on the same tool, and we
24 limit the number of days -- or we increase

1 the number of days that an insurance company
2 could request for a determination.
3 And that has helped tremendously,
4 because there have been some insurance
5 companies that refuse to pay after five days.
6 And if there's a dispute, the insurance
7 company will have to pay until the dispute is
8 finalized.
9 SENATOR HARCKHAM: All right. And if
10 you could just talk a little bit more about
11 this tool. How does it work? Is it legally
12 binding? You know, all of those kind of
13 things.
14 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
15 It's open to everyone. It's on our website.
16 Again, we developed it. Anyone and everyone
17 who wants to use it could use it. It doesn't
18 cost anyone any monies to use it. We
19 developed it.
20 It's a very comprehensive tool, to the
21 point that now we are thinking of expanding
22 it to include an assessment tool for children
23 as well, because it's worked so nicely on the
24 adult side.

1 If you like, I'll either, you know,
2 give you a demonstration or --
3 SENATOR HARCKHAM: Yeah, I think a
4 test drive would be very educational. Thank
5 you.
6 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
7 SENATOR HARCKHAM: I'm good, Madam
8 Chair, thank you.
9 Thank you, Commissioner.
10 CHAIRWOMAN KRUEGER: Thank you.
11 I think we have finished our
12 questioning of you today. Thank you very
13 much for your testimony. And I think there
14 are a number of follow-up issues that you
15 have committed to.
16 COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
17 Sure. Thank you.
18 CHAIRWOMAN KRUEGER: Thank you.
19 SENATOR HARCKHAM: Thank you.
20 CHAIRWOMAN KRUEGER: Next up, Denise
21 Miranda, New York Justice Center for the
22 Protection of People with Special Needs.
23 Good afternoon.
24 EXECUTIVE DIRECTOR MIRANDA: Good

1 afternoon. Good afternoon, Chairs Krueger,
2 Weinstein, Carlucci and Gunther, as well as
3 other distinguished members of the Senate and
4 Assembly. My name is Denise Miranda, and I
5 am the executive director of the New York
6 State Justice Center for the Protection of
7 People with Special Needs. I would like to
8 thank you for the opportunity to testify
9 today regarding Governor Cuomo's 2019-2020
10 Executive Budget proposal.
11 Last year the Justice Center marked
12 five years of protecting people with special
13 needs. The agency was created to address
14 serious concerns that some of our most
15 vulnerable populations were suffering abuse
16 and neglect at the hands of the staff charged
17 with caring for them. Today I can report
18 that these populations are safer than at any
19 other time in the history of New York.
20 All allegations of abuse or neglect
21 are investigated to conclusion. Those found
22 responsible for committing the most egregious
23 acts are barred for life from service. And
24 the agency's prevention efforts give care

1 providers the tools they need to stop abuse
2 and neglect before it occurs.
3 The Justice Center has spent the past
4 year focusing on quality enhancements. I am
5 proud to report this intense focus, funded by
6 the Governor's budget, has created a better
7 experience for all stakeholders. And our
8 goal is to continue to build on this good
9 work. Collaboration, efficiency, and
10 consistency have been the three pillars upon
11 which we have raised the bar and how we
12 fulfill our mission.
13 The organization has used its five
14 years of data to investigate trends and, in
15 collaboration with state and private
16 providers, produced more prevention materials
17 with the goal of stopping abuse and neglect.
18 With available resources, the agency is also
19 enhancing investigative techniques and
20 practices, giving vulnerable New Yorkers
21 every avenue possible to pursue justice when
22 abuse or neglect has occurred.
23 Last year alone the Justice Center
24 trained nearly 600 investigators and staff

1 members at state oversight agencies. We also
2 collaborated with OASAS and Office of Mental
3 Health to provide co-training for provider
4 staff. The Justice Center continues to
5 expand outreach efforts to stakeholders at
6 all levels.
7 In 2018, the agency began enhanced
8 engagement with family organizations,
9 including holding meetings with family groups
10 in many areas of the state. Our goal is to
11 expand the community's understanding of the
12 Justice Center's role in the lives of people
13 with special needs, as well as address
14 community concerns and give stakeholders
15 direct access to Justice Center executive
16 leadership.
17 The agency is also advancing its
18 partnership with provider agencies and the
19 dedicated workforce that serves individuals
20 with special needs. In the past year, the
21 Justice Center conducted nearly 70
22 presentations to providers and staff across
23 the state.
24 The agency understands that the

1 partnership between the Justice Center and
2 the dedicated individuals who care for people
3 with special needs is vital for our success.
4 In response to common themes noted during the
5 provider and workforce presentations, we
6 produced a three-part video series intended
7 to introduce the agency to the workforce,
8 bring awareness to available prevention
9 materials, and better explain the
10 investigative process. The series has been
11 viewed nearly 500 times since being posted on
12 our agency's website.
13 The Justice Center also launched an
14 online code of conduct training for the human
15 services workforce. This allows workers to
16 directly access the training, ensuring their
17 understanding of the code to help individuals
18 receiving services live self-directed,
19 meaningful lives.
20 Efficiency has been another focus of
21 the agency over the past 12 months. We
22 continue to improve case cycle time while
23 enhancing the quality of our investigations.
24 Last year we placed intense focus on

1 eliminating the backlog of appeals which
2 accumulated over the first five years of
3 operations.
4 I want to emphasize the agency
5 understands having a timely appeals process
6 is vital to ensuring due process for the
7 subjects of investigations, as well as a
8 final resolution for employers. We continue
9 to evaluate areas where efficiencies can be
10 applied to our appeals process in order to
11 expedite cases for review.
12 I am happy to report today that the
13 backlog has been eliminated. Additionally,
14 we have made operational changes to ensure
15 appeals are dealt with in a timely fashion
16 going forward.
17 Efficiency also applies to the
18 geographical availability of resources across
19 the state. With available funds, the
20 Justice Center has created a fifth region for
21 operations. This has allowed resources to be
22 distributed to high-volume areas.
23 Reallocating resources has allowed
24 investigators and advocates to reduce travel

1 time to provider facilities, more quickly
2 respond to reports, and become more
3 integrated into the communities in which they
4 serve. All of this contributes to increased
5 quality of investigations with reduced impact
6 on providers and the workforce.
7 Finally, the agency's commitment to
8 consistency ensures each individual
9 investigation is subject to the same
10 standards. The Justice Center has dedicated
11 resources specifically for quality-assurance
12 purposes.
13 The agency has also made significant
14 investments in training for all staff.
15 Diversity and inclusion, team building, and
16 continued professional development have been
17 the main focus. These trainings allow us to
18 level-set expectations for how business is
19 carried out throughout the Justice Center,
20 allowing all employees to provide consistent
21 service to stakeholders.
22 We believe continuing to ensure
23 collaboration, efficiency and consistency can
24 enhance the lives of those we serve and our

1 partners in service.
2 I now welcome your questions.
3 CHAIRWOMAN KRUEGER: Thank you very
4 much.
5 And you should have gotten 10 minutes;
6 it was just a little mistake. The government
7 reps get 10 minutes, and others get five.
8 So thank you for your testimony today.
9 Our first questioner will be Senator
10 Jim Seward. We're jumping ahead of the
11 chairs because he needs to leave.
12 SENATOR SEWARD: Thank you, Madam
13 Chair.
14 And, Ms. Miranda, good to see you
15 again.
16 I was pleased to hear in your
17 testimony about the -- you know, the backlog
18 of cases has been eliminated and you're going
19 forward. I assume this will be an ongoing
20 process to make sure, as you call it,
21 efficiencies there, to make sure that those
22 investigations are done promptly. Which that
23 had been a chronic complaint that we used to
24 hear, and I'm pleased that we will no longer

1 be hearing those complaints.
2 But the other complaints or comments
3 that I hear regarding the Justice Center is
4 that the -- your agency has what I call a law
5 enforcement approach, you know, for all
6 investigations regardless of the nature of
7 the complaint. And has this has led to fear
8 and anger among provider staff who feel like
9 they're on pins and needles, thinking that no
10 matter what they do, they may be called up on
11 an investigation.
12 So how do you respond to those
13 allegations? And what actions are being
14 taken?
15 EXECUTIVE DIRECTOR MIRANDA: Sure. So
16 that was one of the concerns that was really
17 brought to my attention when I arrived at the
18 Justice Center approximately two years ago.
19 And I think the agency has gone to
20 great lengths to address those concerns with
21 providers in a multitude of different ways.
22 There's been an increased level of engagement
23 with providers. I myself have spoken at a
24 host of different provider associations, some

1 of them sponsored here by some of the members
2 that are present today.
3 We've also really attempted to change
4 the culture of the agency and how we
5 conduction investigations. And there is a
6 real emphasis in making sure that
7 investigations are done in an appropriate and
8 respectful way.
9 We've made changes in language. We no
10 longer refer to people as suspects. That was
11 one of the first changes we made when I
12 arrived here at the Justice Center.
13 All of this speaks to the goal of
14 ensuring that people understand that while we
15 are an oversight agency, we do respect and
16 appreciate the work that providers are doing
17 and recognize it as very challenging work.
18 And the best way for us to eradicate abuse
19 and neglect is to ensure that we have a
20 collaborative relationship with providers.
21 So making sure that we are moving in
22 that tone, right, and in that direction can
23 be helpful I think for both parties,
24 providers as well as the agency.

1 SENATOR SEWARD: Okay. Well, thank
2 you for your response. If you're out there
3 speaking, you do put a friendly face on the
4 Justice Center.
5 EXECUTIVE DIRECTOR MIRANDA: Thank
6 you.
7 SENATOR SEWARD: That's very good.
8 My final question revolves around the
9 responsibility of the Justice Center to do
10 the background checks for OMH, OPWDD and
11 certain OCFS programs as a condition of
12 employment.
13 Recent data that's come to my
14 attention relates that of 13,000 applicants
15 with criminal histories, only 380 were
16 disapproved.
17 How can you explain the small number
18 of disapprovals for employment when compared
19 to the total number of applicants with
20 criminal histories?
21 EXECUTIVE DIRECTOR MIRANDA: So our
22 data is a bit different. I'm happy to report
23 that we have 440,000 criminal background
24 checks that have been executed in the five

1 years that the Justice Center has been open.
2 There have been 1500 denials based on
3 the criminal background check because of
4 serious criminal offenses. These people have
5 actually been barred from employment.
6 You may also be aware that there's a
7 staff exclusion list that is part of the
8 background check process. Currently we have
9 over 500 individuals who are on the staff
10 exclusion list.
11 These are people who have been
12 substantiated for the most egregious
13 incidents of abuse and neglect, Category 1
14 offenses. There have been over 125 times
15 that people who were on that list have
16 actually sought to gain reemployment within a
17 state oversight agency.
18 So we believe that these measures,
19 whether it's a criminal background check or
20 the staff exclusionary list, have certainly
21 led to a much safer environment for people
22 with special needs.
23 SENATOR SEWARD: Thank you for your
24 responses.

1 CHAIRWOMAN KRUEGER: Thank you.
2 Assembly.
3 CHAIRWOMAN WEINSTEIN: Assemblywoman
4 Gunther.
5 (Microphone turned off.)
6 ASSEMBLYWOMAN GUNTHER: What I was
7 going to say is after you came to our
8 community, to Orange County Community
9 College, and I brought all the agencies in, I
10 think that there was a level of comfort. And
11 I haven't heard a word in my community about
12 the Justice Center again.
13 So I thank you for that. I think
14 sometimes we need to congratulate.
15 EXECUTIVE DIRECTOR MIRANDA: Thank
16 you. Thank you.
17 CHAIRWOMAN WEINSTEIN: That's it?
18 Okay. We're going to go to Senator Carlucci.
19 SENATOR CARLUCCI: Great, thank you.
20 Thank you. Great to see you. So just
21 to start, just a few concerns that we've
22 seen. And I know we've talked and we're one
23 of the 70 presentations, you've come down to
24 my district and presented.

1 (Mic discussion.)
2 SENATOR CARLUCCI: So one of the
3 missions of the Justice Center, as we talked
4 about, is not just to enforce and make sure
5 that justice is served when a crime is
6 committed, but also to try to put ourselves
7 in a position to make sure that we reduce the
8 harm or the potential of harm in any of the
9 facilities which you have jurisdiction over.
10 And one of my concerns is that we
11 haven't done that to the fullest extent. The
12 example that we've seen at Hawthorne where we
13 had major problems with young girls being
14 entered into the sex trade, and it seemed
15 like it was something that people knew about.
16 And when we talk about the responsibility of
17 the Justice Center, we're told that these
18 girls were lured off campus and were not
19 actually under the jurisdiction of the
20 Justice Center under OMH, who is responsible
21 for those facilities.
22 And could you speak to the fact that
23 what are we doing to prevent a situation like
24 that from occurring? When we hear about the

1 details of that federal case, it's so
2 disturbing to think that these people that
3 have been sent to a facility because they
4 have problems and are supposed to be under
5 the care of OMH and watched by the Justice
6 Center, to be put in that position is
7 extremely disturbing. And I'd just like you
8 to respond to that.
9 EXECUTIVE DIRECTOR MIRANDA: Sure. I
10 couldn't agree with you more, Senator, that
11 it's extremely disturbing. Human trafficking
12 is an epidemic and certainly no stranger to
13 some of the people who are within the
14 settings and our oversight.
15 You know, that said, I think it's
16 worth noting that in that investigation, none
17 of the people who have been investigated or
18 arrested were actual custodians of the
19 facilities. And I think it's important for
20 us to remember that the role of the Justice
21 Center is limited to ensuring that abuse and
22 neglect does not occur at the hands of
23 custodians. That said, we recognize our
24 obligation to ensure the safety of people

1 within those settings. Right?
2 So there have been extensive efforts
3 placed in the area of prevention. First and
4 foremost, speaking to the issue of sex
5 trafficking, we have started a sex abuse
6 response team at the Justice Center, and that
7 was launched last year. This is a cohort of
8 investigators as well as medical
9 professionals and advocates who are
10 specifically tasked with investigating our
11 sex abuse cases. We recognize that one case
12 of sex abuse is one case too many, and we
13 recognize that this is a pervasive issue
14 that's often underreported.
15 So the sex abuse response team will
16 not only be investigating these cases, but we
17 will also be engaging in preventive methods.
18 Right? So we will be providing education and
19 outreach to providers so that they can
20 recognize grooming behaviors, so that they
21 can recognize the signs of someone who
22 perhaps is being trafficked.
23 Additionally within Westchester, we've
24 done significant outreach to many of the

1 providers there as well as joining a
2 Trafficking Council that is comprised of
3 local law enforcement within Westchester
4 County. Again, these are all efforts to make
5 sure that we can stop this from happening
6 before it actually occurs.
7 We take that commitment very
8 seriously. We have dedicated resources at
9 the Justice Center, an entire department that
10 is dedicated to ensuring that we can, again,
11 do outreach, perform education, and really
12 make sure that we are working hand in hand in
13 identifying trends, whether it's sex
14 trafficking or any other misconduct that
15 might be occurring, so that we can address it
16 proactively.
17 SENATOR CARLUCCI: In regards to that,
18 what should anyone that is involved in a
19 situation that might not be under the direct
20 jurisdiction of the Justice Center -- what
21 should they do? How should they play a role
22 if they see something going on like what we
23 saw at Hawthorne, that this was something
24 that had been reported before, that people

1 had talked about, but no action was ever
2 done?
3 EXECUTIVE DIRECTOR MIRANDA: So as you
4 may be aware, the statute actually mandates
5 the Justice Center -- we receive a call even
6 if it falls outside of the jurisdiction of
7 the Justice Center. We are obligated by
8 statute to make sure that we make the
9 appropriate referral.
10 So if we were to receive one of those
11 phone calls, we would actually ensure that
12 that referral is made to the appropriate
13 state oversight agency. In this particular
14 instance, it would be OCFS.
15 So we recognize our responsibility.
16 Again, the position of the Justice Center is
17 not to say this is not our issue. We want to
18 make sure that to the extent that we can be a
19 conduit and make sure that we're connecting
20 people with the right authorities, that we do
21 that.
22 SENATOR CARLUCCI: Okay, thank you.
23 And like my colleagues have talked
24 about, there's been some, you know, dramatic

1 improvement in terms of relationships with
2 the employees and helping to settle that, to
3 say, hey, we're partners working on the same
4 team.
5 How has the process of reporting
6 allegations of abuse and neglect to the
7 Justice Center evolved, how is it going, and
8 ways to improve that process?
9 EXECUTIVE DIRECTOR MIRANDA: So I
10 think there have been some significant
11 improvements, especially within the past two
12 years.
13 Number one, there's been a
14 relaxation -- we heard that there were
15 concerns about the burden that was placed on
16 providers for mandatory reporting. As a
17 result, we actually issued guidance that now
18 allows for people to make a report and if
19 they are able to name the other people who
20 were witnesses and that third person can
21 actually receive the information that
22 confirms that a report was made, they're no
23 longer a mandatory reporter.
24 So relaxing the multiple mandated

1 reporting requirement I think is useful for
2 providers, because we certainly want to
3 ensure that providers and staff are doing
4 what they do best, which is providing
5 exemplary care for individuals, and not
6 spending unnecessary time on the phone with
7 the Justice Center, making multiple reports.
8 We've also instituted a 72-hour
9 protocol. We've evaluated -- over 2500 cases
10 have gone into our 72-hour or
11 three-business-day protocol, and those cases
12 are classified. They go into our queue. And
13 what we do is we engage in direct
14 communication with the provider. There is an
15 authorizing liaison at these providers who
16 will provide us information so that we can
17 make sure that we're making the best
18 classification possible.
19 What that allows us to do is to make a
20 determination as to whether this case is
21 appropriately classified as abuse and
22 neglect. And what we've found with that
23 additional period of time, we're able to make
24 more accurate classifications. That's

1 helpful, in that it doesn't tie up necessary
2 and important resources in unnecessary
3 investigations. And approximately -- as I
4 mentioned, out of those 2500 cases,
5 50-something percent have been reclassified.
6 Those are two of the examples. I
7 think of efficiencies that we've developed.
8 We continue to address the issue of cycle
9 time. We recognize it is an important
10 obligation that we have to ensure that we're
11 doing thorough investigations, but also
12 expedient investigations, understanding that
13 there is an impact on the provider. That
14 cycle time has improved. We're now close to
15 50 percent of our other cases are now being
16 investigated within the 60 days.
17 We continue to use technology. We've
18 opened up a fifth region, as I mentioned
19 earlier, to make sure that we are localizing
20 resources.
21 And again, I think the conversation at
22 the Justice Center is always an evolving one:
23 How can we ensure that we are doing business
24 as well as we can and being open to being

1 flexible?
2 SENATOR CARLUCCI: Great. And what
3 are some of the challenges that you face
4 right now in trying to prevent neglect and
5 abuse?
6 EXECUTIVE DIRECTOR MIRANDA: I think
7 the challenges are ongoing. Right? The
8 system is a very complicated one. We have
9 over a million people in care. We have a
10 very diverse set of populations, which is why
11 we've invested significant education in our
12 investigators.
13 You know, we're talking about
14 individuals who may be in an OASAS facility,
15 OCFS, OMH, OPWDD, SED. So there's a variety
16 of different populations that rely on the
17 services and the oversight of the Justice
18 Center.
19 One of the things we're doing is
20 ensuring that we can provide adequate
21 training so that our investigators and our
22 staff are really comfortable navigating and
23 pivoting throughout these different settings,
24 recognizing that there are fundamental

1 differences in how we need to approach these
2 investigations. That continues to be an area
3 where, again, we dedicate resources and
4 energies to make sure that our investigators
5 are appropriately equipped.
6 You know, I recognize that the
7 investigators are the ambassadors of our
8 agency. They are the front-line staff that
9 are interacting with providers, with
10 subjects, with witnesses, and with service
11 recipients. And so it's extremely important
12 to us at the agency to ensure that they have
13 all of the tools and resources so that they
14 can do their job effectively.
15 SENATOR CARLUCCI: Are there any
16 issues in terms of legislative policies that
17 the Justice Center would be interested in
18 progressing? Are there things that you've
19 seen that you can make recommendations to the
20 Legislature to help improve situations?
21 EXECUTIVE DIRECTOR MIRANDA: I think
22 at this particular point the Justice Center
23 is comfortable with the legislation and the
24 mandates of the statute as presented.

1 SENATOR CARLUCCI: Okay. Thank you.
2 EXECUTIVE DIRECTOR MIRANDA: Sure.
3 CHAIRWOMAN WEINSTEIN: Assemblyman
4 Barclay.
5 ASSEMBLYMAN BARCLAY: Thank you,
6 Chair. And thank you, Commissioner.
7 In your experience -- well, let me
8 just start off with just some questions,
9 because I think I agree with my colleagues
10 that things have improved substantially as
11 far as the investigation and the time it
12 takes and the appeals process on it. How
13 many cases or complaints do you address every
14 year? Or I'll say last year, I guess.
15 EXECUTIVE DIRECTOR MIRANDA: Sure. So
16 approximately 14,000 cases of abuse and
17 neglect are investigated by the Justice
18 Center. Pursuant to the statute, we're
19 obligated to make sure that each one of those
20 incidents of abuse and neglect is
21 investigated and review all those cases, and
22 they're either substantiated or
23 unsubstantiated.
24 ASSEMBLYMAN BARCLAY: And you said

1 50 percent or something was substantiated?
2 EXECUTIVE DIRECTOR MIRANDA: Out of
3 14,000 cases per year, approximately
4 one-third of those cases are actually
5 substantiated for abuse and neglect.
6 ASSEMBLYMAN BARCLAY: Okay. And then
7 they're investigated and then if someone
8 disagrees, a provider disagrees with the
9 outcome, they can appeal?
10 EXECUTIVE DIRECTOR MIRANDA: Yes.
11 ASSEMBLYMAN BARCLAY: This is all
12 administrative hearings, I suspect, right?
13 EXECUTIVE DIRECTOR MIRANDA: Correct.
14 So there is an administrative process. The
15 case is substantiated. The person will
16 receive a notification that the case has been
17 substantiated. They have a period of time,
18 30 days, in which to request an appeal.
19 That case, if they request an appeal,
20 will then be reviewed by our de novo unit.
21 The de novo unit will do what I can analogize
22 as a desk audit, to ensure that a proper
23 determination has been made.
24 If the decision is upheld, it will

1 then move to our ALJ process, where a hearing
2 will occur with an administrative law judge.
3 That's the process, when we were
4 discussing -- I was referencing earlier, we
5 were able to make significant improvement in
6 making sure that we were addressing a backlog
7 that existed previously.
8 ASSEMBLYMAN BARCLAY: How do you
9 address a backlog? Just more ALJs, or --
10 EXECUTIVE DIRECTOR MIRANDA: No,
11 reallocating resources within the agency. So
12 we were very fortunate to be able to draw
13 upon some of the other attorneys in the other
14 units.
15 And also looking at just operational
16 efficiencies and how we were doing our work,
17 how we were calendaring matters, how we were
18 making sure that evidence was being actually
19 disseminated to subjects and witnesses and
20 counsel.
21 So it was a combination of resources
22 within the agency, attorneys and additional
23 staff, as well as looking at the operational
24 functions.

1 ASSEMBLYMAN BARCLAY: Well, great.
2 Congratulations and good work in that.
3 This might not be totally a question
4 for the Justice Center, but what are the
5 biggest -- what's the number-one complaint
6 you hear or get as far as the abuse? And is
7 it something that can be done for training to
8 try to head off the abuse before it happens?
9 Again, obviously, I don't know a lot
10 about this topic. But is there something we
11 can try to do so you're not getting all the
12 complaints that you're getting, I guess is my
13 question.
14 EXECUTIVE DIRECTOR MIRANDA:
15 Absolutely. The overwhelming number of cases
16 that are substantiated at the Justice Center
17 are cases involving neglect, and oftentimes
18 inappropriate supervision.
19 And so when a case is substantiated at
20 the Justice Center, it provides us with an
21 opportunity to address fundamental issues
22 that perhaps may be systemic to the provider.
23 So there are a host of different options that
24 we have.

1 A corrective action plan is one
2 option. We will offer suggestions to a
3 provider for ways in which they can remediate
4 the particular issue that is the basis of the
5 neglect. That may be training, that may be
6 additional supervision, that may be a
7 revision of policies or perhaps additional
8 staffing.
9 So the corrective action plan is
10 one avenue. We will audit those plans to
11 make sure of implementation. Last year we
12 audited over 300 corrective action plans. So
13 that's one very strong tool that we have at
14 the Justice Center.
15 I think the other way that we're
16 addressing systemic issues and really trying
17 to make sure that we can offer prevention in
18 meaningful ways are Category 4 findings. And
19 so our Category 4 findings are findings that
20 are held against a provider to address
21 systemic issues.
22 And these are instances where perhaps,
23 again, training or mitigating circumstances,
24 additional staffing might be necessary. And

1 those are opportunities for us to make sure
2 that another person is not enduring an
3 allegation of neglect.
4 ASSEMBLYMAN BARCLAY: It sounds like
5 additional staffing is a recurring problem,
6 and maybe that's the genesis for some of
7 these problems?
8 EXECUTIVE DIRECTOR MIRANDA: I think
9 the staffing issue is a complicated one. And
10 we recognize that there are a host of
11 different challenges. Right? The Justice
12 Center was born, you know, out of a very
13 strong and serious concern about abuse and
14 neglect that was being -- that was really at
15 the hands of custodians, people who are
16 charged for care.
17 But there was also the Sundram report,
18 and I think there were also a host of
19 different factors that were enumerated in
20 that report that suggested that this was a
21 very complicated situation, whether it was
22 advancement opportunities, mandatory
23 overtime, lack of supervision.
24 So I believe it's a complicated issue.

1 Certainly we see our role as the
2 Justice Center to make sure that we're
3 working collaboratively with providers, and
4 to the extent that we can offer prevention
5 tools, highlight trends in education for
6 providers so that we can stop neglect from
7 happening, certainly that's our goal and that
8 is our obligation to do that.
9 ASSEMBLYMAN BARCLAY: Great. Thank
10 you.
11 CHAIRWOMAN KRUEGER: Thank you.
12 And I believe that's it for the
13 questioning of you this afternoon. Thank you
14 very much for joining us.
15 EXECUTIVE DIRECTOR MIRANDA: Thank
16 you.
17 CHAIRWOMAN KRUEGER: We are now moving
18 to the part of the hearing where it's
19 nongovernmental testifiers, which means
20 everyone goes to five minutes on the clock to
21 testify. No matter how many people you bring
22 with you from your organization, it's a total
23 of five minutes. And then our questions are
24 based on chairs get five minutes to question,

1 everyone else gets three minutes. Thank you.
2 And a reminder for those of us up
3 here, turn the mics off if you're not asking
4 questions, because people are still reporting
5 in there's too much noise when they try to
6 watch online, even if you're not hearing it
7 in the audience.
8 Thank you, and good afternoon.
9 MS. COLE: Good afternoon. Can you --
10 is it -- I don't have a green light, but I'm
11 assuming it's on.
12 CHAIRWOMAN KRUEGER: It's going to
13 start, yes.
14 MS. COLE: Okay, thank you.
15 Thank you for being here. You are
16 champions and -- and friends and colleagues
17 who we -- and we deeply appreciate your
18 fidelity to the topics that we're discussing
19 here today.
20 I'm Lauri Cole, and I'm the executive
21 director of the New York State Council for
22 Community Behavioral Healthcare, and our
23 organization represents about 100 mental
24 health and substance use disorder/addiction

1 treatment providers across the state, and
2 that would include community-based
3 organizations, counties that continue to
4 operate direct care services, as well as the
5 behavioral health divisions of hospitals
6 across the state.
7 And I want to just say that I know
8 that behind me there is an army of my
9 colleagues who are all unified in our
10 absolute necessity for a COLA for our human
11 services sector. And, you know, I represent
12 behavioral health providers, but the need is
13 all over the state, all over the human
14 services sector. And I can just say to you
15 that at this point, unless there is a
16 different sense of balance in terms of future
17 funding of the community-based sector, I
18 think we are in peril. Our agencies -- when
19 I talk to our members who I've known for
20 15 years now, the first thing I always hear,
21 no matter what, I say how are you, and they
22 say they are inundated and distressed in
23 terms of the COLA.
24 So I'm going to let my partners and

1 colleagues talk more about that, and I'm
2 going to talk to you today about the
3 testimony and the information that's in front
4 of you.
5 I think that the majority of the needs
6 that have come before you -- that will come
7 before you today that you've already heard
8 about are due to a historic and absolutely
9 unprecedented, as far as I can see, lack of
10 adequate investment in the community-based
11 sector. And by that I mean primary care as
12 well as behavioral health, mental health,
13 substance use disorder, addictions care in
14 the community-based sector. And in some
15 cases that includes hospitals who operate
16 programs and services on the ground in the
17 community, as do their colleagues in
18 freestanding organizations.
19 But in any case, we don't begrudge
20 what has happened -- the good stuff that has
21 happened for the hospitals to this point.
22 Particularly I mean, most recently, the
23 Centene funding that the hospital and nursing
24 care system workforce receives. And we don't

1 begrudge them that. But if you look at the
2 charts and information in front of you, you
3 will see a more than 20-year historic story
4 of a failure to invest in the community-based
5 side of care that has resulted in this
6 beg-athon that's in front of you today.
7 Just by way of example, last year the
8 state created -- the enacted budget included
9 a Statewide Healthcare Transformation Fund.
10 It was a new fund that was first seeded with
11 money through taxes on health plans. And it
12 now holds the Centene dollars that are yet to
13 be disbursed, and I expect that it will
14 continue to be funded by future windfalls and
15 other opportunities the state has to come
16 across new money, which is very scarce and
17 very important to all of us.
18 Had the community-based sector
19 received even a small portion of the Centene
20 funds, as we argued vociferously for, you
21 could have funded that COLA. And I know you,
22 the legislators, did not have jurisdiction
23 over that fund, and you don't currently. But
24 there is money continuing to come into that

1 Healthcare Transformation Fund. And we must
2 have equal access to it, or at least
3 proportional access to it, in order to begin
4 to make some changes in the community
5 healthcare system.
6 It seems so strange to me that we can
7 invest in initiative after initiative, both
8 from Washington and in our own state, around
9 healthcare reform in which we put
10 responsibility on the community-based sector
11 for caring for more individuals who we try
12 and divert from hospitals and acute care, and
13 at the same time we starve the system.
14 We're not not grateful for what we've
15 got, but historically, as the charts will
16 show you, it isn't even -- you know, there's
17 no way that you can keep a system of care in
18 the community side healthy, robust, and
19 continuing to exist.
20 So our testimony and the charts tell
21 the story of what is an over-20-year history
22 of underfunding. And you have been our
23 champions in the past, and will most likely
24 meet with some other very important requests

1 for funding. But we have proposed, the
2 New York State Council has proposed language
3 that we're going to bring to your office
4 shortly, if we haven't already been there,
5 that would put a set-aside of 20 percent of
6 that Healthcare Transformation Fund money for
7 CBOs. There is precedent for this in other
8 grant initiatives, and we would request that
9 you consider this seriously.
10 I know my time is up.
11 CHAIRWOMAN KRUEGER: Thank you.
12 Any questions? Thank you. Thank you
13 very much for being here.
14 MS. COLE: Thank you.
15 CHAIRWOMAN KRUEGER: Our next
16 testifier, Allison Weingarten, Friends of
17 Recovery-New York, along with two other
18 people, Kellie Roe and Sue Martin.
19 Just a reminder, if there are three of
20 you, you're sharing five minutes.
21 MS. WEINGARTEN: We know. We've
22 practiced.
23 CHAIRWOMAN KRUEGER: Okay. Oh, you've
24 practiced, yes.

1 (Discussion off the record.)
2 MS. WEINGARTEN: Hi. I'm Allison
3 Weingarten. I'm the interim executive
4 director of Friends of Recovery-New York.
5 We're an organization representing people in
6 recovery all over the state and empowering
7 recovery community organizing around the
8 state.
9 And I'm a person in recovery, a family
10 member and an ally to people in recovery.
11 MS. ROE: Good afternoon. First of
12 all, thank you for your public service. You
13 sounded like advocates when you were talking
14 to OASAS, so I appreciate that.
15 My name is Kellie Roe. I'm a person
16 in long-term recovery. And what that means
17 to me is I haven't had a drink or a drug
18 since February 6, 1995. As a result, I'm
19 executive director of Second Chance
20 Opportunities, and we provide supportive
21 services to people who are recovering. We
22 provide employment and housing. But we'll
23 talk.
24 MR. REISS: Good afternoon, Senators.

1 I'd like to thank you for your time today.
2 And Senator Harckham, it's nice to see you
3 again. I saw you yesterday at the Opiate
4 Forum in Suffolk County.
5 My name is Bennett Reiss. I'm from
6 Long Island, New York. I'm also a person in
7 long-term recovery, and I'm representing
8 LIRA, the Long Island Recovery Association.
9 And we are a grassroots movement of Long
10 Island recovery-based associations that help
11 people with substance use disorder. And I'm
12 also the founder of a nonprofit, Kipu Life,
13 that organizes trips for people in long-term
14 recovery to exotic destinations.
15 MS. MARTIN: Hi. My name is Sue
16 Martin. I'm a person in long-term recovery.
17 I was a silent member of the recovery
18 community for decades, and then when I found
19 how hard it was to find services for my son,
20 I became a very active member in the recovery
21 community and have begun advocating. I am a
22 member of RAIS, which is Recovery Advocates
23 In Saratoga, and we have been loud and proud
24 for about five years now.

1 MS. WEINGARTEN: Thank you so much.
2 And thank you for all of us for having us,
3 Chair Krueger and Chair Weinstein. And
4 Assemblywoman Rosenthal, you've been such an
5 advocate for us. And Senator Harckham, we're
6 so happy to have you, you know, on our team
7 now. Welcome.
8 So we have a lot of services that
9 we've gotten over the years, I think through
10 advocacy and through partnerships with the
11 Legislature, the Governor, Commissioner
12 Arlene González-Sánchez, and we are fortunate
13 for those services. These are evidence-based
14 programs, including -- you'll see in the
15 testimony -- recovery organizations, recovery
16 community and outreach centers, youth
17 clubhouses. We also have a youth movement
18 through federal dollars where we're
19 empowering young people to find recovery and
20 sustain recovery through connection.
21 And at the same time, there is still a
22 crisis, as you all know, going on in this
23 state. So we're here, we have a very long
24 policy statement, but we're going to talk

1 about a few of the major points that we
2 really want to hammer home this session.
3 Bennett?
4 MR. REISS: All right. Well, first
5 and foremost, I believe last year we had
6 $200 million appropriated for all these
7 services that are helping save lives. That's
8 really generous, and we thank you for that.
9 But we're asking today for $40 million more,
10 because lives are being lost left and right.
11 We're hoping this 40 million can go
12 towards recovery community organizations,
13 outreach centers, youth programs, peer
14 specialists, and family support groups. And
15 all these programs are going to be
16 evidence-based and will definitely help save
17 lives.
18 So we please implore you if you could
19 help us out with this.
20 MS. WEINGARTEN: Thank you.
21 Kellie?
22 MS. ROE: I'm going to specifically
23 ask if you would support Bill No. S02681
24 that's already currently before the

1 legislative body, for recovery housing.
2 Second Chance Opportunities has been
3 housing people privately, unfunded,
4 unsupplemented, since 2007. We've had three
5 people leave our housing to go buy their own
6 home. We have men and women being reunited
7 with their children. We also have people
8 paying off their child support.
9 It works, it's not regulated, and we
10 need more of it. We need some help
11 financially to pay the taxes and support
12 services that we provide. And we can
13 replicate this model all over the state, and
14 people are already doing it.
15 So thank you.
16 MS. MARTIN: Thank you.
17 And what I'm here for RAIS to support
18 is the opioid insurance parity legislative
19 package that the Governor presented at his
20 State of the State address, especially that
21 it requires hospitals to make
22 medication-assisted treatment available.
23 I have been turned away from the
24 emergency room. I have been with loved ones

1 turned away from the emergency room --
2 willing patients, not patients who require a
3 hold. And I have a victim of parity when we
4 went to the hospital, St. Peter's Hospital,
5 with our MVP card, and we showed up in the
6 emergency room and the emergency room was
7 covered -- and when he was transferred to the
8 detox side of the hospital, the coverage
9 stopped. The same insurance card covers the
10 hospital stay at St. Peter's but not anything
11 in the behavioral health side of St. Peter's.
12 That's lack of parity. Parity means
13 equal services. And I also have a picture of
14 where the services are not located that I
15 would love to share with you, because you
16 asked the OASAS person where the services
17 were and were not located.
18 CHAIRWOMAN KRUEGER: Okay. If you
19 email it to -- let's make sure I get the
20 email right -- financechair@nysenate.gov,
21 we'll attach it to the testimonies that are
22 being put online after this hearing.
23 MS. WEINGARTEN: Thank you so much.
24 And I know we're over our time. We

1 want to ask for education around the
2 marijuana legalization and supports for those
3 who cannot use marijuana recreationally and
4 need supports, and also put a plug in for
5 expanded services for medication-assisted
6 treatment in corrections.
7 Thank you.
8 CHAIRWOMAN KRUEGER: Thank you all.
9 Thank you all very much.
10 MR. REISS: Thank you very much.
11 MS. MARTIN: Thank you.
12 CHAIRWOMAN KRUEGER: Very well done.
13 And just over five minutes, so thank you all
14 so much.
15 Oh, I'm sorry, Senator Harckham has a
16 question.
17 SENATOR HARCKHAM: Just for ask number
18 two, what was the Senate bill again?
19 MS. ROE: It is S02681.
20 SENATOR HARCKHAM: Thank you very
21 much.
22 MS. WEINGARTEN: We're happy to email
23 your office with that as well.
24 SENATOR HARCKHAM: Yeah, please.

1 Thanks.
2 CHAIRWOMAN KRUEGER: Thank you. Thank
3 you again.
4 SENATOR HARCKHAM: Thank you. Thank
5 you, Madam Chair.
6 CHAIRWOMAN KRUEGER: Thank you,
7 Senator Harckham.
8 Next up, Public Employees Federation,
9 Virginia Davey, Statewide OMH Labor
10 Management chair, and Christine Pettit,
11 Statewide Nurses Committee.
12 And just for people to know to move up
13 front if we're getting closer to them. PEF
14 will be followed by New York State Coalition
15 for Children's Behavioral Health, followed by
16 StateWide Advocacy Network, followed by
17 New York Association of Psychiatric Rehab.
18 MS. DAVEY: Good afternoon.
19 CHAIRWOMAN KRUEGER: Good afternoon.
20 MS. DAVEY: I regret that my colleague
21 Christine is unable to be here today due to
22 illness. Although it does give me more time,
23 so --
24 (Laughter.)

1 MS. DAVEY: Good afternoon, esteemed
2 members of the Senate and Assembly. My name
3 is Virginia Davey, and I have been working
4 for the Office of Mental Health for over
5 28 years, the last four of which I have been
6 the labor management chair for OMH. I am
7 delighted to be here again for testimony for
8 PEF.
9 The 2020 State Budget, although
10 supportive of many important initiatives, has
11 failed to address the most crucial threat to
12 patient care. The quality of care that we
13 provide to our vulnerable population is truly
14 threatened by this lack of recruitment and
15 retention of our workforce. The budget falls
16 silent, without any mention of the dedicated
17 and strategic approach to addressing the
18 recruitment and retention challenges that OMH
19 faces on a daily basis.
20 This problem will not go away of its
21 own accord. OMH is the last stop when all
22 others can't or won't bear the challenges of
23 working with patients with significant mental
24 health challenges.

1 Together we must shore up the state
2 workforce, the backbone structure that
3 ensures the quality mental health care to all
4 those receiving mental health provided
5 services by the State of New York.
6 OMH is actively identifying people who
7 need mental health treatment, and we must
8 rise to the challenge, providing all of the
9 services that they seek and deserve. This
10 requires a very deliberate and funded
11 recruitment strategy.
12 Streaming from the unmet recruit and
13 retention challenges has sprung an overtime
14 geyser that continues to spew state dollars,
15 wreaking havoc on the lives of nurses and
16 their families. Investing the money that is
17 currently expended on overtime costs would be
18 a good down payment on a more fully funded
19 workforce.
20 Another barrier to providing quality
21 care is the ever-increasing caseloads for
22 nurse practitioners, social workers,
23 psychologists, psychiatrists, et cetera. For
24 months the PEF choir has sung a sad song of

1 diminishing quality of care. With inadequate
2 staffing ratios, PEF members have found it
3 increasingly challenging to keep up with the
4 unrealistic productivity standards being
5 promulgated by those seeking to streamline
6 services.
7 PEF calls for the hiring of a greater
8 number of PEF healthcare professionals to
9 assist with the ever-increasing numbers of
10 patients being identified as in need of
11 service. Having those in need of mental
12 health care on waiting lists for service is a
13 risky proposition that could and likely has
14 ultimately proven to be disastrous.
15 The lack of investment in the
16 maintenance of proper staffing levels is
17 undercutting our substantial obligation to
18 provide quality mental health treatment to
19 the citizens of New York State. The budget
20 offers, yet again, to shift money from
21 inpatient bed capacity to fund
22 outpatient opportunities. PEF professionals
23 repeatedly voice concerns about the premature
24 transitioning of some of their patients into

1 outpatient alternatives, often before
2 patients have acquired the skills necessary
3 to benefit from them. We must insist that
4 patients are set up for success in order to
5 avoid future failure.
6 As I know that some of you are aware,
7 there has been a groundswell of concern
8 brought to the attention of OMH, PEF, and the
9 political leaders -- some of you -- due to
10 fears that mental health services are not
11 adequate in some of our communities. We have
12 more to do. With more community outreach at
13 play, the need for services is constantly,
14 constantly expanding.
15 Despite this being the case, OMH is
16 provided a flat-line budget in order to
17 accomplish healing miracles. OMH output
18 clinics must remain fully operational and at
19 top capacity to meet the current mental
20 health needs. Whether patients are seeking
21 inpatient or outpatient services, we hope we
22 can be able to keep all of our doors open
23 when people with mental illness come knocking
24 at our door, inpatient and outpatient.

1 Lastly, with regard to the proposed
2 jail-based restoration programs, PEF asserts
3 that the care of persons requiring mental
4 health services is best achieved in a
5 hospital setting, versus jail-based treatment
6 pods. Sadly, jails and prisons are already
7 housing far too many individuals who would be
8 better served in a health-focused environment
9 that aims to heal and mitigate the negative
10 consequences stemming from untreated mental
11 illness.
12 The Olmstead Act informs that the
13 least restrictive environment -- in this
14 case, a hospital setting -- would be far more
15 preferable and ultimately more therapeutic
16 than any jail-based treatment alternative.
17 The money allocated for this additional
18 funding would be better spent on the
19 recruitment and retention of mental health
20 care professionals in our 24 important
21 psychiatric facilities.
22 On behalf of President Wayne Spence,
23 we thank you so much for the opportunity to
24 speak with you today. If we can be of any

1 other help to you, please reach out -- not
2 just at this table, but afterwards as well.
3 CHAIRWOMAN KRUEGER: Thank you.
4 Senators Harckham or Carlucci? Any
5 Assembly members?
6 ASSEMBLYWOMAN GUNTHER: Me.
7 CHAIRWOMAN KRUEGER: Hi.
8 ASSEMBLYWOMAN GUNTHER: Just a comment
9 on the fact that the sheer -- on the
10 Middletown Psych grounds we had the employer,
11 employees, and they were shutting part of our
12 unit, decreasing the number of people that
13 could go to the Friendship Club. It's been
14 so important in our community. And we were
15 able to save that through the help of PEF and
16 also through the help of -- we brought down
17 the commissioner of OMH and we talked to her
18 and we had people tell the truths of what
19 positive things came out of it. And it was
20 great.
21 So I know how important this work is.
22 MS. DAVEY: Thank you very much.
23 ASSEMBLYWOMAN GUNTHER: Thank you.
24 And thank all of your members, and we

1 appreciate your being with us today.
2 MS. DAVEY: Thank you so much.
3 CHAIRWOMAN KRUEGER: Thank you both.
4 Thank you.
5 Okay. Andrea Smyth, New York State
6 Coalition for Children's Behavioral Health.
7 Again, StateWide Advocacy after that,
8 New York Psychiatric Rehab after that, and
9 The ARC New York after that.
10 Hello, Andrea.
11 MS. SMYTH: Hello. I'm the executive
12 director of the New York State Coalition for
13 Children's Behavioral Health. Thank you for
14 your resiliency.
15 CHAIRWOMAN KRUEGER: Thank you.
16 MS. SMYTH: I'm going to touch on five
17 issues very quickly; you have my written
18 testimony.
19 You may not be aware, in all the
20 discussion at the Health hearing about the
21 statewide health facilities capital money,
22 that one of the distinctions about Round 3
23 was that there were new community-based
24 organizations made eligible. They had not

1 been eligible to apply for any of the funds
2 before. So if you go forward with the
3 transfer of the 300 million, we ask that you
4 make sure that the percentage of
5 community-based-organization funding that's
6 available in Round 3 be at a much higher
7 level to ensure that the children's
8 residential treatment facilities, the
9 Article 16 OPWDD clinics, who had never been
10 able to apply before, have a fair opportunity
11 to access that capital funding.
12 Three budgets ago there was
13 $120 million made available to support the
14 transition of the Office of Mental Health's
15 population to Medicaid managed care. Of that
16 120, 10 million was set aside to help
17 transition children to Medicaid managed care.
18 The time has come to finally
19 transition children to Medicaid managed care.
20 It happens July 1, 2019. That $10 million is
21 put into the rate to -- startup rates of the
22 new Child and Family Treatment Support
23 Services that the commissioner described to
24 you. Those services started on January 1st.

1 The 10 million startup money is not
2 going to be fully spent because of the slow
3 uptake of the implementation of the services.
4 We're asking that you put in authorization
5 language to ensure that the 10 million is
6 fully spent on startup funding, and not swept
7 just because they had put artificial dates
8 around when the money could be spent.
9 So the first startup rate ends in
10 June. We think it could be easily extended
11 until December, based on how the uptake has
12 been on the new services.
13 The expanded access to Child and
14 Family Treatment Support Services, these new
15 cutting-edge services which you heard can be
16 provided to families where they are. So a
17 woman in a domestic violence shelter with her
18 children could have the counselor go to the
19 shelter and see the child and help the mother
20 with psychoeducation about child development
21 services. We can follow children to their
22 schools, to their after-school programs.
23 These new services are cutting-edge.
24 They're only available to Medicaid-eligible

1 children. We are asking for you to extend
2 that to the Child Health Plus program.
3 I attached a chart of where children
4 are enrolled to Child Health Plus. It's
5 386,807 children as of January that could
6 benefit from these new mental health services
7 if you put the benefit into that insurance
8 package. And we think that it could help a
9 number of working families who don't have
10 insurance for their children, low-income
11 family members, and immigrants who don't have
12 a Medicaid number who are eligible for CHIP
13 under uninsured status.
14 Implementing the human services COLA.
15 So language is always important, and the
16 budget defers the human services COLA. So as
17 you'll see from my chart, the state owes the
18 human services agencies $707 million. We
19 could take the down payment of all the money
20 that's owed because it was deferred, not
21 withstood, either with the 140 due this year,
22 or you could go back to the first year it was
23 deferred, 2009-2010, and pay out 171. We
24 would not mind. That would be fine if you

1 want to start backwards to all the money
2 that's owed.
3 And implementing a rapid response to
4 the workforce and access crisis, I urge you
5 to join us in stopping the artificial
6 demarcations between the licensed
7 professionals who work in our field. I
8 understand, lots of anxiety around scope of
9 practice. When we come and ask you to change
10 the scope of practice of our license
11 professions, you're going to know it. We are
12 only asking you to let them practice in our
13 field equally. They are all licensed under
14 SED -- licensed mental health counselors,
15 licensed marriage and family therapists,
16 licensed clinical social workers.
17 We need every single one of them to
18 work in this field. And when you make
19 artificial barriers about who can do what
20 based on something someone told you about
21 whether people are qualified or not -- SED
22 licensed them. They have a scope of
23 practice. They're qualified.
24 Recently, on January 23rd, to help our

1 workforce crisis, OMH issued new regulations
2 for tele-mental health. They only allowed it
3 to apply to licensed mental health
4 counselors, not the other licensed
5 professions who work in the same settings
6 next to those people.
7 We have to stop this. We need
8 everyone to work up to their full scope of
9 practice. We're not trying to change
10 anyone's scope of practice.
11 Thank you.
12 CHAIRWOMAN KRUEGER: Thank you.
13 Any Assembly? Any Senate?
14 ASSEMBLYWOMAN GUNTHER: I have one
15 question.
16 So other licensed professionals --
17 social workers, nurse practitioners --
18 MS. SMYTH: Social workers are
19 licensed under Article 154. There are four
20 professions licensed under Article 163. They
21 each have different scopes of practice.
22 ASSEMBLYWOMAN GUNTHER: Right.
23 MS. SMYTH: But we don't want them not
24 to be able to do what they're allowed to do.

1 So an example, there's a bill that
2 would allow some of those that can't
3 currently get a Medicaid number and practice
4 privately -- social workers can get a
5 Medicaid number and take Medicaid patients
6 privately. LMHCs and marriage and family
7 therapists cannot.
8 If you added them to MMIS, we're not
9 changing which people can get services, we're
10 not changing what those people can do. They
11 can counsel people. But at least we would
12 expand the ability for Medicaid recipients to
13 try to get access to someone for counseling,
14 whether it's gambling addiction, other
15 addictions, or problems related to their
16 child.
17 ASSEMBLYWOMAN GUNTHER: Okay.
18 MS. SMYTH: Thank you.
19 CHAIRWOMAN KRUEGER: I do have one
20 more question. Sorry, Andrea.
21 MS. SMYTH: I'm trying to be quick.
22 CHAIRWOMAN KRUEGER: I know. We all
23 appreciate that.
24 So your proposal to add CFTSS to Child

1 Health Plus --
2 MS. SMYTH: Yes.
3 CHAIRWOMAN KRUEGER: So only
4 $2 million I guess semiannual. So $4 million
5 annualized to add this service --
6 MS. SMYTH: I'll explain how I arrived
7 at that number. The state put $10.5 million
8 into the budget for 1.2 million
9 Medicaid-eligible children. If we take a
10 quarter of that and we assume that it's a
11 different population and the services would
12 be slightly less utilized, we think 2 million
13 state share would cover it.
14 CHAIRWOMAN KRUEGER: That's sort of
15 amazing --
16 MS. SMYTH: It is amazing.
17 CHAIRWOMAN KRUEGER: -- I have to say,
18 that we could cover for parity in Child
19 Health Plus another almost 400,000 children.
20 MS. SMYTH: And we hope you will do
21 it.
22 CHAIRWOMAN KRUEGER: Thank you very
23 much for the proposal.
24 MS. SMYTH: Yes, thank you.

1 CHAIRWOMAN KRUEGER: Thank you.
2 SENATOR SAVINO: Senator Krueger --
3 CHAIRWOMAN KRUEGER: Oh, hello,
4 Senator Savino.
5 SENATOR SAVINO: Thank you. I just
6 have one question.
7 CHAIRWOMAN KRUEGER: You pop back, and
8 I don't notice.
9 SENATOR SAVINO: As you can imagine,
10 it's around the issue of the workforce and
11 the human service COLA. What's the -- we
12 know that salaries are particularly low in
13 this field. What's the turnover rate, on
14 average?
15 MS. SMYTH: So I attached a map to my
16 testimony. The turnover rate in Long Island
17 and New York City exceeds 40 percent, and the
18 vacancy rate is around 20 percent.
19 Statewide, those numbers are 34 percent and
20 14 percent. The behavioral health
21 associations joined together to do this
22 survey recently, so it would be very fresh
23 and new information.
24 SENATOR SAVINO: And where do people

1 go when they leave? Do they stay in the
2 field and they go somewhere else, or do they
3 just leave?
4 MS. SMYTH: So most of the clinically
5 licensed professionals that leave, leave to
6 go to hospital or nursing home settings where
7 the salaries and benefits are better.
8 Most of like our caseworkers simply
9 leave the field for a job that would pay the
10 equivalent but isn't in the behavioral health
11 field.
12 And our direct care workers, as you
13 know anecdotally, can go and take jobs at
14 fast food places for the equivalent they can
15 get here.
16 SENATOR SAVINO: Because I heard --
17 you know, more than one commissioner here
18 today, they talked about how we need to
19 develop strategies to create career paths.
20 But I've asked more than once, well, what's
21 the career path to? If you're not raising
22 the salaries in any of the levels, no one is
23 going to stay in this field.
24 MS. SMYTH: Right. We need to do

1 recruitment and -- my rapid response proposal
2 has some suggestions.
3 But again, like if we can't give
4 sign-on bonuses or scholarship forgiveness to
5 the people who come and work in the
6 community-based organizations, they're going
7 to go to a hospital or nursing home who have
8 access to the funding to do that.
9 SENATOR SAVINO: Right. You know,
10 about 10 years ago I worked with some of my
11 colleagues to create the social work loan
12 forgiveness program --
13 MS. SMYTH: Fifty thousand dollars.
14 SENATOR SAVINO: But it applies to the
15 public sector. And I think maybe it's time
16 that we, working with NASW, talk about
17 expanding those types of opportunities into
18 the private sector, particularly since most
19 of the service delivery is now done by the
20 nonprofit sector.
21 MS. SMYTH: And I spoke with Senator
22 Carlucci's staff already about a potential
23 roundtable where we identify all of the
24 different scholarship programs and then

1 change the purposes to make sure that all the
2 licensed professions and all of the
3 behavioral health direct care workers are
4 eligible for them.
5 So if they're narrow, broaden them.
6 But let's identify them and make sure
7 everyone can access them.
8 SENATOR SAVINO: Right. Thank you.
9 MS. SMYTH: Thank you.
10 CHAIRWOMAN KRUEGER: Thank you. Thank
11 you for your testimony.
12 Okay, StateWide Advocacy Network,
13 Patrick Curran, followed by New York
14 Association of Psychiatric Rehab, followed by
15 The ARC, followed by the Alliance for
16 Inclusion and Innovation.
17 Good afternoon.
18 MR. CURRAN: Good afternoon, Senator,
19 members. How are you?
20 CHAIRWOMAN KRUEGER: All right.
21 MR. CURRAN: Thank you all for being
22 here, for sticking it out, for your support
23 and your advocacy. Some very familiar and
24 friendly faces up at the table.

1 My name is Patrick Curran. I'm the
2 father of a 30-year-old woman who was born
3 with profound multiple disabilities. She has
4 a very limited ability to care for herself.
5 She can't walk or speak. She does live in
6 our world, but she needs assistance for just
7 about everything she does.
8 She came to us during the time that I
9 was serving here as a legislative counsel for
10 the Senate Democratic Conference, where I had
11 the privilege of spending more than half of
12 my career. So you don't have to use a lot of
13 imagination to think about the challenges
14 that that presented at the time.
15 But I'm here today, and in my
16 retirement, as a representative of the
17 Statewide Advocacy Network, which is a
18 coalition of organizations from around the
19 state that are comprised of the families and
20 friends of the intellectually and
21 developmentally disabled. We're the moms and
22 dads. And the grandmas and grandpas.
23 These organizations, by the way, are
24 entirely independent. They are all

1 volunteer. Our activities are self-funded.
2 We take no state or provider money of any
3 kind. Our only stake in the game is our
4 kids, and our only mission is to educate
5 policymakers like yourselves and the media
6 and the public about our kids' interests.
7 Our membership lists of our combined
8 organizations, and contact lists, currently
9 include thousands of families around the
10 state, hard numbers, and we know that we are
11 fairly representative of tens of thousands
12 more who simply don't have the time or the
13 energy to get out and get involved in
14 advocacy at this stage.
15 We're going to cut right to the chase.
16 We have a lot of issues we'd love to talk to
17 you about; many of them have been mentioned
18 here today. For us, the overriding
19 arch-issue -- and it was just touched upon --
20 is the need to provide a living wage for the
21 DSPs. All this other stuff, almost all of
22 it, and all of the other work that you're
23 doing, and all of the other programs that are
24 out there, including the much-vaunted

1 transition to managed care and, you know,
2 pumping up the Justice Center, all that
3 stuff, it's going to be rearranging deck
4 chairs on the Titanic if we don't deal with
5 this issue and we don't deal with it soon.
6 And that's from the front lines.
7 I think if we have any value in coming
8 here and giving you guys testimony, it's --
9 we can say a lot of the things that our
10 friends and structural helpmates in the
11 provider community can't say. We don't have
12 those constraints. We can tell you the
13 unvarnished truth. This is a real crisis.
14 Because we're living it on a daily basis, and
15 I've seen it deteriorate just in the five
16 years that my daughter's been in a residence.
17 And I've seen that while she's in an
18 excellent facility.
19 We appreciate what you all and the
20 Governor did two years ago. But as you
21 recall, that was just a partial catch-up to
22 over a decade of neglect in which the
23 salaries of these folks went from 45 to
24 50 percent above minimum wage to less than

1 minimum wage. So that was just a partial
2 catch-up. And they continue to lose ground
3 to the minimum wage, to other fields, and to
4 a real living wage, however we care to define
5 that.
6 So as a family group, part of the
7 #bFair effort, we support it as far as it
8 goes. But we said in this room at this table
9 two years ago, and we've been saying ever
10 since, and we'll say it today, you don't have
11 to be real good with math -- you can do it on
12 the back of an envelope -- it's going to take
13 at least double that amount of money just to
14 approach getting these people into the 45 to
15 50 percent above minimum wage range they were
16 at 10 or 12 years ago. And whether that
17 constitutes a living wage today, we don't
18 even know.
19 And more particularly, we are willing
20 to say what everybody else who is involved in
21 this seems to only want to talk about
22 privately. Maybe they're just not free to
23 talk about it. There are responsible studies
24 out there now that are showing this is going

1 to take $250 million to $300 million to get
2 this all implemented, to get these folks back
3 to a living wage.
4 You know, that sounds like a lot of
5 money, but it wasn't that long ago that our
6 own Governor said that in the context of the
7 state budget of $160 billion, it's a rounding
8 error. That's a quote. It seems to me, you
9 know, for the neediest people in the social
10 safety net, you know, this ought to be
11 something that's achievable.
12 Lots of other folks have talked to you
13 about facts and figures; they're better
14 equipped to do that than we are. What we I
15 think can provide is a real picture of what
16 this means to our kids. Although I feel
17 like, you know, gratefully, I'm preaching to
18 the choir. You all are ahead of us. You get
19 this; we appreciate that. But, you know, for
20 our kids, this is personal. And it's real
21 and it's immediate and it's every day.
22 When the DSPs are the foundation and
23 cornerstone of every service that is given to
24 them, without them services don't get

1 provided, medicines don't get administered,
2 people don't get driven to programs, things
3 are delayed, things that are promised don't
4 happen, basic care often just isn't there or
5 is subpar. The turnover rate, the burnout,
6 causes the quality of that care to be
7 diminished, particularly the oversight and
8 just watching folks. And it is to the point
9 now where lives are being put at risk.
10 I mean, it sounds like, you know,
11 hyperbole, but this isn't just about quality
12 of life anymore. It's not about the quaint
13 aspirational historic goals of trying to get
14 these folks to a point where they're better
15 off improving their communication skills and
16 being incorporated into the community. It's
17 not about that any more.
18 CHAIRWOMAN KRUEGER: Thank you,
19 Patrick. I'm sorry, I do have to cut you
20 off.
21 MR. CURRAN: I'm sorry?
22 CHAIRWOMAN KRUEGER: I have to stop
23 you because the clock went off.
24 MR. CURRAN: Can I give you another,

1 like, 30 seconds and cut to the chase?
2 CHAIRWOMAN KRUEGER: All right.
3 Thirty seconds.
4 MR. CURRAN: The bottom line on all
5 this, as you all well know, is -- you agree
6 with this, you're on board. We love you for
7 it. Now the question is, are you willing to
8 spend your political capital to go to the
9 leaders and to go to the Governor -- who
10 probably should have had this in his budget,
11 but he didn't. Even the increment from two
12 years ago, it's not there -- and to say, This
13 needs to be done.
14 Why? Because if there's any value and
15 any merit in having a social safety net,
16 these are the people that rise to the top.
17 A, they're the most innocent and blameless
18 for their situation. B, they are totally
19 needy in many, many cases. Their lives
20 depend on it. If the social safety net was
21 intended to help anyone, it's intended to
22 help these people. That's why this has to
23 be in the budget.
24 CHAIRWOMAN KRUEGER: Thank you.

1 CHAIRWOMAN WEINSTEIN: Thank you.
2 We were joined by Assemblyman
3 McDonald, and Assemblywoman Gunther has a
4 question.
5 ASSEMBLYWOMAN GUNTHER: I have a quick
6 comment.
7 Number one, yes, we're willing to use
8 our political capital --
9 MR. CURRAN: Thank you.
10 ASSEMBLYWOMAN GUNTHER: And number two
11 is that we are outsourcing our kids to
12 Massachusetts and other places, paying double
13 the amount that we would pay in New York
14 State, and I think we have to drive that
15 home.
16 I know that I represent somebody in my
17 area, Patrick Dollard of the Center for
18 Discovery -- and basically, it should be a
19 bring-it-home campaign. And if we brought
20 them home, we would save boatloads of money.
21 They're in Massachusetts, in other states,
22 and it's costing double or more for our
23 children there. So if we brought them home,
24 we'd have that money.

1 MR. CURRAN: Excellent. Thank you.
2 CHAIRWOMAN KRUEGER: Thank you very
3 much for your testimony --
4 MR. CURRAN: Thank you.
5 CHAIRWOMAN KRUEGER: -- on behalf of
6 the members of your coalition. Your network,
7 excuse me.
8 Harvey Rosenthal, New York Association
9 of Psychiatric Rehab Services, followed by
10 The Arc, followed by the Alliance for
11 Inclusion and Innovation, followed by the
12 Cerebral Palsy Association.
13 MR. ROSENTHAL: Good afternoon.
14 CHAIRWOMAN KRUEGER: Good afternoon,
15 Harvey.
16 MR. ROSENTHAL: Thank you for this
17 opportunity. I want to welcome the chair,
18 the Finance Committee chair. We're so lucky
19 to have you.
20 CHAIRWOMAN KRUEGER: Thank you.
21 MR. ROSENTHAL: And I want to thank
22 Mrs. Gunther for her being a champion for us,
23 and Mr. Carlucci, who's not here right now.
24 You have my Lobby Day book up there.

1 It's not just testimony, but the entire book.
2 You're going to see that on the 26th, between
3 600 and 700 folks with mental illnesses will
4 come from throughout the state -- New York
5 City, Long Island, Rochester, Buffalo,
6 Syracuse, Binghamton, and Plattsburgh -- and
7 they'll be sharing those issues with you.
8 I'll cover a few of them.
9 So the people that I represent --
10 well, I'll just say about myself, I was 18
11 years a provider, and 25 years I've been an
12 advocate. But I've lived with a mental
13 illness for 50 years. And that kind of
14 explains the folks who I represent: the
15 folks with mental illness, folks who support
16 people with mental illness, and people with
17 mental illness who work in the field as well.
18 NYAPRS brings them all together from across
19 the state.
20 The issues I want to talk about, the
21 first one -- I'm going to offer you the lens
22 of a person with a mental illness. So the
23 issues I'll talk about -- first of all,
24 housing is health. Health is housing. There

1 is no health without good housing.
2 There are 44,000 units in the State of
3 New York, but actually 140,000 people in
4 New York with serious mental illness, so it
5 shows you the need that's not being met. But
6 I'm not here to talk about new housing, but
7 the kind of money that existing housing
8 needs.
9 We need $161 million that is phased in
10 over the next five years. The staff that
11 work in programs are essential. This is a
12 work of relationship; it's about trust and
13 consistency and reliability. And when the
14 staff -- and you'll hear more about this --
15 are walking through the programs and taking
16 other jobs, it disrupts, you know, the lives
17 and recovery of people.
18 We must have a 2.9 percent COLA, which
19 will cost, across human services,
20 $140 million. In the budget there are things
21 about access to treatment. We love the
22 things around parity, we love the way that
23 prior authorization and concurrent
24 authorization has been removed as a barrier.

1 We also believe that access to medication is
2 essential, and we ask that you restore
3 prescriber prevails protections. Recovery
4 services, there's some money in the budget
5 from the closing of state hospital beds and
6 moving into the community. Those
7 services are essential. They have been for
8 years.
9 But the issue I really want to talk
10 about is criminal justice. We are so
11 overrepresented in the criminal justice
12 system. And we must find a way to keep folks
13 out of that system -- and, if they're in that
14 system, to provide the right kind of
15 treatment and also to help folks leave that
16 system and stay out of it.
17 So there's a three-part plan here.
18 The first thing is diversion, and crisis
19 intervention teams is essential. We want to
20 keep folks from being arrested and put in
21 jail and prison. And Senator Carlucci has
22 funded that, and Mrs. Gunther has funded
23 that.
24 In fact, Mrs. Gunther, you have funded

1 a half a million dollar program in
2 Westchester that is working very
3 successfully -- and I'm going to bring them
4 up to see you -- to go out on the street and
5 to work with people who don't think they have
6 an issue or are not able to find the help
7 that they need. It's folks with mental
8 illnesses or the staff, they're going out
9 into the streets, they're coming back again
10 and again, and they're finding success.
11 I'm here to really, you know, advocate
12 for the HALT bill, which is really not on
13 your table, but it's so essential. We have
14 to, you know -- right now, folks are in the
15 box, 900 people right now with mental
16 illnesses are in a box where they only get
17 out one hour a day. That's unconscionable.
18 We have to offer people treatment, not
19 torture.
20 The HALT bill will prevent and ban the
21 use of the box for young people, old people,
22 for pregnant mothers, and for folks with
23 mental illnesses and other disabilities. The
24 Governor's bill does not. They take out the

1 provision that prevents people with
2 disabilities from being out of the box.
3 That's got to be put back in. The Senate and
4 Assembly have bills that will do that, and we
5 need that to be the approach.
6 Finally, when people leave jail and
7 prison, we have to support them to stay out.
8 The Governor has a proposal and a waiver he's
9 going to pursue to be able to start Medicaid
10 30 days before folks leave the jail and
11 prison. That's essential too. We want to
12 keep people out of jail and prison. We want
13 to, you know, offer rehabilitation and not
14 torture, and we want folks to leave with
15 services.
16 So I'm done.
17 CHAIRWOMAN WEINSTEIN: Thank you.
18 MR. ROSENTHAL: Thank you very much.
19 CHAIRWOMAN WEINSTEIN: Thank you. We
20 did hear a lot about HALT at the criminal
21 justice hearing, the HALT campaign. Thank
22 you.
23 So Harvey Rosenthal, executive
24 director -- no, that was just Harvey. Mark

1 van Voorst, executive director, The Arc
2 New York, to be followed by New York Alliance
3 for Inclusion and Innovation, followed by the
4 Cerebral Palsy Association.
5 MR. VAN VOORST: Well, if you've done
6 Harvey already, I'm Mark van Voorst from The
7 Arc New York.
8 CHAIRWOMAN WEINSTEIN: Yeah.
9 MR. VAN VOORST: I think.
10 CHAIRWOMAN WEINSTEIN: Yes. Proceed.
11 MR. VAN VOORST: Okay. I want to
12 thank everybody for staying so late this
13 afternoon.
14 My name is Mark van Voorst. I am the
15 executive director of The Arc New York, which
16 is the largest provider of services to
17 individuals with I/DD in the State of
18 New York, possibly even the entire country.
19 The parents who founded our
20 organization were amongst the early advocates
21 for quality and services for opportunities
22 for people with I/DD, and that fight has
23 since ignited federal legislation and
24 national change. Shortly after the core

1 battle was won, I'm sure that parents never
2 thought that they would see again what they
3 had fought so hard to overcome. But I have
4 to come here today to tell you that I fear we
5 are sliding backwards.
6 All day you've heard about the
7 workforce crisis. And I know that you funded
8 the first portion of the #bFair2DirectCare
9 campaign money. This is absolutely
10 essential. The current budget has a zero
11 percent increase for the #bFair campaign.
12 And I have to tell you that I think
13 that the crisis has gotten to the point that
14 we should no longer talk about it as a coming
15 crisis but a current crisis. And in our
16 world, a crisis that gets that bad leads to
17 only one thing, and that is oftentimes death.
18 I don't think any of us want to be sitting
19 here talking about the death of a client that
20 occurred because we did not have the funds to
21 provide staff for oversight. How do I know
22 that? I know it because after 40 years, I
23 have seen my share of deaths occur
24 unnecessarily, and those are in the good

1 times.

2 When we talk about the vacancy rates
3 and the turnover rates, we are talking about
4 averages. The problem with the averages is
5 that they do not actually recognize what's
6 happening, and the real situation is far
7 worse than that. The statewide vacancy in
8 2018 was 14 percent. But in my chapters,
9 over half pierce that number. A third of all
10 of our DSP positions were actually open, and
11 the turnover rates were no different. At one
12 of our chapters, nearly half of their DSPs
13 turned over in a single year.

14 If you also pierce the veneer of
15 what's happening, you'll find that there are
16 cracks that are very, very disturbing. Some
17 of the providers are experiencing noticeable
18 increases in medication errors. Medical
19 appointments are being missed or rescheduled,
20 sometimes to the grave health risk of the
21 folks that we're supposedly serving. Staff
22 have fallen asleep because they are doing so
23 many hours of overtime that they simply
24 cannot stay awake, and then they're punished

1 when they are caught doing so. Individuals
2 are being moved from their normal residences
3 to alternative residences on weekends and
4 holidays because we do not have the staff to
5 provide adequate protection in their current
6 residence. Community outings and social
7 opportunities are being canceled.
8 And while there is funding in the
9 Executive Budget for new residential
10 development, it means little or nothing to us
11 because providers across the state are unable
12 to open new residential programs because they
13 can't staff their current homes. This is a
14 reality that is not acceptable to me, it is
15 not acceptable to the provider community, it
16 is not acceptable to the parents, and in all
17 likelihood it is not acceptable to you.
18 But this is what is going to happen.
19 If a tragedy occurs and there's a
20 death, there's going to be a lot of
21 finger-pointing, a lot of headlines will
22 occur, new regulations will come out, and the
23 provider community will be blamed for
24 something. We have told everybody repeatedly

1 for years: Unless this issue is dealt with,
2 a tragedy is going to happen. We don't want
3 that on us, we don't want it to happen, and I
4 am sure you do not want it on yourselves.
5 What worries me when I look over my
6 past 40 years is that I frequently have seen
7 that mistake and a tragedy before something
8 happens. In the '70s, it was the exposure of
9 Willowbrook. In 1999, it was the discovery
10 of large numbers of individuals in New York
11 City who were DD who were homeless. Suddenly
12 we had the New York Cares campaign. Ten
13 years ago, the death of several individuals
14 in a certified site due to a fire resulted in
15 a large number of regulations coming out that
16 made life safer for individuals in certified
17 sites. Six years ago, it was the negative
18 articles in the New York Times about
19 state-operated facilities that resulted in
20 the creation of the Justice Center. Do we
21 need another tragedy before people recognize
22 that this must change?
23 So as the leader of the largest I/DD
24 provider in the State of New York, I sit here

1 today and tell you something needs to happen.
2 You heard it all morning long. I am sick and
3 tired of hearing about "We're doing God's
4 work that nobody else would do." If we're
5 doing God's work, please pay us what we need
6 to pay our direct support staff, or else this
7 entire system will collapse.
8 Thank you.
9 (Applause from audience.)
10 CHAIRWOMAN WEINSTEIN: Senator
11 Carlucci.
12 SENATOR CARLUCCI: Yes, thank you.
13 And I know we've been repeating this
14 over and over again today, but I think it
15 really needs to be addressed over and over
16 again, because it is so important. So I
17 thank you for your testimony and the work
18 that you do, and particularly for The Arc of
19 New York and all the employees and the
20 clients you serve.
21 So we talked about it, you said it,
22 your agency is experiencing almost a crisis
23 in workforce and attracting and retaining
24 employees. What do we need in the budget to

1 make that -- to help alleviate this problem?
2 MR. VAN VOORST: Honestly, I will take
3 the #bFair2DirectCare money and I will take
4 the COLA. That's not going to get us near
5 where we need to go, but at least it's a
6 start. Because right now, with the minimum
7 wage being $15 in the city, when you add what
8 was given for the #bFair campaign, that
9 amounted to $2 a day. That does not buy you
10 a cup of coffee at Starbucks. That's what we
11 said to people who we also say "thank God you
12 were there, because there's nobody else who
13 could do it."
14 So as a start, Senator, I would take
15 those two items.
16 SENATOR CARLUCCI: And then what do we
17 need to do long term? Let's say we got --
18 you know, we do get to that level of the
19 #bFair2DirectCare this year?
20 MR. VAN VOORST: I think you have to
21 bring some sort of stability to the system
22 and have a long-term plan. We can't go
23 through this every year. There needs to be a
24 three-year or a five-year plan.

1 There used to be, in the old days,
2 standard trend factors which you could count
3 on, so you could plan. Right now, you simply
4 can't. Every year you'll see my colleagues
5 who are behind me coming here, spending time
6 begging for money to do what nobody else is
7 prepared to do.
8 So I'll take what I can get now. But
9 I would certainly also like a two-year,
10 three-year, five-year plan so that there is
11 some stability in the voluntary provider
12 sector.
13 SENATOR CARLUCCI: Thank you.
14 CHAIRWOMAN WEINSTEIN: Assemblywoman
15 Gunther.
16 ASSEMBLYWOMAN GUNTHER: Just really
17 quickly, I think that we should point out and
18 it should be in our testimony that right now
19 providers are spending $90 million in
20 overtime wages and $30 million in
21 administrative and training expenses for new
22 hires. So that's $120 million. And
23 basically, if we were able to pay them a
24 living wage, we wouldn't have such an

1 incredible turnover. So we're using that
2 money in not a great way at all.
3 And if we looked at that and added to
4 it, we could have people that would have a
5 stable job, a stable income.
6 MR. VAN VOORST: Thank you.
7 ASSEMBLYWOMAN GUNTHER: And also
8 continuity of care for our patients and our
9 residents.
10 CHAIRWOMAN WEINSTEIN: Thank you.
11 Thank you.
12 Next, Ann Hardiman, New York Alliance
13 for Inclusion and Innovation, as I said
14 before, followed by Cerebral Palsy
15 Association of New York, followed by National
16 Alliance on Mental Illness-New York State.
17 MS. HARDIMAN: Hello. Thank you for
18 this opportunity --
19 CHAIRWOMAN WEINSTEIN: Oh, and Michael
20 Seereiter. I didn't see the second thing.
21 MS. HARDIMAN: Thank you.
22 CHAIRWOMAN WEINSTEIN: You have five
23 minutes between the two of you.
24 MS. HARDIMAN: Yes.

1 So thank you for the opportunity. We
2 appreciate being here. The New York Alliance
3 is the entity that's arrived after the merger
4 of NYSACRA and NYSRA about a year ago, just
5 to be clear -- 175 not-for-profit statewide
6 organizations.
7 We're going to focus on workforce and
8 managed-care readiness, but we do like a lot
9 of what is in the OPWDD budget. You know,
10 getting the minimum-wage dollars and some
11 managed-care readiness is really important to
12 us.
13 Michael will talk a little bit about
14 the workforce needs.
15 MR. SEEREITER: Yes. Indeed,
16 unfortunately, we have not seen the next two
17 installments in the #bFair2DirectCare living
18 wage campaign that we are seeking. We would
19 like to thank you for your support two years
20 ago for installments 1 and 2 in our six-year
21 campaign, but we need 3 and 4. And that's
22 the next piece of solving this puzzle that
23 Senator Carlucci was starting to talk about.
24 We also need a cost of living

1 adjustment. So the #bFair2DirectCare dollars
2 are essentially to make up for years of
3 noninvestment or years of non-COLA in
4 organizations like our members. And to be
5 able to prevent that from happening again,
6 going forward we need to make those
7 investments in these organizations so that
8 they can pay their bills and so that they can
9 pay their providers, their direct support
10 professionals.
11 MS. HARDIMAN: Yeah, there are a
12 couple of questions.
13 Assemblyman Barclay, you talked to the
14 Justice Center, about what can be done to
15 reduce abuse and neglect. And we really want
16 to talk about a direct support professional
17 credential.
18 Senator Carlucci and Assemblywoman
19 Gunther have supported in the past -- and
20 currently there's a bill -- a credential
21 would really professionalize the field.
22 There's been a study that you all backed for
23 OPWDD to do a couple of years ago, and it can
24 professionalize the workforce. It improves

1 quality, the skills and the abilities of the
2 workers, it empowers them, increases quality.
3 And we would like to see an allocation of $5
4 million to start a DSP credential in New York
5 State. It would really begin that structural
6 fix, instead of coming back time after time
7 and asking for #bFair dollars.
8 We also are working on a high school
9 pipeline program, and it really has
10 incredible promise for finding a way to
11 attract workers sooner in the junior and
12 senior high school level, some coursework
13 that's dedicated to working with people with
14 I/DD and their core competencies. It's been
15 done in Ohio; it expanded like enormously
16 after the first year they tried it. We're
17 working with OPWDD on something along the
18 same lines in New York, and we could use
19 $250,000 to really start building that and
20 making the connections we need to do.
21 Michael's going to talk about managed
22 care.
23 MR. SEEREITER: Yeah, and the other
24 piece which we'll talk about is managed care.

1 As folks know, the I/DD field is
2 moving toward managed care. We have actually
3 been successful in starting to provide some
4 technical assistance to that field as they
5 make that transition. It is a gigantic
6 undertaking. These are organizations that
7 have great experience in providing support
8 and services, but in a fee-for-service model.
9 Shifting to that managed-care model is a very
10 different undertaking, and there's quite a
11 bit of technical assistance needed for the
12 entire provider field of I/DD providers. So
13 we are pleased to see an investment in the
14 Governor's budget around this. We encourage
15 you to keep that there. It is the next step,
16 if you will, toward that successful
17 transition towards managed care for the I/DD
18 field.
19 MS. HARDIMAN: Yeah, it's really
20 important to build in an I/DD ombudsman
21 program. I think, Senator Carlucci, you
22 started to talk about what are some of the
23 protections. If you need to grieve not
24 getting services, it's really important that

1 there is the building of an I/DD ombudsman
2 program that would help families and people
3 with disabilities understand what services
4 they're supposed to get and, if they don't
5 get them, where to go about that.
6 The other investment needed is in
7 health information technology. Our sector
8 and provider agencies have not built out
9 their IT structures, and we really need some
10 dollars to do that before we enter managed
11 care.
12 I'd be happy to take any questions,
13 and Michael. Thank you so much for your
14 time.
15 CHAIRWOMAN KRUEGER: Sure.
16 Senator David Carlucci.
17 SENATOR CARLUCCI: Thank you. So just
18 to quickly -- I know we've spoken a lot about
19 these issues today, but with the
20 credentialing program, in terms of trying to
21 get ahead of this problem that we're
22 always -- in terms of making sure that our
23 DSPs are paid appropriately, and you talk
24 about the $5 million allocation that would

1 appropriately start this program.
2 Could you explain a little bit more
3 about what that $5 million would do, what
4 that would look like?
5 MS. HARDIMAN: So in the research that
6 was done a couple of years ago, it built a
7 credential. And the next thing that needs to
8 be done, it needs to be piloted.
9 There was a little pilot and a
10 comparative analysis report last year that
11 you might have seen, and it really does show
12 that it improves retention and builds skills.
13 And we just need to do another pilot and
14 start stacking and building those
15 credentialed workers, and more support for
16 it. It really does, you know,
17 professionalize the workforce, which is very
18 necessary.
19 SENATOR CARLUCCI: And the $5 million
20 that you're talking about, where would that
21 be spent?
22 MS. HARDIMAN: So it would be spent --
23 SENATOR CARLUCCI: Is it on actual
24 wages or --

1 MS. HARDIMAN: -- on the last piece of
2 building that and what the curriculum would
3 be, and also on piloting another set of
4 agencies and DSPs to be credentialed. There
5 could be a pre- and a post- kind of analysis
6 so that we could really make sure it's the
7 best credential it could be for this
8 workforce.
9 SENATOR CARLUCCI: Thank you.
10 CHAIRWOMAN KRUEGER: Thank you.
11 Assemblyman Barclay.
12 ASSEMBLYMAN BARCLAY: Thank you.
13 We're having a little debate up
14 here about -- you mentioned about, I guess,
15 two years ago we did the $50 million to
16 #bFair2DirectCare. And you want us to do
17 it -- are you talking about another
18 $50 million? I'm getting confused of what
19 the number, the actual aggregate numbers are.
20 MR. SEEREITER: We are seeking the
21 next two installments, which would constitute
22 $75 million. So what we're seeking is an
23 installment on 4/1 of this year and 1/1 of
24 next year. So we're looking to make those

1 next two installments in that six-year
2 plan -- $75 million, roughly $75 million --
3 ASSEMBLYMAN BARCLAY: And that just
4 kind of gets you back into what the minimum
5 wage is?
6 MR. SEEREITER: I'm sorry?
7 ASSEMBLYMAN BARCLAY: That just gets
8 you back to where the minimum wage is?
9 MR. SEEREITER: This keeps us starting
10 to -- this keeps us moving -- this keeps us
11 starting to move in the direction of getting
12 above that.
13 The ultimate goal for the wages
14 upstate is about 15.50 an hour, and downstate
15 about 17.75 an hour. So that would be about
16 $2.50 above minimum wage in those respective
17 regions.
18 ASSEMBLYMAN BARCLAY: Okay, that's
19 very helpful.
20 And then how many workers -- I guess I
21 could somehow do the math here -- but how
22 many workers is that all told?
23 MR. SEEREITER: You mean for the
24 entire field?

1 ASSEMBLYMAN BARCLAY: Yeah.
2 MR. SEEREITER: Roughly 90,000 to
3 100,000.
4 ASSEMBLYMAN BARCLAY: Okay. That's
5 what I thought. Okay, thank you.
6 CHAIRWOMAN KRUEGER: Thank you.
7 MS. HARDIMAN: Can I just add that we
8 built that living wage six-year campaign on
9 an M.I.T. living wage calculation for
10 New York State, so it does have a real
11 bearing in New York State on our six-year
12 campaign and what it would take to get to a
13 living wage.
14 Thank you.
15 CHAIRWOMAN KRUEGER: Thank you. Thank
16 you both for testifying today.
17 Next -- excuse me. Assemblywoman
18 Aileen Gunther.
19 ASSEMBLYWOMAN GUNTHER: Can you
20 explain, first of all, the ombudsman program
21 to us?
22 And also, when you were talking about
23 DSPs coming into the field, have you ever
24 like researched BOCES programs and training

1 in DSP? Because I know they do nurse's aides
2 at this point in the hospitals, so I was
3 wondering if --
4 MS. HARDIMAN: So let me start --
5 ASSEMBLYWOMAN GUNTHER: Those are two
6 questions. Then I'll stop.
7 MS. HARDIMAN: -- with your last
8 question. We would like to build a
9 DSP-readiness program within BOCES or in
10 another way. And there isn't one yet, but
11 there's lots of potential to do that.
12 ASSEMBLYWOMAN GUNTHER: You don't have
13 to create -- you don't have to reinvent the
14 wheel to -- a lot of them are already there.
15 MS. HARDIMAN: Right. There's a place
16 to go with that.
17 Your other question was?
18 ASSEMBLYWOMAN GUNTHER: The ombudsman.
19 MS. HARDIMAN: Oh, the ombudsman.
20 So, you know, the ombudsman is an
21 independent body that -- right now it is in
22 the OMH behavioral health sector. And, you
23 know, in managed care there's often a
24 grievance process, and that's what the

1 ombudsman program would be for: a place to
2 go to lodge your complaint, grieve if you had
3 an issue, and someone that knows I/DD is
4 there to help you thread your way through the
5 process.
6 MR. SEEREITER: I think what's unique
7 about that is that the population moving into
8 managed care is indeed a unique one in all
9 the other shifts to managed care. This
10 really needs to have a really deep
11 understanding of the needs of people with
12 I/DD diagnoses, but to help manage that
13 system shift and helping people navigate that
14 system shift as well.
15 And you can indeed model it, I think,
16 off of what's been done in the behavioral
17 health sector with substance abuse disorder
18 and the mental health ombudsperson program.
19 CHAIRWOMAN KRUEGER: Thank you for
20 testifying.
21 MS. HARDIMAN: Thank you so much.
22 CHAIRWOMAN KRUEGER: Next up, Cerebral
23 Palsy Associations of New York and Coalition
24 of Provider Associations, then followed by,

1 for people following, National Alliance on
2 Mental Illness, followed by New York
3 Association of Alcoholism and Substance Abuse
4 Providers.
5 And you'll introduce yourselves, and
6 you'll share five minutes as you choose.
7 Thank you.
8 MS. SCHIFF: Right. Good afternoon,
9 Chairs Krueger, Carlucci, and Gunther, and
10 all the members of the committee -- of the
11 various committees that are here today. I am
12 Winnie Schiff from the Interagency Council of
13 Developmental Disability Agencies, joined by
14 Barbara Crosier of Cerebral Palsy
15 Associations of New York State. And
16 J.R. Drexelius from DDAWNY was unable to join
17 us today.
18 We represent the Coalition of
19 Providers Associations, or COPA, and we are a
20 group of five associations across the state.
21 We thank you so much for your support every
22 year, and your great support of our living
23 wage and COLA requests, as was so clear
24 today.

1 And we just want to make a few points
2 right now from our testimony, which we know
3 you have.
4 So first of all, we do appreciate the
5 $30 million in development for new services
6 and the $15 million for capital funding of
7 supportive housing that are in the Governor's
8 proposal, although the need out there is far
9 greater than the supports that that money
10 will pay for.
11 But we also need to point out that
12 midyear adjustments will likely reduce much
13 of those additional funds. In fact, annual
14 midyear adjustments to Aid to Localities
15 spending over the past eight years has led to
16 a cumulative reduction in funding of
17 $44 million, even with the proposed 2020
18 increase of $97 million.
19 So regarding the living wage for
20 DSPs -- which you've heard lots of people
21 talk about, and you've all been so supportive
22 of -- we were actually surprised that there
23 was nothing in the Governor's proposal given
24 his previous support of the #bFair2DirectCare

1 campaign.

2 And every year our coalition surveys
3 the not-for-profit field statewide for
4 vacancy and turnover rates. And this year we
5 found that we think that due to the first two
6 installments that we did receive of the
7 #bFair2DirectCare six-installment plan to
8 bring our staff to living wages, we think
9 that the vacancy and turnover rates -- we see
10 that they're holding steady at about 14 and
11 26 percent, a little over 14 and 26 percent
12 for vacancy and then turnover. But it's not
13 improving, it's just staying the same. So
14 there has been a positive change, but not the
15 one that we need.

16 In addition, we found that overtime
17 has increased from 10 to 12 million hours in
18 2018, for a total cost of $88 million. And
19 the next two installments, as Michael
20 mentioned, that we seek of the
21 #bFair2DirectCare funding is approximately
22 $75 million.

23 So we all know -- and you've heard
24 this also in other peoples' testimony -- that

1 overtime leads to exhaustion and burnout and
2 mistakes that can actually be
3 life-threatening. And Barbara will discuss
4 that.
5 MS. CROSIER: And as Winnie mentioned,
6 one of the reasons we are in the
7 predicament -- and from Michael and a number
8 of other people testifying -- is that we have
9 not received a Medicaid COLA or trend since
10 2010.
11 In 2010, both state-operated and
12 non-profits got a 2.08 percent trend or COLA,
13 and since that time we got a small
14 0.2 percent trend or COLA. But the
15 state-operated continues to get the trend,
16 and the nonprofits have not. So we are
17 urging that -- to include the COLA for all
18 human services agencies.
19 Another issue that I think is of
20 particular importance is our clinics. The
21 nonprofit DD agencies have sort of stepped up
22 to provide healthcare and other services for
23 people with developmental disabilities who
24 can't otherwise be served in your traditional

1 health or mental health clinics. But one of
2 the things with rate reform and the OPWDD/DOH
3 rate reform is we've now discovered that we
4 are unable to support the extensive losses in
5 our clinics, in our Article 28, 16, and 31
6 clinics.
7 And if these clinics close, if we're
8 forced to close the clinics due to the
9 losses, it means that individuals with
10 developmental disabilities tend to go to
11 emergency rooms. When they go to emergency
12 rooms, they're given lots of tests that are
13 very expensive and they're often admitted to
14 the hospital because they are -- the ER
15 physicians aren't quite sure what to do.
16 So it would be -- we're asking to
17 provide sufficient resources to maintain our
18 clinics, to prevent huge costs on the other
19 side of Medicaid.
20 Another next thing is the funding for
21 individuals with complex needs. I appreciate
22 that you asked the question of Roger. And
23 I'm not exactly sure what he meant by "there
24 isn't a problem because you get paid for it."

1 We are seeing more and more -- there's
2 always been an issue with providing services
3 for individuals with very complex needs, but
4 it's become far worse in recent years, and
5 there really isn't an ability to get paid for
6 it.
7 We thank you for your support.
8 CHAIRWOMAN KRUEGER: Thank you.
9 Senators? Senator David Carlucci.
10 SENATOR CARLUCCI: Thank you. Good to
11 see you.
12 MS. CROSIER: Thank you.
13 SENATOR CARLUCCI: And just -- you
14 were just talking about an issue that I
15 wanted to address and the relationship it
16 has. We know this is in DOH's budget, and
17 you just started talking about it, but it's
18 going to have a pervasive impact on the
19 people that the Cerebral Palsy Association
20 serves and so many other organizations serve,
21 and we've seen people do so well under this
22 program.
23 Can you talk a little bit more about
24 what you're worried about, what --

1 MS. CROSIER: We're very concerned
2 about the cut, the $75 million state-share
3 cut, the $150 million state-share cut to the
4 Consumer Directed Personal Care Program. And
5 I really appreciate that all of you are
6 asking the questions.
7 These are individuals who the --
8 actually, consumer-directed was started by
9 agencies that serve people with developmental
10 disabilities. A number of my affiliates did
11 this out of state. These are individuals who
12 have very significant physical disabilities
13 but are intellectually very typical, want to
14 live on their own, want to live
15 independently, and the Consumer-Directed
16 Program allows them to do that. It allows
17 them to hire and fire individuals.
18 But the fiscal intermediary, the
19 agency -- our agencies -- they act not --
20 it's not just payroll, it's not just sort of
21 doing the billing. They do fraud and abuse
22 training to make sure that there's no
23 Medicaid fraud and abuse. They do all kinds
24 of other training for the individuals and --

1 as well as for their caregivers. So it
2 allows individuals to live independently.
3 I have actually a board member who has
4 significant physical disabilities -- cerebral
5 palsy -- as does his wife. And they are both
6 allowed to -- they live and work in the
7 community because they have consumer-directed
8 personal care.
9 And the Governor's proposal as we
10 understand it is to -- two pieces -- one, to
11 move to a per-person per-month payment, which
12 does not understand all that is involved and
13 that some people have much more complex
14 situations than others. And also, then, to
15 move to eventually one or two fiscal
16 intermediaries.
17 And again, that -- their relationships
18 between the individuals and the fiscal
19 intermediaries does far more than just the
20 payroll and the billing. And so we really
21 are very concerned that these individuals
22 then would lose the independence -- the
23 ability to live independently, and would be
24 on OPWDD's doorstep and would require either

1 nursing home or residential and day programs
2 in OPWDD.
3 And Roger talked about the
4 self-direction program within OPWDD, which is
5 a very different program. That's a program
6 which is great for families who want to do
7 it, but that program allows families to get a
8 budget, and then they contract for OPWDD
9 programs. It's not personal care the way --
10 MS. SCHIFF: Not personal assistance.
11 MS. CROSIER: Right. It's not
12 personal assistance.
13 SENATOR CARLUCCI: So it's a very
14 different program.
15 MS. CROSIER: It's a very different
16 program. They're very different services.
17 They're different individuals.
18 SENATOR CARLUCCI: And just to be
19 clear, the changes we are seeing from DOH,
20 you believe -- even though they're saying,
21 oh, you know, we're just changing some things
22 around -- you believe by changing
23 consumer-directed assistance that it will
24 have a devastating effect on the population

1 you serve.

2 MS. CROSIER: We do. We do.

3 Because it's also -- it's pretty much
4 a repeal-and-replace kind of -- and then it
5 also has the caveat that the commissioner, if
6 they don't get the SPA from the federal
7 government, from CMS, or if he feels that
8 it's -- the program isn't functioning
9 properly or isn't -- you know, they don't
10 want to maintain it, that he can end the
11 program.

12 So we just -- we feel that there's
13 just way too much -- if there are bad actors,
14 and we understand that there may be some bad
15 actors, and that in 2012 DOH basically opened
16 the floodgates and said anybody who can come
17 in and be an FI -- that if DOH wants to go
18 back and look and see if there are bad
19 actors, absolutely eliminate the bad
20 actors --

21 CHAIRWOMAN KRUEGER: I have to cut you
22 off.

23 MS. CROSIER: Okay.

24 CHAIRWOMAN KRUEGER: But I think that

1 for anyone who's been following the public --
2 the medical hearings, the medical health
3 hearings and today's hearing, there seems to
4 be universal agreement by the Legislature and
5 the community that this one has to go back to
6 the drawing board.
7 MS. CROSIER: Right.
8 CHAIRWOMAN KRUEGER: We do not need to
9 ruin this critically important program.
10 So I'm sorry to cut you off, and I
11 want to thank you all.
12 SENATOR CARLUCCI: Thank you.
13 MS. CROSIER: Thank you.
14 MS. SCHIFF: Thank you.
15 (Overtalk.)
16 CHAIRWOMAN KRUEGER: Senator --
17 Assemblywoman.
18 ASSEMBLYWOMAN GUNTHER: Oh, you're
19 going to give me a raise. Never mind,
20 there's no money involved.
21 (Laughter.)
22 ASSEMBLYWOMAN GUNTHER: So I just want
23 to reiterate something about the Article 28
24 and 31 clinics.

1 As a nurse for years in the emergency
2 room, I know that people with some
3 disabilities exhibit pain differently. And
4 often when they go to the emergency
5 department, physicians in the emergency
6 department cannot really diagnosis what's
7 going on because of the different way they
8 exhibit pain, so they end up being admitted
9 to the hospital.
10 So it's not cost-effective to close
11 these clinics. And I think that that has to
12 be heard loud and clear. And it's also the
13 appropriate management of people with
14 disabilities. So I just want to make sure
15 that that's loud and clear.
16 MS. CROSIER: Thank you.
17 ASSEMBLYWOMAN GUNTHER: Thank you.
18 CHAIRWOMAN KRUEGER: Thank you both
19 for your testimony.
20 Next up, the National Alliance on
21 Mental Illness of New York State, followed
22 by -- for people getting in line -- the
23 Association of Alcoholism and Substance Abuse
24 Providers, followed by the Association of

1 Community Living.
2 And good afternoon.
3 MS. BURCH: Good afternoon.
4 We'd like to thank Senator Krueger,
5 Assemblywoman Weinstein, Senator Carlucci,
6 and Assemblywoman Gunther for the opportunity
7 to testify before you today.
8 My name is Wendy Burch, and I'm the
9 executive director for the National Alliance
10 on Mental Illness of New York State.
11 NAMI-NYS is a state chapter of NAMI, the
12 nation's largest grassroots organization
13 dedicated to improving the lives of
14 individuals and families affected by mental
15 illness.
16 With me today is Ariel Coffman,
17 president of the board of NAMI-NYS. As both
18 a caregiver of a loved one with serious
19 mental illness and a mental health
20 professional, Ariel provides a unique
21 perspective to the challenges facing the
22 mental health system.
23 You have our written testimony, so
24 before I yield to Ariel, I just wanted to

1 take a moment to highlight a couple of our
2 concerns.
3 NAMI-NYS's primary goal is ensuring
4 our loved ones receive the tools to pursue a
5 meaningful recovery. It cannot do this
6 without adequate housing and a sustainable
7 mental health workforce to care for them and
8 provide services. Like many of our
9 colleagues here today, we are asking for the
10 budget to include a 2.9 percent
11 cost-of-living adjustment for all nonprofit
12 human services agencies, to prevent the high
13 workforce turnover that so negatively affects
14 the well-being of our loved ones.
15 To ensure the availability of safe and
16 well-staffed mental health housing for our
17 loved ones, we are asking that mental health
18 housing providers are adequately funded to
19 meet the needs of those they serve. NAMI-NYS
20 stands with the Bring It Home Campaign in
21 urging you to include a $32 million
22 investment each year for the next five years,
23 to ensure that the mental health housing
24 system is able to operate sufficiently.

1 Finally, we want to ensure that
2 prescriber-prevails language is included in
3 the final version of the budget as well.
4 And now, Ariel.
5 MS. COFFMAN: Thank you, Wendy.
6 Thank you for having us here today to
7 speak. I'm excited and proud to be here
8 representing NAMI-NYS and the individuals and
9 families throughout New York State that live
10 with serious mental illness.
11 I'm not only a board member of
12 NAMI-NYS, I also work at a certified
13 community behavioral health center on
14 Long Island, so I see these issues very
15 clearly from the ground level. And I am the
16 proud daughter of a father who lives with a
17 serious mental illness. He is the number-one
18 reason that brought me to Albany today.
19 He lives with several chronic medical
20 conditions as well. We have a small family,
21 and I'm his primary caregiver. He's
22 currently rehabbing after a knee replacement
23 surgery that went very badly several months
24 ago. His mental health has suffered, and my

1 family suffers along with him. My worries
2 for his health extend in every direction, but
3 the one thing I haven't historically worried
4 about is whether or not he'll have a home
5 when he gets out of the rehab or out of the
6 hospital. That's because he lives in one of
7 the approximately 40,000 beds in New York
8 State that is underfunded at this point.
9 And that is why we are here
10 advocating, along with the Bring It Home
11 Campaign, to ensure that those rates are
12 raised appropriately to service those
13 individuals. These beds are operated and
14 staffed by the same mental health workers who
15 will not be receiving a COLA in 2019 if the
16 Governor and the Legislature does not act.
17 In my experience, a lack of properly
18 compensated staff in mental health programs
19 is dangerous to individuals and families
20 living with serious mental illness. It
21 increases potential for a lack of experience
22 and qualified workers which leads to
23 increased accidents, incidents, and
24 unnecessary heartbreak for people living in

1 these settings.
2 I'm grateful every day that I don't
3 have to worry about my dad becoming homeless,
4 sleeping in an unsafe shelter or on the
5 streets, or ending up incarcerated without
6 access to the vital mental health treatment
7 he needs.
8 We implore your help with addressing
9 these very serious problems before more
10 people with serious mental illness lose their
11 housing, their stability, their freedom, or
12 worst of all, their lives. We're advocating
13 so strongly for increased treatment, access
14 to hospital beds, mobile treatment options,
15 investment in the mental health workforce,
16 quality housing and Medicaid for people who
17 are incarcerated who live with mental
18 illness, and community mental health
19 treatment -- because New Yorkers who fall
20 through these gaping holes are dying.
21 The 30 percent rise in the suicide
22 rate in New York State speaks clearly to this
23 danger, as does the high rate of
24 rehospitalization for those with co-occurring

1 medical and mental health and substance abuse
2 disorders.
3 NAMI's list of asks may seem very
4 wide-reaching, it may seem like the ultimate
5 mental health to-do list, but really what it
6 all boils down to is one issue, and that's
7 whether we value the health and welfare of
8 our citizens who are living with mental
9 illness and substance abuse use disorders in
10 this state.
11 I'm sure each member of the
12 Legislature has a cause that is dear to their
13 hearts, and we implore you to hear our plea
14 for our families and individuals living in
15 this state with mental illness. Without
16 properly funded mental health care that
17 abides by parity laws, there is no
18 functioning family or successful child, there
19 are no healthy communities, and there's
20 little hope for recovery for New Yorkers who
21 are struggling to get better and live
22 fulfilling lives. We urge you to act.
23 Thank you so much.
24 CHAIRWOMAN KRUEGER: Thank you.

1 Senator David Carlucci.
2 SENATOR CARLUCCI: Well, thank you for
3 being here. And I know NAMI has worked
4 tirelessly on so many of the issues that we
5 talked about here today.
6 And one of the things that you have
7 championed for so long is fighting the stigma
8 attached with mental illness. Can you tell
9 me what New York has done well to fight the
10 stigma, and what we still need to do? And
11 anything you'd like to see in this budget to
12 address that particular issue?
13 MS. BURCH: Well, one thing that
14 New York did was pass the tax-checkoff bill,
15 thanks to some of our mental health
16 colleagues' advocacy, and I know we benefited
17 from that.
18 We're doing our ribbon campaign during
19 May, as Mental Health Awareness Month, and
20 we've been able to reach a lot of people I
21 know to our organization in using those funds
22 and hanging ribbons throughout May. That's
23 one area. Do you have anything?
24 MS. COFFMAN: I know the people in

1 this room especially are committed, you know,
2 to seeing mental health services evolve. And
3 certainly I know every year you go back to
4 the drawing board and try to put a little bit
5 more money in for housing, a little bit more
6 money in for clinical services -- really, we
7 just need more at this point.
8 We're struggling. I know we talked
9 about it all day today, you know, and at
10 ground level we're seeing really very serious
11 things happening to the people in our
12 programs and to our families.
13 You know, I count incidents every day,
14 I go through every single one for our agency,
15 and I can tell you it breaks my heart every
16 time I see something happening that I feel
17 could have been prevented by better staffing,
18 that would have been able to be afforded in
19 the event that we were properly funded.
20 MS. BURCH: I would add, too, that the
21 mental health in schools now that's being
22 taught is changing the way people think about
23 mental illness, our next generation. I think
24 that's great too.

1 SENATOR CARLUCCI: Thank you.
2 CHAIRWOMAN WEINSTEIN: Assemblywoman
3 Gunther.
4 ASSEMBLYWOMAN GUNTHER: Mine is not a
5 question, mine is a comment.
6 I have a very good friend who is very
7 involved in NAMI, and NAMI is so important to
8 so many people's lives and making sure they
9 have appropriate living conditions and the
10 treatment and the socialization that's
11 necessary. So, you know, certainly we're in
12 your corner.
13 MS. COFFMAN: Thank you.
14 MS. BURCH: Thank you so much for all
15 of your help.
16 ASSEMBLYWOMAN GUNTHER: Thank you.
17 CHAIRWOMAN KRUEGER: Thank you. Thank
18 you for testifying today.
19 MS. BURCH: Take care.
20 CHAIRWOMAN KRUEGER: Our next
21 testifier, John Coppola, New York Association
22 of Alcoholism and Substance Abuse Providers.
23 Again, followed by the Association for
24 Community Living, followed by Mental Health

1 Association for New York State.
2 Thank you.
3 MR. COPPOLA: You're welcome.
4 CHAIRWOMAN KRUEGER: A beard has
5 appeared this year.
6 MR. COPPOLA: Good afternoon.
7 CHAIRWOMAN KRUEGER: Good afternoon.
8 MR. COPPOLA: I want to just start by
9 thanking you for being here, staying here,
10 and asking extraordinarily good questions and
11 demonstrating that you really care about this
12 issue. All of our issues.
13 Last year when I was here I made the
14 following statement. Without the strength of
15 significant new resources -- emphasis on the
16 word "new" -- without the strength of
17 significant new resources and a dedicated
18 commitment to support the substance abuse
19 disorders workforce, the opioid crisis will
20 continue to escalate in New York State,
21 setting new records and impacting more and
22 more families.
23 In a presentation I heard last week in
24 New York City, Dr. Andrew Kolodny, the

1 executive director of Physicians for
2 Responsible Opioid Prescribing, said that
3 overdose deaths had increased every year for
4 the past 23 years.
5 So when we start thinking about the
6 rate of increase slowing down or plateauing,
7 and we can say to ourselves it didn't
8 increase this year, let's not forget that for
9 23 straight years leading up to 2017, the
10 number went up. And in 2017 -- the numbers
11 aren't all in yet, but we think that it's
12 going to be the 24th year. So I think it's
13 extraordinarily important that we think about
14 all of the decisions that were made during
15 that 24-year period, and to what extent is
16 there some responsibility for where we are
17 now.
18 A couple of the questions have focused
19 on a number that was mentioned during the
20 State of the State address, the $200 million
21 that will be utilized to address the opioid
22 crisis. A couple of years ago I believe the
23 number was $213 million.
24 If you look at the chart that I

1 included in my testimony which shows the
2 amount of funds that go into the local
3 assistance budget -- which essentially is the
4 part of the budget that folks rely on at the
5 local community level for prevention funding,
6 for recovery funding, and for a good part of
7 the treatment funding, particularly for those
8 folks who cannot afford it -- what you'll see
9 this year is a 0.7 percent, one-tenth of
10 1 percent increase. So one-tenth of
11 1 percent.
12 I can't even begin to imagine another
13 state agency that might have a local
14 assistance increase of less than 1 percent.
15 And if it was 2 percent, right, if it was the
16 2 percent cap that we keep hearing about, it
17 would be an $11 million increase, not a
18 $646,000 increase. Okay? So again, that's
19 indefensible and it's unacceptable.
20 The trend over the course of the seven
21 years I have on my chart is a local
22 assistance rate that barely keeps pace with
23 inflation. So in all of the years of the
24 increase that we're talking about in overdose

1 deaths, it's explainable at least in part
2 because we've been struggling to do more with
3 less for an extraordinarily long period of
4 time.
5 The COLA that everybody's talking
6 about had to be taken out of the budget,
7 which is an incredible thing -- we have to
8 have a conversation, let's take this out of
9 the budget so we can use those dollars for
10 something else. And that's happened year
11 after year after year. So I appreciate that
12 all of you have, you know, raised this as an
13 issue, and it's something that really needs
14 attention.
15 The workforce needs to be supported.
16 I think it's actually miraculous what OASAS
17 has done with limited resources. When I read
18 the Comptroller's report about gambling --
19 and Senator Krueger, I appreciate your
20 questions about that earlier -- you think
21 about OASAS is not responsible for the lack
22 of gambling services across the state. They
23 don't have the resources to do that. And if
24 you quiz the commissioner on how many staff

1 she has dedicated to that issue, I don't
2 think it's too many.
3 CHAIRWOMAN KRUEGER: Right.
4 MR. COPPOLA: Workforce is critical.
5 We're asking for support for
6 prevention, treatment, and recovery. We've
7 got Medicaid rates for our treatment programs
8 that are 14 years old that predate the
9 rates -- those rates predate some of the
10 medications we now have, you know, for
11 medication-assisted treatment, etc.
12 And I know my time is going to run out
13 momentarily, so I want to leave some time for
14 questions. But it is absolutely unacceptable
15 that we talk about a pandemic of overdoses
16 and addiction, and our response is a flat
17 line of funding that doesn't let us pay our
18 electric bills with the same level of ability
19 that we had 10 years ago. It's not
20 acceptable that our response to a pandemic is
21 flat funding and not supporting our
22 workforce.
23 CHAIRWOMAN KRUEGER: Thank you.
24 CHAIRWOMAN WEINSTEIN: Thank you.

1 Assemblywoman Rosenthal.
2 ASSEMBLYWOMAN ROSENTHAL: Hi, John.
3 We've talked often about the lack of
4 funding. I wonder if you'd describe to the
5 committee what the consequence of this flat
6 funding will be, as you see it, in terms of
7 overdose deaths and other problems.
8 MR. COPPOLA: Right. So one very
9 concrete consequence is that a mother or a
10 father somewhere in this state who needs
11 treatment for their daughter or their son
12 might go to a program that has an empty bed
13 that their daughter or son could occupy if --
14 operative word here is "if" -- there were a
15 staff person there to staff that bed.
16 What has happened over the course of
17 that 24-year period that I talked about is we
18 transitioned from fee-for-service to managed
19 care. The program had to purchase electronic
20 health records, they had to purchase
21 electronic billings, they had to hire billing
22 clerks, they had all kinds of administrative
23 new expenses.
24 What happened? There was no funding

1 in the OASAS budget for those things, and so
2 folks cannibalized existing positions. So
3 here we are years later. Those positions
4 have disappeared, folks are not in a position
5 to hire staff.
6 And we did a study recently of the
7 difference between $5,000 and $7,500
8 statewide, if you take somebody who works in
9 our field and say they could leave, walk out
10 the door, go to some other sector of the
11 healthcare and human service system and get a
12 job. So it's about waiting lists, it's about
13 a lack of access to services.
14 The prevention question earlier about
15 1700 schools -- we have a workforce of
16 two-thirds right now of what it was years ago
17 in the prevention. So it's about lack of
18 access to services. That's the consequence.
19 CHAIRWOMAN KRUEGER: Thank you.
20 Senator Savino.
21 SENATOR SAVINO: Thank you.
22 Thank you, Joe. I almost didn't
23 recognize you. The beard -- it's a totally
24 different look.

1 You talked about strengthening the
2 workforce -- he looks totally different --
3 and I know like this is a field where many
4 people who go into it also have their own
5 experience and they become CASACs, et cetera.
6 What's the average salary for a CASAC?
7 MR. COPPOLA: A CASAC's average
8 salary, I think --
9 SENATOR SAVINO: You know, on average.
10 MR. COPPOLA: Yeah. I think in
11 downstate, New York City, it's under $40,000.
12 But that includes the fringe benefits.
13 SENATOR SAVINO: Right.
14 MR. COPPOLA: And upstate it's worse.
15 SENATOR SAVINO: And so where would
16 they go -- I mean, so if I, you know, come
17 into this because I have my own addiction
18 background, I decide that I want to become
19 part of the peer support system, I want to
20 become a CASAC -- and then where would I go
21 after that? Would I go to the social work
22 school? Would I maybe go into some other
23 level of the treatment world? Where would I
24 take my experience?

1 MR. COPPOLA: So a lot of folks who
2 come into the field as peers or as CASACs who
3 are able to stay in the field will get their
4 associate's degree. OASAS has developed a
5 career ladder within the OASAS treatment and
6 prevention system. Unfortunately, as I just
7 mentioned, there's a wage issue that gets in
8 the way.
9 Very frequently, if people are
10 successful in advancing their education, they
11 leave. They go elsewhere. We've had a
12 number of folks who have left our programs
13 and started to work for the health plans that
14 are now managing our programs. So people who
15 are successful are generally more successful
16 outside the field than they are in, and
17 that's one of the reasons why we have an
18 issue.
19 SENATOR SAVINO: Right.
20 MR. COPPOLA: And I think it was
21 mentioned a little bit earlier there's like
22 scope-of-practice issues, like to try to get
23 people to work in our programs to continue to
24 do what they're doing without interference

1 from State Ed with new regulations. I think
2 that's a huge issue as well.
3 SENATOR SAVINO: And finally, in the
4 last minute, I spoke earlier this morning
5 with the OMH commissioner. In government,
6 you know, everything is siloed. So you have
7 mental health, you have substance abuse, and
8 then sometimes you'll have another area.
9 Do you see a problem with mental
10 health professionals, psychiatrists in
11 particular, not recognizing the degree of
12 danger that they're placing their patients in
13 with putting them on medications to help deal
14 with their mental health issues that are also
15 highly addictive?
16 MR. COPPOLA: So there's a huge amount
17 of education that's necessary, and in part it
18 was caused by the bureaucracy that told
19 physicians that pain medication was not
20 addictive. Right?
21 So I think that physicians -- you
22 know, requiring physicians to have an
23 education as part of their medical
24 education -- more training hours related to

1 addiction, understanding what it is,
2 understanding how to treat it, having
3 physicians getting their information about
4 medication from somebody other than
5 pharmaceutical sales people.
6 And I would just suggest, frankly,
7 that one of the things that I neglected to
8 mention is that when we think about the
9 pharma fund, I can't imagine that anybody on
10 this panel would think that it wasn't -- if
11 we don't have a place to get the money, why
12 $100 million from pharma? Why not $200
13 million? And why not money from the people
14 that are doing the vaping, tobacco, alcohol?
15 Like somehow we can't go to those folks and
16 say it's time to have a conversation?
17 SENATOR SAVINO: Thank you.
18 CHAIRWOMAN WEINSTEIN: Assemblyman
19 McDonald.
20 ASSEMBLYMAN McDONALD: John, thank you
21 for being here.
22 We're going to ask you an unfair
23 question, so I'm just giving you a heads up
24 on that. And actually it's a question that

1 has actually been in all the different types
2 of panels. But you've been very consistent
3 about investment in the workforce. You've
4 been very strong on that for the last three
5 or four years, from my perspective. And at
6 the same token, everyone's been very
7 gracefully saying we appreciate the
8 investment in more beds for treatment, beds
9 for the disabled.
10 But I guess the question is if we had
11 to make a decision, which one would it be
12 first? What should be our priority? Is it
13 the workforce or is it more beds?
14 MR. COPPOLA: So we have available
15 beds right now that are empty. And so I
16 would say to you it's workforce. And I would
17 say that seems to resonate with all of the
18 other sectors as well.
19 ASSEMBLYMAN McDONALD: That's my
20 question, is -- you know, you go back five
21 years ago when I think the Legislature was
22 really grasping the concept, right, that we
23 had a crisis on our hands, and all I heard
24 from people was: There's no place for my kid

1 to go, there's no place where I can bring
2 them.
3 You're out in the field every single
4 day. You've got to be hearing that call
5 start to dissipate a little bit, I'm hoping.
6 Right? That the beds are available more
7 frequently than ever before.
8 MR. COPPOLA: Assemblyman,
9 unfortunately, it's very, very idiosyncratic.
10 If you're a young woman, 26 years old, and
11 you want to go to a program that has a
12 sensitivity to women's treatment, good luck.
13 You're getting in line -- and I'm not
14 suggesting that this is not a good
15 priority -- you're getting in line behind
16 pregnant women who have an opioid addiction.
17 Right? That's a priority, and it should be a
18 priority. But I -- it took me a lot longer
19 than it should have taken me to help a friend
20 get a 26-year-old daughter into treatment.
21 If you're a young person, there are
22 not a lot of facilities in the state, and
23 they're not necessarily regionally spaced in
24 a way that makes it easily accessible. There

1 are beds, but again, we have to sort of -- I
2 think there's a lot of work to be done.
3 ASSEMBLYMAN McDONALD: Thank you.
4 CHAIRWOMAN KRUEGER: Thank you very
5 much.
6 MR. COPPOLA: You're welcome.
7 CHAIRWOMAN KRUEGER: Next up to
8 testify is the Association for Community
9 Living, followed by Mental Health Association
10 of New York State -- for those wanting to
11 move up closer -- and then followed by the
12 New York State Conference of Local Mental
13 Hygiene Directors.
14 MS. LASICKI: Good afternoon, Senator
15 Krueger, Assemblywoman Weinstein, Senator
16 Carlucci, Assemblywoman Gunther, other
17 members of the committee. My name is Antonia
18 Lasicki, and I am the executive director of
19 the Association for Community Living, which
20 is a statewide membership organization of
21 nonprofit organizations that provide housing
22 and rehabilitation services to more than
23 35,000 New Yorkers who have been diagnosed
24 with serious and persistent mental illnesses

1 and who are seriously and functionally
2 impaired by those illnesses and who have
3 often co-occurring medical conditions,
4 substance use issues, and many who have mild
5 DD diagnoses.
6 My organization is a member of and
7 helped to launch the Bring It Home Campaign,
8 a statewide coalition of community-based
9 mental health providers, mental health
10 advocates, faith leaders, consumers, and
11 their families.
12 I think everybody has talked
13 extensively about the COLA today. That is
14 obviously one of our very highest priorities
15 this year. And just to be clear, the COLA is
16 not just for workforce, it's for all the
17 other rising costs in the programs.
18 So it not only provides increases that
19 will -- for direct care staff, or DSPs in the
20 OPWDD world, but also for other staff like
21 our clerical staff, our HR staff, our finance
22 staff, our staff who do reporting, who are
23 entering every single gasoline receipt and
24 building those reports that we have to do to

1 the state -- office rent, utilities,
2 supplies, telecommunications, software,
3 account services, reporting costs, and on and
4 on and on.
5 We are at the point now where my
6 providers are losing money on many of the
7 programs that they operate, and it is a shame
8 that they have to figure out ways to fund
9 raise to plug gaps. I mean, I don't think
10 that the state would buy cars from a car
11 dealership that cost $25,000, tell them,
12 Well, we're willing to pay you 20, you'll
13 have to fundraise for the other 5 per
14 vehicle. I mean, it just doesn't happen.
15 It doesn't happen anywhere in state
16 procurement, except when they're dealing with
17 human services organizations. We're told:
18 Fundraise. We can't fundraise our way out of
19 this problem. We absolutely need increases.
20 So -- and I do want to talk about this
21 in the context of housing. So the State
22 Office of Mental Health has five housing
23 models. Three are licensed, and two are
24 unlicensed. And when the commissioner today

1 testified that there's been $50 million
2 infused into housing, she doesn't really tell
3 you the entire story. The licensed housing
4 has not gotten any of that $50 million
5 anywhere in the State of New York.
6 So the licensed housing, which serves
7 the lowest-functioning clients with the most
8 needs -- 24/7 supervision, medication
9 management, ADL skills training, crisis
10 intervention, all of the things that you have
11 to do in a community residence -- that
12 program did not get one dime of that money.
13 The next level of care is a treatment
14 apartment, also licensed. Staff go in there
15 every day, do whatever they need to do to
16 keep those people -- to keep our clients in
17 the community. That program got not one dime
18 of that $50 million.
19 The vast majority of that $50 million
20 went to New York City, Long Island, and the
21 Lower Hudson Valley for supportive housing,
22 scattered-site supportive housing. That's
23 one model that was in such big trouble that
24 it's basically a rent stipend program that

1 providers were not able to pay -- didn't have
2 enough money to pay the rent, let alone pay
3 the staffing and everything else that they
4 had to pay to meet their obligations.
5 So they were really trying to figure
6 out how to solve a crisis that was an
7 imminent, current crisis. So they put most
8 of that money there. The first two years it
9 was scattered-site supportive housing, only
10 downstate. The third year they extended it
11 to two other program types in some parts of
12 the state, and the fourth year they extended
13 it to the rest of the state.
14 So the vast majority of the state has
15 gotten nothing. Two models got nothing.
16 Only downstate, in three models, got
17 anything. So that's just to put that into
18 context. The other thing I -- so what we
19 really need is we need $163 million infused
20 into housing that will stabilize all five
21 models of housing.
22 We're perfectly willing to think about
23 this as a plan, not necessarily something
24 that has to come in the door this year. So

1 32 million for each of the next five years
2 might work. It is still a current need,
3 162 million just to stabilize those five
4 models. But we recognize pragmatically how
5 things really work, and so if we need to do a
6 five-year plan, we're willing to do that.
7 But some of these programs have a
8 Medicaid component. We do not -- they've
9 never been re-based. We cannot do a rate
10 appeal. We have no mechanism to increase
11 those Medicaid rates in any way, shape, or
12 form. The only thing we can do is beg every
13 year.
14 So I just wanted to point out two
15 charts very quickly. If you look at the
16 charts at the back of my testimony, this
17 green line -- you can see 10 years of our
18 licensed programs, our highest level of care,
19 have not gotten any increases except for that
20 0.2 percent. And so it's flat funding for
21 10 years. There's no ability to get any
22 other money into those programs.
23 And Senator Carlucci, the other thing
24 I wanted to clarify that the commissioners

1 spoke about -- when, Assemblywoman Gunther,
2 you asked how will the money be distributed,
3 she said, "Well, we're going to look at the
4 fair market rents, and wherever the fair
5 market rents are not quite there, that's
6 where we'll put the money."
7 But if you look at Rockland County,
8 your fair market rent is $19,188 a year. A
9 client will pay us a little over 3,000. The
10 provider is responsible for 16,092 of the
11 rent. They're paid 15,786. They're not even
12 paid enough to cover the rent of the
13 apartment, and they still have to staff it,
14 administer it, and do everything else that is
15 required. It is not tenable.
16 ASSEMBLYWOMAN GUNTHER: -- 22,174 --
17 MS. LASICKI: I'm sorry?
18 ASSEMBLYWOMAN GUNTHER: 15,786?
19 MS. LASICKI: Yup.
20 ASSEMBLYWOMAN GUNTHER: Yeah.
21 MS. LASICKI: But the fair market
22 rent, after the client pays their portion, is
23 over that, is more than that.
24 So if you look at this chart, I mean,

1 this is -- we built a rate where every county
2 in the state -- and you'll see where the
3 biggest gaps are. One of the biggest gaps is
4 Rockland County --
5 CHAIRWOMAN KRUEGER: Since you've gone
6 over a minute 33, I have to stop you.
7 MS. LASICKI: Sorry. Thank you.
8 CHAIRWOMAN KRUEGER: But I will let
9 people ask you questions, and that might
10 elicit the answers.
11 Senator Carlucci? Any questions?
12 SENATOR CARLUCCI: Come back.
13 CHAIRWOMAN KRUEGER: Come back to you.
14 CHAIRWOMAN WEINSTEIN: Assemblymember
15 Gunther.
16 ASSEMBLYWOMAN GUNTHER: Yeah, I'm
17 looking -- so 22,174, the current supportive
18 housing rate, 15,000 -- so the shortfall of
19 6,388 -- I just want to make sure I'm reading
20 it right.
21 MS. LASICKI: Yes. So the formula is
22 also in there, how we come to -- each one of
23 those columns has an explanation in the
24 packet as well.

1 ASSEMBLYWOMAN GUNTHER: Okay.
2 MS. LASICKI: So you can actually
3 follow it through.
4 ASSEMBLYWOMAN GUNTHER: Okay.
5 MS. LASICKI: For every county in the
6 entire state.
7 ASSEMBLYWOMAN GUNTHER: Okay. I got
8 it.
9 MS. LASICKI: And you can see the
10 shortfall for the entire state is about
11 $74 million. And that's just factual, it's
12 not -- it's just factual. It's just building
13 in a rate, which OMH requires us to do under
14 guidelines and contracts. That's all that's
15 in this rate. And these are a lot of very
16 modest assumptions.
17 ASSEMBLYWOMAN GUNTHER: And so you're
18 asking for a five-year commitment at what per
19 year?
20 MS. LASICKI: So about 32 million a
21 year.
22 So this is one program type. This is
23 only one program type. You have four others.
24 So we did calculations to fill in the

1 testimony, and in total, for all five models,
2 it would be about 162 million in addition to
3 what the Governor put in of 10. But going
4 forward, it would be 32 million a year for
5 five years would do it; 74 of that would go
6 to this one program type.
7 ASSEMBLYWOMAN GUNTHER: From your
8 mouth to God's ear.
9 MS. LASICKI: Hmm?
10 ASSEMBLYWOMAN GUNTHER: From your
11 mouth to God's ear.
12 MS. LASICKI: Yes, exactly. From my
13 mouth to God's -- from my mouth to all of
14 your ears.
15 (Laughter.)
16 CHAIRWOMAN KRUEGER: Thank you.
17 Oh, sorry. Senator Carlucci.
18 SENATOR CARLUCCI: So just to follow
19 up -- thank you -- I know we've spoken about
20 these issues before, and so when we talk --
21 when we look at this chart that you gave us
22 and we look at Rockland County as an outlier
23 here -- they're all in bad shape, obviously,
24 but Rockland's a little higher -- and we see

1 that the fair market value in Rockland is,
2 you know, on par with what we're giving the
3 same in Staten Island.
4 MS. LASICKI: Right. New York City,
5 Rockland are the same fair market rents. HUD
6 just determined -- HUD determines those
7 rents.
8 SENATOR CARLUCCI: Right. And then so
9 what is the current supported housing rate?
10 What is the lag in the formula there? What
11 would we really be looking at in terms of,
12 okay, well, fair market rate is the same in
13 these counties, but yet our rate that we're
14 reimbursing is different.
15 MS. LASICKI: Right. So OMH does not
16 peg -- OMH doesn't really have a formula.
17 And that's been one of my issues for years
18 and years and years. What formula are you
19 using to create your rate that you're paying
20 people?
21 So they don't really have one. They
22 started the program in 1991, and for 10 years
23 they didn't give them any increases at all.
24 Then I fought, we got a little bit, so you

1 can look at -- so it just builds on what went
2 in the past. There's been no -- nobody has
3 looked at it from an objective point of view,
4 created a formula and said, This is what we
5 require the providers to do, this is how many
6 staff we require them to have, so this is
7 what it comes out to.
8 It's very simple to do. We did it.
9 And OMH could do it as well, but they don't.
10 What they do is they just give us a little
11 bit over what they gave us the year before.
12 And eventually we're falling so far behind --
13 because in many years we got nothing -- that
14 it's untenable now. Providers are giving
15 back beds, providers are saying, I am not
16 going to do this anymore.
17 And the new beds -- there's a new
18 initiative called ESSHI that is all funded at
19 a much higher rate. It's all new, and it's a
20 higher rate, but they're chipping away at the
21 problem of the 40,000 units of existing units
22 of housing. And they're not going to get
23 there fast enough before the whole thing
24 collapses. It's going over a cliff.

1 Providers are going to give them back,
2 they'll take the new ones -- they'll develop
3 the new ones and they'll give back the old
4 ones. It doesn't really make sense. It's
5 two steps forward, one step back.
6 SENATOR CARLUCCI: Thank you.
7 CHAIRWOMAN KRUEGER: I've actually
8 told providers that's what they should do.
9 MS. LASICKI: I'm sorry?
10 CHAIRWOMAN KRUEGER: I've actually
11 told providers that's exactly what they
12 should do. Give back the old ones and get
13 the new ones at more reasonable rates.
14 Because this is a crazy system.
15 MS. LASICKI: Yeah.
16 CHAIRWOMAN KRUEGER: So thank you very
17 much for testifying today.
18 Next up, Mental Health Association in
19 New York State. I guess as opposed to "of
20 New York State."
21 (Laughter.)
22 MR. LIEBMAN: I've only been getting
23 that for 16 years.
24 CHAIRWOMAN KRUEGER: And for people

1 tracking at home, followed by New York State
2 Conference of Local Mental Hygiene Directors,
3 followed by Families Together in New York
4 State.
5 Hi.
6 MR. LIEBMAN: Good afternoon. Hi.
7 CHAIRWOMAN KRUEGER: Didn't we just
8 see you the other day?
9 MR. LIEBMAN: I'm everywhere. I try
10 to be.
11 (Laughter.)
12 MR. LIEBMAN: But thank you very much.
13 I appreciate this opportunity. My name is
14 Glenn Liebman. I'm the CEO of the Mental
15 Health Association in New York State. As I
16 said, I've been here for 16 years. We have
17 26 affiliates in 52 counties throughout
18 New York State. Many of our members provide
19 community-based mental health services.
20 We're involved in housing, we're involved in
21 a diversity of services. We also provide a
22 lot of education, training, and advocacy in
23 the community as well. Our organization is
24 very mission-driven.

1 So our mission is specifically around
2 public awareness about mental health and
3 ending the stigma of mental illness. And as
4 Wendy referred to earlier, we were very
5 involved with the mental health tax checkoff.
6 First in the nation, Mental Health First Aid
7 funding. We are one of the most highly
8 funded states in the country around Mental
9 Health First Aid, which is greatly
10 appreciated. We have a license plate bill in
11 New York State -- no other state has a
12 license plate bill for mental health public
13 awareness. And the most important one of
14 all, from our perspective, is now New York is
15 the first state in the country to mandate
16 having mental health education in schools.
17 So we thank you for all that. We
18 really needed your support, and it meant a
19 lot to us.
20 So because of our mission, we actually
21 cover a lot of issues. We're covering 13
22 issues today, but I'm not going to talk about
23 13 issues today, I'm only going to focus on
24 two specifically. And you can see from my

1 testimony we do talk a lot about a lot of
2 different issues that were brought up by my
3 colleagues as well. But the focus is on two
4 issues. One thing that I don't think you've
5 heard about today at all is a COLA.
6 (Laughter.)
7 MR. LIEBMAN: A little late in the
8 day, a little humor. But I think you have a
9 universal message from people across the
10 state, from providers across the state, from
11 advocates across the state, all of us are
12 speaking with one voice on the need for a
13 cost of living adjustment, the 2.9 percent
14 human service COLA based on the CPI.
15 You know, this has been -- and I like
16 what John Coppola said, this was a conscious
17 action to take this -- this language was in
18 the budget around the COLA, it's language in
19 the budget every year. So this was a
20 conscious action to take that language out of
21 the budget. And what that means is for most
22 of the last 10 years, this has been not
23 withstood.
24 So I envision, as a mental health

1 advocate, what -- again, it's human service,
2 but as a mental health advocate, had we had
3 this funded, had we had this over
4 $700 million funded, what would it have
5 helped in terms of our mental health crisis
6 in New York State? Think about what it would
7 do for homelessness, suicide prevention, the
8 opioid epidemic, the incarceration of
9 individuals with mental health issues,
10 housing, and so much more.
11 Our members and our colleagues are
12 innovative and nimble. They will do whatever
13 it takes to help someone in a mental health
14 crisis to provide safety, support, and
15 recovery. We can only imagine what funding
16 would have done to enhance our workforce and
17 help defray the costs of running an agency.
18 And I think Tony did a great job of talking
19 about all the administrative components of
20 running an agency.
21 But we can't look back. We're not
22 looking back, we're looking ahead and urging
23 your support for the COLA to help stop this
24 mental health crisis in New York State. I

1 think people articulated it well all day.
2 You all articulated it very well also.
3 And one thing I just want to point out
4 about the COLA is this is also a social
5 justice issue. Because if you look at the
6 breakdown of the nonprofits, of the human
7 service nonprofits, 81 percent of them are
8 women, 41 percent are people of color, so
9 it's clearly a social justice issue as well.
10 And if you look at the last page --
11 and I think Andrea did a great job around
12 this when she was asked about the survey that
13 we did around behavioral health, community
14 measuring turnover. And I think, Senator
15 Savino, you said it -- you saw this, that we
16 have -- when we did a survey of all the
17 nonprofit workforce in the behavioral health
18 sector, we have 34 percent turnover on a
19 yearly basis. Thirty-four percent turnover.
20 How can you develop collaborative
21 care, coordinated care for individuals, when
22 one-third of the people they're working with
23 on a daily basis are leaving for another job?
24 So that is something that we have

1 great issues with. But again, like everybody
2 else, I'm just echoing what everybody said
3 about the 2.9 percent. We really hope that
4 you can help us make that happen this year.
5 The second thing I want to talk about,
6 and just briefly, is around mental health
7 education. This is a huge piece for us and I
8 think for the entire community. The Governor
9 signed this law two years ago and started
10 implementation in July, but really it started
11 in September when the school year started.
12 New York is the first state in the
13 country to mandate mental health education in
14 schools. We have received inquiries from
15 across the country about this, and across the
16 world as well. And I really want to
17 acknowledge a lot of great folks, but
18 specifically Assemblymember Gunther, who was
19 able to work with us in terms of funding to
20 create a school mental health training and
21 resource center. We really appreciate it.
22 Our folks have done, I think, a great
23 job with it. What the resource center does
24 is it goes out there, it provides mental

1 health education resources, curriculums,
2 lesson plans, and technical assistance to
3 schools across New York State. Since
4 September when it started, we have engaged
5 with over 50 percent of schools in New York
6 State from K-12.
7 Our folks have done a fabulous job,
8 and we've received the support of the
9 education community leaders. I know the
10 Education hearing, which was yesterday -- and
11 I know that mental health was a key issue
12 from all the major groups around the state.
13 They recognize this is a major issue --
14 CHAIRWOMAN KRUEGER: No, don't turn
15 the page over. I'm cutting you off. I'm
16 sorry.
17 MR. LIEBMAN: What's that?
18 CHAIRWOMAN KRUEGER: I'm cutting you
19 off. So don't turn your page over.
20 MR. LIEBMAN: Oh, I've got one great
21 sound bite.
22 (Laughter.)
23 CHAIRWOMAN KRUEGER: A sound bite.
24 MR. LIEBMAN: A sound bite. Quickly.

1 We spent $22,000 per year per student
2 in New York public schools, $22,000. If we
3 included the resource center, which our ask
4 is $1 million, it would add an additional
5 33 cents a year. That's it, 33 cents for all
6 the things I just talked about in terms of
7 what it would do in terms of lesson plans,
8 resources --
9 CHAIRWOMAN KRUEGER: Thank you --
10 MR. LIEBMAN: -- et cetera, et cetera,
11 et cetera.
12 CHAIRWOMAN KRUEGER: Thank you.
13 MR. LIEBMAN: Right.
14 CHAIRWOMAN KRUEGER: Thank you.
15 Any questions? David Carlucci.
16 SENATOR CARLUCCI: Well, thank you,
17 Glenn --
18 MR. LIEBMAN: Hey, Senator.
19 SENATOR CARLUCCI: -- and good sound
20 bite.
21 MR. LIEBMAN: Thank you.
22 SENATOR CARLUCCI: So I was going to
23 ask in regards to the work that the
24 Legislature and the Governor has done last

1 year in being the first state in the nation
2 to mandate mental health education in
3 schools, and wanted to ask you the next
4 steps. What do we need to do to build upon
5 that?
6 MR. LIEBMAN: Well, I think that
7 that's a good question. I think that there
8 are a few different things. I think that
9 what we've noted is that teachers themselves
10 have -- because we have an instructional
11 piece within our resource center where
12 teachers are striving to try to get more
13 information about mental health.
14 A lot of teachers don't know a lot
15 about mental health, and we don't want
16 teachers to become clinicians. They already
17 have so much to do. But I think what we want
18 to see is we want teachers to have a basic
19 knowledge -- like at least a Mental Health
20 First Aid-type knowledge about mental health.
21 And when they're dealing with the
22 students, we're dealing with a lot of
23 students in crisis -- 22 percent of our
24 students in the schools have a mental health

1 crisis; I mean, a need for mental health
2 services on a daily basis -- so we have to
3 really ramp up and try to make sure that
4 teachers get better instructions. And
5 frankly, we also need more clinical people in
6 school. We need more social workers, we need
7 more clinicians, we need more psychologists
8 in school as well.
9 SENATOR CARLUCCI: And I really
10 appreciate your written testimony, I know you
11 don't have time to go through it all today.
12 You mentioned some of these programs --
13 Mental Health First Aid, you mentioned the
14 Dwyer program, that's a PTSD peer-to-Peer
15 veterans program that's been eliminated from
16 the budget that we've got to make sure we
17 restore --
18 MR. LIEBMAN: Yup. Yup.
19 SENATOR CARLUCCI: -- and you also
20 talk about crisis intervention teams.
21 And maybe you could talk about, in
22 your experience, how important this is and
23 maybe your concern about, you know, we've
24 talked about the need to make this

1 universal --
2 MR. LIEBMAN: Right.
3 SENATOR CARLUCCI: -- that this would
4 be something we should have statewide.
5 MR. LIEBMAN: Absolutely.
6 SENATOR CARLUCCI: Yet we're fighting
7 just to get the small portion of it back in
8 the budget. Can you just talk to us a little
9 bit about what that means --
10 MR. LIEBMAN: Sure.
11 SENATOR CARLUCCI: -- and what you
12 think?
13 MR. LIEBMAN: Sure, and I appreciate
14 that.
15 I think, you know, thankfully, you
16 know, the Senate -- and I know it started
17 with you, when you were initially chair, that
18 you were able to fund CIT, and that was
19 greatly appreciated. I know the Assembly has
20 as well, and I think that really helps us a
21 lot. But again, as you said, it's a great
22 program, it's evidence-based, around the
23 country. But what's happening is because
24 it's coming from the Legislature, it becomes

1 more piecemeal.
2 We'd love to get it in the budget,
3 annualized, because I think that we're all
4 recognizing how it helps in terms of
5 responding to crises, how it engages
6 families, how it engages peers, and how
7 frankly law enforcement embraces it.
8 So I think any way we can get more
9 resources out there for it, you know --
10 again, ideally I'd love for it to be in the
11 budget, and then if there was an additional
12 add from the Legislature, that's great. But
13 I'd love to see it.
14 SENATOR CARLUCCI: Right. I'd love to
15 work with you and other advocates and make
16 this a more solid, normalized program --
17 MR. LIEBMAN: Sure.
18 SENATOR CARLUCCI: -- and not -- you
19 know, it's a pilot program from -- it's been
20 piloting for years --
21 MR. LIEBMAN: Right.
22 SENATOR CARLUCCI: -- and we know it
23 works.
24 MR. LIEBMAN: Right. It absolutely

1 does.
2 SENATOR CARLUCCI: So let's expand it.
3 MR. LIEBMAN: As a matter of fact,
4 they have their meeting today, today and
5 yesterday, and they're talking about how it's
6 working around the state.
7 SENATOR CARLUCCI: Okay. Thank you.
8 CHAIRWOMAN KRUEGER: Thank you.
9 Assembly?
10 CHAIRWOMAN WEINSTEIN: John McDonald.
11 ASSEMBLYMAN McDONALD: Glenn, thank
12 you for your testimony.
13 And again, you know, you mentioned the
14 four-letter word COLA, which has been a
15 constant theme. And I have a question
16 because, as you know, I'm a provider, so I
17 work closely with the direct services
18 professionals.
19 MR. LIEBMAN: Right.
20 ASSEMBLYMAN McDONALD: They're
21 phenomenal people doing God's work. And as
22 much as we're focusing on the COLA, which is
23 critical, I have to ask you this question I
24 should have asked the other 22 that came

1 before you -- or, excuse me, 15.
2 A lot of times when I talk to the
3 folks, I say, Well, why do you work there?
4 Well, I love the job, I love the mission, I
5 love the people and the consumers. And I
6 need health insurance.
7 And if you were able to just pick a
8 number out of the air -- a lot of these
9 individuals do work full-time. And I imagine
10 the agency is responsible for providing the
11 health insurance.
12 MR. LIEBMAN: In most cases, yeah.
13 ASSEMBLYMAN McDONALD: And that's a
14 huge cost that -- that's a huge cost that
15 drags down the agency.
16 MR. LIEBMAN: Mm-hmm.
17 ASSEMBLYMAN McDONALD: You know, some
18 people tend to try to make the agency
19 executives and leaders the problem, but the
20 reality is -- and somebody else was
21 mentioning earlier -- Toni, I think it was
22 you, yeah -- you know, we've got to -- you
23 know, whatever -- coordinate the care, this
24 and that. Well, the health insurance is no

1 small cheap thing. That's got to be 40 --
2 you know, as a former mayor, it used to be
3 30 percent of an employee's salary --
4 MR. LIEBMAN: Sure.
5 ASSEMBLYMAN McDONALD: With the
6 salaries they're paying here, it's got to be
7 40, 50 of the salary.
8 MR. LIEBMAN: Oh yeah. Yeah.
9 ASSEMBLYMAN McDONALD: And I don't
10 think that should be lost in this overall
11 discussion, is my point.
12 MR. LIEBMAN: And so well said,
13 Assemblyman. Because what we were talking
14 about with the 2.9 percent is, again, it's
15 not just for workforce, it is for the
16 administrative fee, it is for those costs.
17 You know, again, my members are always
18 talking about, God, what are we going to do?
19 We've got to pay increased health costs,
20 insurance costs for a myriad of different
21 things.
22 So I think it's really important what
23 you're saying in the context of this
24 2.9 percent -- again, this is a step forward.

1 It's hardly a panacea, but it's a step
2 forward. But I think you're absolutely
3 right.
4 ASSEMBLYMAN McDONALD: Thank you.
5 MR. LIEBMAN: Thank you.
6 CHAIRWOMAN KRUEGER: Thank you for
7 your time.
8 MR. LIEBMAN: Sure.
9 CHAIRWOMAN KRUEGER: And our next
10 testifier is New York State Conference of
11 Local Mental Hygiene Directors, Kelly Hansen,
12 followed by Families Together in New York
13 State, followed by Heritage Christian
14 Services.
15 Good afternoon.
16 MS. HANSEN: Good afternoon.
17 Thank you, distinguished members of
18 the Legislature -- saved 20 seconds there.
19 My name is Kelly Hansen, and I am executive
20 director of the New York State Conference of
21 Local Mental Hygiene Directors, "mental
22 hygiene" meaning we oversee all three of the
23 disability services under the Mental Hygiene
24 Law. My members are county officials, and

1 they are responsible for development,
2 oversight, planning and implementation of
3 integrated local services for adults and
4 children in the community affected by mental
5 illness, substance use disorder, and
6 developmental disabilities.
7 I'll talk to you about two things
8 today in the budget. I also want to clarify
9 some of the information provided before in
10 terms of the status of the funding to provide
11 jail-based SUD services.
12 We as county officials are very
13 supportive of the Bring It Home Campaign that
14 Toni Lasicki spoke about in terms of being
15 able to stabilize and make sure that there's
16 long-term viability of the housing stock
17 right now.
18 Our members, the county officials,
19 locally operate the AOT program, the assisted
20 outpatient treatment. It's court-ordered
21 outpatient treatment. Housing is a critical
22 component of that. And these are individuals
23 who are very high-need -- discharged from
24 prison, discharged from psychiatric centers,

1 a very high, long history -- that need a lot
2 of supports.
3 The people we care about never need
4 one service, and their conditions, physical
5 and behaviorally, have become much more
6 complex. And the rate that is reimbursed --
7 under-reimbursed -- of costs is just
8 unacceptable, and it's extremely difficult
9 for our members trying to place someone who's
10 on an AOT in housing that is sufficiently
11 staffed and helpful and safe for the
12 individuals and for the staff as well.
13 We also support the COLA. That's all
14 I'll say about that.
15 The last piece that I want to talk to
16 you about is an initiative that the
17 conference initiated last year to request
18 funding to be able to provide substance use
19 disorder treatment and transition services in
20 the county jails. We did this with the
21 New York State Sheriffs Association. But,
22 you know, as part of the oversight of an
23 integrated community, my members have
24 linkages to housing, linkages to DSS and

1 social services, linkages to criminal justice
2 and forensics, and routine ongoing and daily
3 communication with the jail, with the county
4 jail and jail administrators. And we knew
5 that we were seeing the same people coming in
6 and out, in and out, screening positive for
7 substance when they arrived and seeing them
8 coming back in again.
9 So we looked at this and said, Well,
10 there's three problems with this. Number
11 one, we're not offering treatment at a time
12 that is -- where someone is experiencing
13 abstinence and might be most receptive to
14 treatment. We're missing a huge opportunity
15 here. And we know too that the -- you know,
16 with your support, the state has put a
17 tremendous amount of services in the
18 community, and that's fantastic. There's
19 services there now that weren't there four
20 years ago. Never enough, but there's
21 services in the community.
22 But we know that individuals with
23 substance use disorder come in contact with
24 the criminal justice system. We know that.

1 And so the donut hole in the middle was the
2 jail. So when we did our survey and our
3 study with the Sheriffs Association, we asked
4 them: On this particular day, of the number
5 of individuals who screened positive upon
6 processing who are in your jail, what
7 percentage have been in your jail before?
8 And it was 68 percent. Not any jail, their
9 jail. Sixty-eight percent.
10 So what we also found is when you're
11 looking at all the jails across the state,
12 over half of them had no funding --
13 nothing -- and no services to provide any
14 treatment services other than maybe AA and
15 NA. No treatment services and no transition
16 services. That time, upon reentry, is an
17 extremely critical time. The risk of
18 overdose is -- we've seen numbers anywhere
19 from 12 percent up to 40 percent of risk of
20 death by overdose in the first two weeks
21 after reentry.
22 This warm handoff cannot be stressed
23 enough. But over half of the jails had
24 nothing.

1 So we lobbied heavily. We have a
2 white paper that provides a lot more detail.
3 And we were able to secure 3.75 million in
4 the enacted budget last year for the money to
5 go through the counties, county mental health
6 commissioners, and to provide a variety of
7 services based on where you are in developing
8 your treatment. You could bring in a CASAC,
9 you could bring in a peer.
10 You know, I visit a lot of jails as
11 part of this project. And every time you go
12 in there, the most important person is the
13 peer. And, you know, we just can't stress
14 enough how important that is.
15 But this funding could be used for
16 peers, CASACs, it could be used for group
17 counseling, individual therapy, relapse
18 prevention. It could be used for
19 medication-assisted treatment. Any of those
20 services.
21 But we're asking for a total of
22 12.8 million to be able to fund the rest of
23 the counties. This is outside New York City.
24 So what you have in front of you is

1 our full budget ask, because we're asking to
2 phase into 12.8 million. So this first year
3 of funding -- and it's based on average daily
4 population of a jail -- you can see Nassau
5 County, 1100 inmates, $60,000. That's not
6 going to buy much in Nassau County.
7 So you can see these here. Senator
8 Seward referred to it before; there was a lot
9 of discussion around how that money would be
10 distributed. We are glad to see it started.
11 This was -- the 3.75 is included in the
12 Executive. What we're asking you to do is
13 put another 3.45 on the mental hygiene table
14 to bring us to 7.2 million next year, and
15 we're going to come back to you again to be
16 able to bring it to 12.8 the year after.
17 So I see I have the red light already.
18 That went really quickly. So at this point
19 I'm happy to answer any questions you may
20 have. And thank you for your time.
21 CHAIRWOMAN KRUEGER: Thank you.
22 David?
23 SENATOR CARLUCCI: Well, thank you for
24 your presentation. And I know we've spoken,

1 and look forward to working with you on this
2 initiative. I think it's very important. So
3 thank you.
4 MS. HANSEN: Thank you. We'll have
5 good things to report.
6 ASSEMBLYWOMAN GUNTHER: So, Kelly,
7 some of the counties -- and one that I'm
8 involved in, I'm in Sullivan County -- are
9 working on a new program. I think it was
10 created in upstate New York where somebody
11 that is being arrested for drugs, that they
12 have either a go-to-jail ticket or a
13 go-to-rehab ticket, and instead of these
14 police officers bringing them to jail, we are
15 now bringing them to a safe place where they
16 can get rehab.
17 And I think that we're going to save
18 boatloads of money. And I think that we
19 should do this throughout the State of
20 New York.
21 MS. HANSEN: I did not plant that
22 question, but I'm so glad you mentioned it.
23 It's --
24 ASSEMBLYWOMAN GUNTHER: Well, we have

1 an interdisciplinary group in Sullivan
2 County --
3 MS. HANSEN: Right, the Stabilization
4 Center.
5 ASSEMBLYWOMAN GUNTHER: -- and we sit
6 on a weekly basis that -- from Catholic
7 Charities down the road. And we're making it
8 known to the community, if you don't want to
9 go to the jail and you want to get help,
10 we're here. And they'll take them within a
11 certain radius. We have Catholic Charities
12 and, you know, it's working out very well.
13 And I think if we work together, we
14 save money and keep people out of jail.
15 MS. HANSEN: Exactly. And Dutchess
16 was the first county that did this. In fact,
17 they used somebody --
18 ASSEMBLYWOMAN GUNTHER: No, it wasn't.
19 No, there was someone -- no, it wasn't.
20 There was somebody in way upstate New York.
21 MS. HANSEN: Jefferson is doing it.
22 Suffolk is putting together a stabilization
23 center. The point is diversion.
24 ASSEMBLYWOMAN GUNTHER: Yeah, and

1 that's what we're doing. And I just think
2 that's an important thing, and putting more
3 money into that too.
4 MS. HANSEN: Absolutely.
5 CHAIRWOMAN KRUEGER: Thank you very
6 much for your testimony today.
7 MS. HANSEN: Thank you.
8 CHAIRWOMAN KRUEGER: Appreciate it.
9 Next we have Paige Pierce, Families
10 Together in New York, followed by Heritage
11 Christian, followed by Research for a Safer
12 New York, and followed then by Self-Advocacy
13 Association.
14 Hi.
15 MS. PIERCE: Good evening. Hi, I'm
16 Page Pierce. I'm the CEO of Families
17 Together in New York State.
18 Families Together is a family-run
19 organization that represents families of
20 children with social, emotional, behavioral
21 and cross-systems needs. We represent
22 thousands of families across the state whose
23 children have been involved in many systems,
24 including mental health, substance abuse,

1 special education, child welfare and juvenile
2 justice.
3 Our board and staff are made up
4 primarily of family members and youths who
5 have been involved in these systems,
6 including myself. As those who know me know,
7 I have a son who's almost 28, and so for
8 25 years I've been advocating for him. He's
9 on the autism spectrum; he was diagnosed when
10 he was three. And our philosophy is "nothing
11 about us without us," meaning that families
12 and the young people that we're talking about
13 have a voice that can be really helpful as
14 you guys develop policies and budgets that
15 are going to affect our kids and families.
16 So we want to be a resource to you and, you
17 know, partner with you.
18 Over the years I've talked to you
19 about funding for redesigning the children's
20 Medicaid system, and I have participated in
21 the Medicaid Redesign Team for Children's
22 Behavioral Health, in which we spent many,
23 many years developing a set of services that
24 the commissioner, Commissioner Sullivan,

1 talked about earlier, the Child and Family
2 Treatment and Supports services. It's a
3 mouthful.
4 But that is the set of six services
5 that are new that just are coming online this
6 year, in 2019, that the commissioner talked
7 about. They include things like family peer
8 support and youth peer support. They're
9 provided in the home and in the community.
10 And they're up to age 21. I forget who asked
11 that question of the commissioner, but that's
12 the answer, is up to age 21.
13 So while these are wonderful services,
14 the workforce and infrastructure to provide
15 these services is at risk. While our
16 children themselves are experiencing a
17 behavioral health crisis, with increasing
18 numbers of anxiety, depression and suicide
19 and an addiction crisis that shows no signs
20 of slowing, the system that's meant to meet
21 these needs is experiencing a crisis of its
22 own.
23 You've heard a lot today about the
24 COLA, and that's why we stand with the entire

1 behavioral health community in support of the
2 2.9 percent COLA for the human services
3 sector. The not-for-profits in the
4 behavioral health community are on the front
5 lines every day. And as Glenn pointed out,
6 over 80 percent of the human service
7 workforce is comprised of women, and over
8 40 percent are individuals of color. Many of
9 these individuals are working one or two
10 additional jobs.
11 I want to talk quickly about mental
12 health services in schools, because that's
13 been brought up several times today. We are
14 always, always supportive of that and have
15 wanted -- have spent a lot of time advocating
16 for that. That's where our children are for
17 most of their waking hours. It's important.
18 It's also important -- and is not done
19 very much right now in New York State -- it's
20 important to include families in that,
21 because the rest of their waking hours are
22 spent with us. And if we don't have the
23 support and the kind of -- not only the
24 mental health services that the kids might

1 get in schools, but the information about
2 tools to navigate our world today, we won't
3 be able to be partners in helping our kids,
4 you know, reduce the rate of suicide attempts
5 and the rate of anxiety and depression in our
6 teens.
7 So if there's one message that we want
8 to make sure is clear, it's that mental
9 health services in schools should incorporate
10 family involvement and family participation
11 so that it can be carried over into the home.
12 And lastly, I just want to reiterate
13 what Andrea Smith talked about with
14 incorporating the Children and Families
15 Treatment and Supports into Child Health
16 Plus. This is also a really vulnerable
17 population. They're right on the cusp of
18 poverty and shouldn't be left out of those
19 important services that we worked so hard to
20 incorporate into Medicaid.
21 And as Senator Krueger pointed out,
22 you know, the evidence is clear that exposure
23 to childhood trauma, known as Adverse
24 Childhood Experiences, ACEs, can lead to poor

1 health, mental health and socioeconomic
2 outcomes later in life. We must put our
3 children first. We must invest in services
4 that strengthen families and help young
5 people reach their potential. What we do now
6 will impact entire generations moving
7 forward.
8 CHAIRWOMAN KRUEGER: Thank you very
9 much, Paige.
10 Any questions?
11 Thank you for your testimony.
12 MS. PIERCE: Thank you.
13 CHAIRWOMAN KRUEGER: And I'm quickly
14 changing the order of testifiers. Please
15 bear with me. We're moving up the
16 Self-Advocacy Association because there's
17 some transportation time frame. So Shameka
18 Andrews and Arnold Ackerley.
19 And then we will be following them by
20 Heritage Christian and Research for a Safer
21 New York. Thank you.
22 ASSEMBLYWOMAN GUNTHER: Shameka, you
23 have been so patient. Unbelievable.
24 (Laughter.)

1 MS. ANDREWS: Well, I appreciate your
2 time today, members of the Assembly and
3 Senate. My name is Shameka Andrews. I am
4 the community outreach coordinator for the
5 Self-Advocacy Association. And I am joined
6 today by Arnold Ackerley, our administrative
7 director.
8 The Self-Advocacy Association is an
9 organization that is run for and founded by
10 people with developmental disabilities. Our
11 board of directors is made up of 18 members
12 which all have developmental disabilities.
13 Since the day we were founded in 1986,
14 we have advocated for what we call inclusive
15 communities. And today, as part of my
16 testimony, I'm going to highlight some of the
17 elements that we think are important to have
18 a successful inclusive community.
19 Number one -- that you've heard many
20 times today -- is housing. Affordable,
21 accessible housing -- not only for people
22 with disabilities, but for all -- is so
23 important to be successful in the community.
24 Lack of affordable, accessible housing leads

1 to homelessness, leads to people being sent
2 into nursing homes unnecessarily, which leads
3 to higher costs for the state and poorer
4 health outcomes for individuals.
5 The next thing that we've heard time
6 and time again is the importance of our
7 direct support professionals. Direct support
8 professionals play such an important part in
9 the lives of people with developmental
10 disabilities, including myself. Without my
11 direct support professional, who helped me
12 get out of bed today, who helped me get ready
13 today, I would not be here to sit here since
14 9:30 this morning.
15 (Laughter.)
16 MS. ANDREWS: So that is -- they play
17 an important, vital role in every member of
18 the population.
19 So in order -- if we care about the
20 quality of life for people with developmental
21 disabilities, we need to care about the
22 quality of life for the direct support
23 professionals, and we need to put our money
24 where our mouth is.

1 Next I wanted to talk to you about
2 transportation. Another -- you know why I
3 had to be moved up today? Because I have to
4 get home. I always say -- I have said this
5 for years and years when it comes to
6 transportation for people with disabilities,
7 and I'm sick of saying it personally. When
8 it comes to transportation for people with
9 disabilities, you are in one of two
10 categories: Either you have lousy
11 transportation or you have none.
12 That is unacceptable. And it needs to
13 be -- something needs to be done about it
14 now.
15 The next thing is cuts to Medicaid.
16 For people with developmental disabilities --
17 I'll tell you a personal story of my own.
18 For years I have had issues getting the
19 services and the equipment that I need from
20 Medicaid. Last summer I was house-ridden.
21 And those of you who know me know that that
22 is torture. I was bedridden for the entire
23 summer because my wheelchair -- the repairs
24 to my wheelchair would not get funded. The

1 entire summer.
2 I remember the very first time that I
3 did a testimony like this, I was in an
4 elevator with Assemblyman Bob Reilly. And at
5 that time I was waiting for six months for
6 new batteries for my new chair. Six months.
7 This is unacceptable. Again.
8 So vitally important, Medicaid, to the
9 success of people living in the community.
10 Finally, the importance of individuals
11 with disabilities being seen and being
12 accepted and being recognized as vital
13 members of their community. We ask that the
14 Legislature support a disability awareness
15 campaign that recognizes the accomplishments
16 of those with developmental disabilities.
17 I've saved one final thing. I'm going
18 to leave you with this. As I was preparing
19 for this testimony today, I realized that I
20 have been an advocate for 20 years. And for
21 20 years I have asked for accessible housing,
22 for accessible transportation, for money to
23 support direct support professionals. And
24 I'm going to leave you with a saying from

1 Larry the Cable Guy: "It's time to get 'er
2 done."
3 Thank you for your time.
4 (Laughter; applause.)
5 ASSEMBLYWOMAN GUNTHER: I will say --
6 John McDonald's here, and I think you're his
7 constituent. And if you have a problem again
8 like that, you should call the Assembly
9 office.
10 Because you know what, we kind of -- I
11 have a very large disabled community in our
12 area. I have the ARC, I have The Center for
13 Discovery, New Hope, I've got a -- so we're
14 used to bugging people. You know? And we're
15 horrible human beings when it comes to
16 bugging people. My friends up there will
17 tell you that.
18 MS. ANDREWS: Yes. John and I have
19 had lots of conversations.
20 ASSEMBLYWOMAN GUNTHER: Yeah. Well,
21 sometimes it does help. And it shouldn't be
22 that way. They should service each and every
23 person with a disability as soon as they need
24 it. But sometimes people need encouragement,

1 and that's what we're here for.
2 MS. ANDREWS: Absolutely.
3 Thank you.
4 CHAIRWOMAN KRUEGER: David Carlucci.
5 MS. ANDREWS: Oh, I'm so sorry.
6 SENATOR CARLUCCI: No, no. Shameka,
7 thank you. And Arnold, thank you. And thank
8 you for your testimony here today.
9 And I would just echo what
10 Assemblywoman Gunther said. Of course,
11 that's an absurd situation that you were put
12 through. And knowing you and your advocacy,
13 if it's happening to you, it's going to
14 happen to anyone.
15 MS. ANDREWS: Absolutely.
16 SENATOR CARLUCCI: And I just don't
17 even know what to say to that. I mean, six
18 months waiting for batteries. I mean, we've
19 got to look further into that and see what we
20 can do to make sure that that's not happening
21 in the future. Which we know, unfortunately,
22 so many cases are happening that we just
23 never hear about.
24 MS. ANDREWS: Absolutely.

1 SENATOR CARLUCCI: And I'd love to
2 work with you further on the developmental
3 disabilities awareness campaign that you
4 speak of. Is there something maybe you could
5 tell us a little further about how you
6 envision that program to work?
7 MS. ANDREWS: Yes. Actually, I can
8 share with you actually a plan similar. In
9 the New York City area, they recently
10 developed the Disability Pride Day. I have
11 talked -- I personally would like to see
12 something similar up here. And we can
13 definitely talk about that, you know, at
14 another time.
15 SENATOR CARLUCCI: Okay. Thank you.
16 Appreciate it.
17 MS. ANDREWS: You're welcome.
18 CHAIRWOMAN KRUEGER: Thank you very
19 much. Thank you. Good luck with your trip
20 home.
21 MS. ANDREWS: Thank you.
22 CHAIRWOMAN KRUEGER: Heritage
23 Christian Services, followed by Research for
24 a Safer New York.

1 MR. BIELEMEIER: Good afternoon. To
2 the chairs and the committee, thank you for
3 offering me a little bit of time to share.
4 My name is Drew Bielemeier, and
5 24 years ago I started as a direct support
6 professional in an organization called
7 Heritage Christian Services. I found the
8 work to be very meaningful, purposeful and
9 important, and I've dedicated the next
10 25 years to that work.
11 Today I work as a senior vice
12 president there, and we serve thousands of
13 individuals with intellectual and
14 developmental disabilities in the Rochester,
15 Finger Lakes, and Buffalo areas of our state.
16 My first real job was when I was
17 17 years old, at Newark Developmental Center
18 in upstate New York. And I was fortunate to
19 have that experience, because I'm able to
20 firsthand see the transformation that
21 New York has gone from institutional care to
22 community programs to truly empowering
23 individuals like Shameka to have
24 self-directed programs in their lives.

1 And we should all take credit for
2 those accomplishments and celebrate. But we
3 know that that progress is in jeopardy.
4 Right? It really is, and you know it,
5 because of the workforce crisis. That crisis
6 is going to hold us back from achieving the
7 equality we want for all citizens of New York
8 State.
9 And I was bewildered to come up here
10 to think about the lives that I try to
11 change, that I actually have to come and
12 advocate that in New York, in 2019, that we
13 pay people that support other people a living
14 wage. And today we pay people who pick up
15 our garbage or people who flip our burgers
16 more money.
17 I will say I was a bit cheered up,
18 though, by this group. Senator Savino, we
19 have never met, but keep those lectures
20 coming.
21 (Laughter.)
22 MR. BIELEMEIER: To feel the support,
23 to hear your good questions, to know you're
24 knowledge-based -- I'm going to take clips of

1 this hearing and show it to our direct
2 support staff so they know that they've got
3 support from some people. Now, how, how do
4 we take that support and create real change
5 with it?
6 I'm only going to reinforce a few
7 other points that have already been made, but
8 we have compounding factors. The care gap.
9 The number of people who need care keeps
10 growing. The number of people to provide it
11 has flat-lined. It's only going to get
12 worse. So if we don't invest now, we've got
13 bigger challenges down the road in the
14 future. Right?
15 Demographics. We know the
16 demographics. More people are leaving
17 New York and leaving New York. So that is a
18 factor in all of this. And of course
19 unemployment is at all-time lows.
20 And then we've talked about it today
21 the minimum wage and the minimum wage for
22 fast food. Right?
23 So jeez. And then we look at the
24 social justice. We've got an agenda on

1 social justice. And as a few other of my
2 colleagues mentioned before, 80 percent of
3 the people doing this work are women? And 40
4 to 50 percent are African-American or Latino?
5 And many live in poverty? Thirty-eight
6 percent of single moms in New York today live
7 in poverty. And we know the starting wage
8 for a direct support professional is below
9 the poverty line for a single parent. Where
10 are we going with that? Right?
11 So I ask you and implore you to
12 continue your journey, because I can feel it
13 within all of you today: The support of the
14 COLA and the support of a living wage for the
15 direct support workforce -- not just today,
16 but into the future. It's also a wise
17 business decision. And I believe you already
18 know that. You've quoted overtime rates.
19 You've quoted turnover statistics. Those are
20 money that's nonvalue money. It's not being
21 used appropriately.
22 So let me just share a story, because
23 you can read the testimony. Five years ago I
24 was at the high point of my career. We had

1 really opened up services so that people
2 could have customized supports and services.
3 And when I'd see an individual with an
4 intellectual disability, they'd share to me
5 what their goals are and what they're working
6 on in life. I might be moving into my own
7 apartment. I might be sharing a home. I'm
8 looking for employment. What a menu of
9 options.
10 I'd see the direct support staff, and
11 they'd be excited about the difference they
12 were making, and they could see not
13 necessarily a career ladder, but a ladder. I
14 think a career ladder needs a real living
15 wage. But there were choices and
16 opportunities for promotion.
17 And you'd talk to families, and they'd
18 be struggling with their family member having
19 a little bit more freedom in the world, but
20 they were genuinely excited.
21 Today I see those same people, and the
22 individuals receiving services say "I can't
23 get that community hab today. I can't find
24 the staff." Or the person I formed a really

1 close bond with left. And I understand why
2 they left. They needed to care for their
3 family. You see, the direct support staff
4 aren't looking to get rich. They really are
5 here to make a difference in the lives of
6 others. But they want to do so without
7 having to sacrifice their own or their
8 family's life.
9 I run into family members today -- and
10 this was the worst one. It was six months
11 ago, and it was a mom I've known for 20
12 years. And she was in the hospital on her
13 last days. And she grabbed my hand, and with
14 tears in her eyes she explained the fear that
15 she had for her son. Because she thought his
16 future was more uncertain now than ever
17 before.
18 So with that, I know we have your
19 support, so I am preaching to the choir. But
20 please, I implore you to continue to work
21 with all your colleagues to see if we can
22 have some real outcomes out of this.
23 And the last side point, we are also a
24 fiscal intermediary within the CDPAP

1 provider. So we provide all those --
2 self-directed, OPW and CDPAP.
3 And I would support the other concerns
4 you've heard from the community and others
5 regarding the changes to CDPAP. We do see,
6 if those changes happen as what's in the
7 budget today, that they would have a negative
8 impact on the quality of life for people.
9 Thank you.
10 CHAIRWOMAN KRUEGER: Thank you very
11 much.
12 Any follow-up questions? No. You
13 were very inclusive, so thank you very much.
14 MR. BIELEMEIER: Thank you.
15 ASSEMBLYWOMAN GUNTHER: Thank you so
16 much.
17 CHAIRWOMAN KRUEGER: And now for the
18 last, but don't take it personally, presenter
19 for this -- it's still afternoon, not
20 evening -- Research for a Safer New York,
21 Inc.
22 Ken Robinson?
23 MR. ROBINSON: Good afternoon.
24 CHAIRWOMAN KRUEGER: Good afternoon.

1 MR. ROBINSON: My name is Ken
2 Robinson, and I am the executive director of
3 Research for a Safer New York.
4 Research for a Safer New York is a
5 consortium of harm reduction providers and
6 has been established to oversee a pilot
7 research study in the form of operation of
8 overdose prevention centers in New York
9 State.
10 Overdose prevention centers, or OPCs,
11 are facilities that allow people to consume
12 pre-obtained drugs under the supervision of
13 trained staff. They are designed to reduce
14 the health and public disorder issues
15 associated with public drug consumption.
16 OPCs are also called supervised consumption
17 sites, safe or supervised injection sites,
18 and drug consumption sites.
19 Overdose prevention centers first
20 emerged in the Netherlands in the '70s.
21 Today, there are approximately 120 OPCs
22 operating in least 10 countries around the
23 world, including Australia, Canada, Denmark,
24 France, Germany, Luxembourg, the Netherlands,

1 Norway, Spain and Switzerland -- but none in
2 the United States.
3 OPCs can play a vital role as part of
4 a larger public health approach to drug
5 policy. They are intended to complement, not
6 replace, existing prevention, harm reduction
7 and treatment interventions.
8 Some of the benefits of OPCs are
9 successfully managing on-site overdoses and
10 reducing drug-related overdose deaths; saving
11 costs due to reduction in disease, deaths,
12 and need for emergency medical services;
13 reducing public disorder and public injecting
14 while increasing public safety; increasing
15 entry into substance use treatment; reducing
16 the amount and frequency that clients use
17 drugs; reducing HIV and hepatitis C risk
18 behavior, such as syringe sharing and unsafe
19 sex; and increasing the delivery of
20 lifesaving medical and social services.
21 I am here to ask both the Senate and
22 the Assembly to authorize this two-year
23 overdose prevention center pilot study and to
24 include $3 million for the first year of

1 funding. As you all know, and as we've heard
2 repeatedly today, we are in the throes of an
3 opioid-induced public health emergency. Over
4 70,000 Americans died of opioid overdoses in
5 2017. This is more than car crashes, HIV,
6 and gun deaths combined.
7 Despite increased spending on drug
8 treatment, deaths from overdoses increased
9 71 percent in New York State between 2010 and
10 2015. That annual death toll continues to
11 rise. With 3,894 preventable deaths from
12 opioid overdoses in New York State in 2016, a
13 29 percent increase over the prior year.
14 This is 3,894 funerals, 3,894 New York
15 families permanently torn apart. Why would
16 we not be willing to authorize this tried and
17 true evidence-based practice?
18 Esteemed Senators and Assemblymembers,
19 I implore you to authorize and fund this
20 vital two-year pilot study, including
21 3 million for the first year of operation.
22 As you know, 3 million is a tiny percentage
23 of New York's budget. Ultimately, the bottom
24 line is that this is about saving human

1 lives. I am here asking you not only as a
2 compassionate and concerned New Yorker, but
3 also as a former IV drug user that has been
4 clean for 20 years. This is an issue near
5 and dear to my heart, and I am absolutely
6 committed to seeing this progressive public
7 health policy implemented in New York State.
8 Thank you.
9 CHAIRWOMAN KRUEGER: Thank you.
10 And I think Assemblywomen Rosenthal
11 has some questions.
12 ASSEMBLYWOMAN ROSENTHAL: Hi, Ken.
13 Thank you for your great testimony. You'll
14 get no argument from me --
15 MR. ROBINSON: Thank you.
16 ASSEMBLYWOMAN ROSENTHAL: -- about the
17 need for -- what more do you think has to be
18 done to convince people that something that
19 has been tried and true and very successful
20 across the world for decades should be
21 implemented here in New York?
22 MR. ROBINSON: You know, I was
23 thinking about that very question today. And
24 to be honest with you, it's kind of like

1 people that -- you know, like the
2 flat-earthers and the anti-vaxx people.
3 There's so much evidence that supports this.
4 I mean, you know, from my perspective
5 it's a -- it seems to be a moralistic
6 position that people are taking. And I think
7 that that's -- you know, I just don't get it
8 when the evidence is so clear.
9 I loved what Chairwoman Krueger said
10 earlier when she suggested people learn to
11 Google for the data. It's there, and that's
12 all it takes, is a two-minute Google search
13 and the data is there.
14 ASSEMBLYWOMAN ROSENTHAL: Does this
15 remind you of the tremendous opposition to
16 syringe exchange programs? Which are very
17 successful. Most people don't even know
18 where they are sited unless they need to
19 know.
20 MR. ROBINSON: Right.
21 ASSEMBLYWOMAN ROSENTHAL: So do you
22 use some of that when you try to explain to
23 people who have a wall down?
24 MR. ROBINSON: Yeah. As a matter of

1 fact, yesterday I met with Dan O'Connell --
2 you guys probably know him, the former
3 director of the AIDS Institute. And he said
4 he thought back in the day that it would be
5 kind of a noncontroversial adjunct to the
6 syringe exchange programs, because it just
7 seems to fit with it so nicely.
8 Yeah, that's absolutely right. And
9 that's where we're going to start this.
10 We're going to pair these OPCs with existing,
11 very well established syringe exchange
12 programs, which just makes so much sense.
13 ASSEMBLYWOMAN ROSENTHAL: Thank you.
14 Thank you for all of your advocacy. You
15 know, we'll keep working together till we
16 open them in New York State. Thank you.
17 MR. ROBINSON: You're welcome. Thank
18 you for your support.
19 CHAIRWOMAN KRUEGER: Anyone else?
20 And thank you very much for your
21 testimony today and waiting till the end.
22 Appreciate it.
23 MR. ROBINSON: Thank you.
24 CHAIRWOMAN KRUEGER: And this

1 concludes the hearing on Substance Abuse and
2 Mental Health and Hygiene. I think the order
3 is backwards, but you get the gist.
4 Thank you all for being with us and
5 staying the whole day.
6 And the next hearing -- don't come
7 back tomorrow, we actually won't be back
8 until Monday at 11 a.m. for the Local
9 Government hearing.
10 Thank you all very much.
11 (Whereupon, the budget hearing
12 concluded at 5:19 p.m.)
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