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

JOINT LEGISLATIVE HEARING

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

----------------------------------

Hearing Room B
Legislative Office Building
Albany, New York

February 7, 2019
9:37 a.m.

PRESIDING:

Senator Liz Krueger
Chair, Senate Finance Committee

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

PRESENT:

Senator James L. Seward
Senate Finance Committee (RM)

Assemblyman William A. Barclay
Assembly Ways & Means Committee (RM)

Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health

Senator David Carlucci
Chair, Senate Committee on Mental Health and
Developmental Disabilities
2019-2020 Executive Budget
Mental Hygiene
2-7-19

PRESENT: (Continued)

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

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

Assemblywoman Ellen Jaffee
Chair, Assembly Committee on Children and
Families

Senator Diane J. Savino
Assemblyman Angelo Santabarbara

Senator John E. Brooks
Assemblywoman Diana C. Richardson

Assemblyman John T. McDonald III
Assemblywoman Melissa Miller

Senator Gustavo Rivera
Assemblywoman Patricia Fahy

Assemblywoman Mary Beth Walsh
Assemblyman Félix W. Ortiz
LIST OF SPEAKERS

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

STATEMENT QUESTIONS

5 Ann Marie T. Sullivan, M.D.
   Commissioner
6 NYS Office of Mental Health 11 18

7 Roger Bearden
   Acting Executive Deputy Commissioner
8 NYS Office for People With
   Developmental Disabilities 133 138

9 Arlene González-Sánchez
   Commissioner
10 NYS Office of Alcoholism and Substance Abuse Services 220 227

12 Denise M. Miranda
   Executive Director
13 NYS Justice Center for the
   Protection of People with
   Special Needs 290 297

15 Lauri Cole
   Executive Director
16 NYS Council for Community
   Behavioral Healthcare 320

17 Allison Weingarten
18 Interim Executive Director
   Friends of Recovery New York
   -and-
   Kellie Roe
20 Second Chance Opportunities
   and FOR-Albany
21 -and-
   Bennett Reiss
22 Long Island Recovery Association
   -and-
23 Sue Martin
   Recovery Advocacy in Saratoga 326
24
<table>
<thead>
<tr>
<th></th>
<th>2019-2020 Executive Budget</th>
<th>2-7-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>LIST OF SPEAKERS, Continued</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>STATEMENT   QUESTIONS</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Virginia E. Davey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statewide PEF/OMH Labor Management</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Committee Cochair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Employees Federation (PEF)</td>
<td>333</td>
</tr>
<tr>
<td></td>
<td>339</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Andrea Smyth</td>
<td>340</td>
</tr>
<tr>
<td></td>
<td>Executive Director</td>
<td>345</td>
</tr>
<tr>
<td>8</td>
<td>NYS Coalition for Children's Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>StateWide Advocacy Network (SWAN)</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>359</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Patrick J. Curran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steering Committee Member</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>StateWide Advocacy Network (SWAN)</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td>366</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Harvey Rosenthal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>NY Association of Psychiatric Rehabilitation Services</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Statewide Advocacy Network (SWAN)</td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>379</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mark van Voorst</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>The Arc New York</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Executive Director</td>
<td>374</td>
</tr>
<tr>
<td>17</td>
<td>Ann M. Hardiman</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>President and CEO</td>
<td>379</td>
</tr>
<tr>
<td>19</td>
<td>Michael Seereiter</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Executive Vice President/COO</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>New York Alliance for Inclusion &amp; Innovation</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LIST OF SPEAKERS, Continued

STATEMENT QUESTIONS

5 Winifred Schiff
   Associate Executive Director
   for Legislative Affairs
   InterAgency Council of Developmental
   Disabilities Agencies
   -and-
   Barbara Crosier
   VP, Government Relations
   Cerebral Palsy Associations
   of New York State
   -for-
   Coalition of Provider Associations (COPA)  386  391

12 Wendy Burch
   Executive Director
13 Ariel Coffman
   President
14 National Alliance on Mental Illness of New York State
   (NAMI-NYS)  398  404

16 John J. Coppola
   Executive Director
17 NY Association of Alcoholism & Substance Abuse Providers  407  412

18 Antonia Lasicki
   Executive Director
   Association for Community Living
   -for-
   Bring It Home Coalition  420  427

21 Glenn Liebman
   CEO
   Mental Health Association
   in New York State  433  440
LIST OF SPEAKERS, Continued

Kelly A. Hansen  
Executive Director
NYS Conference of Local Mental Hygiene Directors

Paige Pierce  
CEO
Families Together in NYS

Shameka Andrews  
Community Outreach Coordinator
Arnold Ackerley
Self-Advocacy Association of New York State

Drew Bielemeier  
Senior Vice President
Heritage Christian Services

Ken Robinson  
Executive Director
Research for a Safer New York
CHAIRWOMAN KRUEGER: Hi. If you would take your seats so the movie can start.

This is the joint legislative hearing on Mental Hygiene in the Executive Budget. My name is Liz Krueger; I'm the Finance chair. I'm joined by Helene Weinstein, the chair of Ways and Means, and many of our members who we will introduce in a few minutes.

Pursuant to the State Constitution and Legislative Law, the fiscal committees of the State Legislature are authorized to hold hearings on the Executive Budget. Today's hearing, the 10th of 13 -- wow, we've just been on a roll -- will be limited to a discussion of the Governor's proposed budget for the Office of Mental Health, the New York State Office for People With Developmental Disabilities, the New York State Office of Alcoholism and Substance Abuse Services, the New York State Justice Center for the Protection of People With Special Needs.

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

We will introduce each representative
agency as they come to testify. The
commissioner's testimony will be followed by
a question-and-answer period by members of
the Legislature after each agency testifies.

After the final question-and-answer
period, an opportunity will be provided for
members of the public to briefly provide
testimony on the budget under discussion.

I'd like to introduce the Senators who
are here with us today. I see Senator
Gustavo Rivera, Senator John Brooks, Senator
Pete Harckham. My colleague, the Finance
ranker, Senator Jim Seward. Did I miss
anyone else? That's it. I think we will be
joined by Senator David Carlucci very soon.

And the Assembly members?

CHAIRWOMAN WEINSTEIN: We have the
chair of our Mental Health Committee, Aileen
Gunther; the chair of Alcoholism and Drug
Abuse Committee, Linda Rosenthal; and Ellen
Jaffee. And now our ranker, Will Barclay,
will introduce his conference member.

ASSEMBLYMAN BARCLAY: Thank you, Chairwoman.

We're joined by our ranker on Mental Health, Missy Miller.

SENATOR KRUEGER: Great, thank you. I'm just going to explain sort of the rules of the road here. We have timer clocks. They'll be set for 10 minutes of testimony for government representatives, five minutes for public speakers.

The lights are -- when you start, you'll see a green light. That will go until you have one minute left, where it will turn yellow to let you know you have one minute left. And then when you hit zero, it will be red and beep at you. We're not too subtle anymore.

We urge everyone actually not to read their testimony unless they've practiced with a clock many times and know that their written testimony is exactly the time they're going to be given. But we find, to be honest, it's much better when people can just
summarize the key points in their testimony. We all have the full copies of the written testimony. You have an additional seven days to submit testimony, whether or not you're testifying here today, or to amend your testimony. And we are putting all testimony up online for everyone to be able to see it anywhere from anywhere and to respond to it.

We also want to just clarify, mostly for the legislators, the light needs to be red for the microphone to be on. And we all make the mistake. But also you need to then turn it off when you're not speaking, because it turns out that people who are watching these hearings online, the way the system works, they hear anything being picked up on any mic, even though you think you're just having a quiet discussion with your neighboring legislator over what you might have for lunch someday. And so -- that was picked up quite a few times yesterday.

(Laughter.)

SENATOR KRUEGER: And really the choices are not that great here in the
Capitol.

(Laughter.)

SENATOR KRUEGER: So remember, turn your mic off if it's not your time to be actually be speaking. And the light should be off, and that's how you know. Although some of the mics don't work that great either.

Anyway, now that I've explained sort of how life works here in our hearing room, I'd like to invite our first testifier up, Dr. Ann Sullivan, commissioner of the Office of Mental Health.

COMMISSIONER SULLIVAN: Good morning.

SENATOR KRUEGER: Good morning.

COMMISSIONER SULLIVAN: Good morning, I'm Dr. Ann Sullivan, commissioner of the Office of Mental Health. Chairs Krueger, Weinstein, Carlucci, Gunther and members of the respective committees, I want to thank you for the invitation to address OMH's 2019-2020 proposed budget.

As you know, OMH seeks to provide and oversee a high-quality mental health care
system which includes both inpatient and
outpatient services available to New Yorkers
in need. Using the Institute for Healthcare
Improvement parameters, known as the "Triple
Aim," we are working to optimize health
system performance. The Triple Aim framework
seeks to (1) improve patient care for
individuals, including quality and
satisfaction; improve the health of
populations; and, through these improvements,
reduce the per-capita cost of health care.

For decades, there were few options
for individuals with serious mental illness
in the community. Inpatient care was the
only readily available and standard option.
Unfortunately, it was not the best option for
many people. In the years since
institutionalization was the norm, mental
health care has evolved so that individuals
with serious mental illness need not spend a
significant part of their lives in a
hospital, but can successfully live and work
in their communities.

Through your continuing support of
reinvestment, our efforts to provide individuals with mental illness the right service at the right time in the right setting have started to bear fruit. Since 2014, with a commitment of more than $100 million in annualized investments thus far, we have been able to provide services to more than 67,000 new individuals, bringing the total to over 800,000 people served in the public mental health system.

Examples of the new services include new supported housing for more than 1,700 individuals; state-operated community services, including crisis residences, a sustained engagement support team, and mobile integration teams that have served over 14,000 additional individuals; a wide range of locally operated community-based programs, including peer respite, first-episode psychosis, community support teams, and home and community-based waiver services for nearly 34,000 individuals.

Because these community services are available, New Yorkers can get the support
they need to avoid hospitalization and access inpatient services only when needed, and live successfully in their communities.

This year’s budget includes initiatives which will enhance our ability to serve even more New Yorkers through a combination of improvements in existing services and the development of new services. These include:

Expanding community-based services.

The budget continues to support the expansion of community-based programs serving individuals in less-restrictive settings that are closer to family and other natural supports.

Supporting high-need individuals. The budget provides an additional $10 million for specialized supports such as peer support and in-reach, to engage individuals with mental illness who require a higher level of care to transition and live successfully in the community. These resources will be utilized for individuals currently residing in impacted adult homes.
Investing in infrastructure. The budget provides an additional appropriation of $100 million to support the replacement of the Mid-Hudson Forensic Psychiatric Center in Orange County, which includes buildings over 100 years old not designed for current standards of care.

An additional $10 million for existing supported housing and single-resident-occupancy programs statewide. Since FY 2014, annual funding to enhance support for these existing housing programs has increased by over $50 million. The budget also includes $60 million in capital funding to maintain and preserve community-based residential facilities.

Expanding children's services into managed care, including the rollout of six new mental health and substance abuse services available with New York State Children's Medicaid, give children and youth under the age 21 and their families the power to improve their health, well-being, and quality of life. These services strengthen
families and help them make informed
decisions about their care. Services are
provided at home or in the community.

Governor Cuomo and OMH continue their
commitment to a significant prevention
agenda, which promotes mental wellness,
prevents disorders, and intervenes earlier in
the trajectory of mental illness. This Early
Intervention and Prevention Agenda includes
such initiatives as New York State's Suicide
Prevention Plan, expansion of school-based
mental health clinics, Healthy Steps, Project
TEACH, and the OnTrackNY first-episode
psychosis early intervention program.

A comprehensive parity reform bill
that will enhance state monitoring,
oversight, enforcement of behavioral health
insurance benefits, and require insurers to
apply the same treatment and financial rules
to behavioral health services, such as
substance use and mental health services, as
those used for medical and surgical benefits.

The key provisions for mental health
include the codification of the federal
parity standards in state law for both mental health and substance use disorders; prohibits prior authorization and concurrent review of inpatient psychiatric services for children and youth for the first 14 days of care; authorizes OMH review and approval of medical necessity criteria used by plans; requires DOH to review behavioral health provider networks for parity compliance; requires insurers to provide comparative parity analysis to insureds and prospective insureds upon request; requires mental health utilization review agents to have subject matter expertise; prohibits insurers from retaliating against providers that report insurance law violations to state agencies; and requires behavioral health copayments be no greater than primary care office visits.

Finally, OMH's strategy is to improve the mental health of New Yorkers through the development of targeted community services to assist individuals across the state and intervene prior to the need for more intensive and costlier care, such as
inpatient hospitalization. For those individuals that continue to occasionally need inpatient hospitalization, New York State has the highest number of psychiatric inpatient beds per capita of any large state in the nation, and we will continue to preserve access to inpatient care as we work to transform the system.

Again, thank you for this opportunity to report on our efforts to support and continue the work that we have jointly embarked upon to transform New York's mental health system.

Thank you.

SENATOR KRUEGER: Thank you. I think our first questioner is going to be from the Assembly.

CHAIRWOMAN WEINSTEIN: So we're going to go to Assemblywoman Aileen Gunther for some questions.

ASSEMBLYWOMAN GUNTER: Good morning, Commissioner.

We all know that the Executive has once again decided to defer the
cost-of-living adjustments across the human services field. I believe the only time they received the statutorily mandated COLA was a 2 percent increase a few years ago.

So my question is this. With all the economic development programs out there, with New York State giving billions and billions of dollars away to private corporations, why has the Executive seen fit once again to put off a raise for low-wage direct support professionals? And as you know, they are the backbone of the care for people with both DD and with mental health issues. Basically most of them are a greater percentage women.

And we deferred it, and it's important that we appreciate the work they do and also make sure that they get the increases they need to have a living wage and an appropriate lifestyle.

COMMISSIONER SULLIVAN: Thank you, Assemblywoman Gunther.

I think that -- first of all, I want to say just how important the workforce is to us. They are a talented group of individuals
who do very challenging work.

It's true that the COLA is not in -- as of now with standing in the budget. It is important to note that since 2014-2015 there has been a 10 percent increase in -- targeted to salaries and wages for individuals, direct care workers in the system. So there is that 10 percent increase that has happened from 2014 until now.

I also think that we do other things to help people be happy in their jobs as well. We're working on recruitment and retention strategies. We do a lot of education, which is paid for by the Office of Mental Health, that helps individuals grow in their careers. We have a center for practice innovations, which provides a lot of free services in terms of actual education to enable individuals to grow and learn more and be more effective providers in our system.

We are looking at ways to work with schools and other entities to kind of grow the workforce. We are looking at some of our regulations and things that sometimes slow
down the process of work, that can make the
job a little harder, how we can provide some
relief there.

So we're doing all those things as
well. And I think that those are also
helpful in terms of retaining and recruiting
the workforce.

ASSEMBLYWOMAN GUNTHER: I have to say
that I do get -- a lot of folks visit my
office, and the turnover with DSPs after they
are trained is tremendous. The overtime is
tremendous. And in order to get more people
in the field, they need a living wage.

And again I will say that most of the
DSPs are women. And, you know, we should
walk in their shoes one day and see that not
only do they provide activities of daily
living, but comfort and friendship to so
many. And yet we still don't really pay them
the amount of money that they truly do
deserve.

So I just want to put that on the
record. And I think we should reconsider it.

Before we give out any money to more economic
programs or any other programs in the State
of New York, we do have to take care of these
very valuable, special people.

So -- and also my second question is,
what efforts has the OMH made to recruit and
retain nurse practitioners? Does OMH have a
position on the career ladder? Because at
this point they don't have really too much of
a career ladder for nurse practitioners, like
other professionals have. And we've had a
lot of complaints from nurse practitioners,
the fact that they don't have a career
ladder, that they feel very underpaid and
underappreciated.

COMMISSIONER SULLIVAN: Well, nurse
practitioners are a very valuable part of our
system of care, and we do employ nurse
practitioners throughout the OMH system. We
work with nurse practitioner schools to
recruit individuals. We also have nurse
practitioner -- RNs who want to become nurse
practitioners. We have a program within OMH
where individuals can move forward and kind
of get their nurse practitioner
certification. And then often when they do that, they often will stay with us.

So we're very invested in trying to have more and more nurse practitioners in the system, and we are working with Civil Service on the career ladder issue. I think it's something that can be an issue throughout our system. But you're absolutely right that nurse practitioners are critical to our system. We want to continue to have them part of our system, and we work very hard to have our nurses who want to become nurse practitioners become nurse practitioners.

ASSEMBLYWOMAN GUNther: Housing is the next issue. The Executive has proposed an additional $10 million for existing supportive housing units. However, the rates for existing units still lag way behind the rates of new units. As you probably know, housing advocates are calling for more than $170 million over five years.

Do we have a plan? Does the state eventually get these units up to par with the new rates, or will they eventually become
completely insolvent?

COMMISSIONER SULLIVAN: Housing is so critical for the seriously mentally ill. And I think it's important to note that New York State has over 43,000 units of housing of different sorts, which is actually the largest per capita for the seriously mentally ill in the nation. So there's been a huge investment over time into housing.

The particular issue I think that you're talking about is something that is a very important one. And the $10 million this year will continue to enable us to raise some of the housing rates which were lower.

Over the past five years there's a total of $50 million that's been invested in raising the rate from the -- for the -- each year, $10 million, for five years, in terms of raising those rates so that, on average, downstate that means a raise of about $500 a year, less or more, depending upon the market rate upstate.

But we've been doing that 10 million by 10 million for five years. That's brought
things up, but still not to the rate, you're absolutely right, of the higher housing -- a higher rate for the new housing.

All new housing will be at the higher rate, so we are no longer doing any legacy housing at the old rate. But we have been substantially committing dollars each year to raise that rate, and this year again there's $10 million in the budget.

ASSEMBLYWOMAN GUNTER: I'll first say small in comparison to the need. And where is the 10 million going to be allocated?

COMMISSIONER SULLIVAN: It will be allocated across the state, and based upon the HUD market rate values. So in areas that they happen to be at HUD market rate will get a much lower rate, but it helps every -- across the state, the dollars will be allocated.

ASSEMBLYWOMAN GUNTER: You know, when we talk about homelessness in New York State and the number of people that are homeless that are also diagnosed with a mental health disorder. And without the housing and
permanent residence and stability, I mean, as far as medication goes, as far as visits to their counselor, their psychiatrist, it's not going to happen. And without this investment and stabilization, we're going to continue to see bad things happen on the streets of New York and also people that do have a history of mental illness, they end up in jail often.

So I think this 10 million is somewhat generous. But I think that because we've lagged behind for so many years, that we need more generosity for people that have these issues.

CHAIRWOMAN KRUEGER: Thank you.

Our first questioner is Senator Pete Harckham, who's also the chair of the Substance Abuse Committee.

SENATOR HARCKHAM: Good morning, Commissioner. How are you?

COMMISSIONER SULLIVAN: Good, thank you.

SENATOR HARCKHAM: It was a pleasure to meet you before --
(Microphone problems.)

SENATOR HARCKHAM: There we go.

There's no light, I apologize.

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

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

But the general question is what are you doing -- your agency and OASAS, how are you working together to fund agencies who are treating both substance abuse and perhaps a co-occurring disorder at the same time?
COMMISSIONER SULLIVAN: I think that integrated care, which involves individuals coming into wherever they enter to get substance use help or mental help is critical. So we work very closely with OASAS.

One major initiative has been something called a one license, so that basically facilities, instead of getting into the trouble that you described of where you wait, what you do, that an agency can have one license which would cover both substance use, mental health services, and really be able to provide those services and get appropriately reimbursed for the services.

We also jointly do a lot of education back and forth, because having the availability of the services is one thing, but make sure that the staff are really up to snuff in terms of being able to provide those services. So we do a lot of joint education also with OASAS, in consultation with OASAS. And actually we are working with them on expanding to almost all our clinics --
certainly it's mandated in the state clinics, but to our Article 31 providers -- medication-assisted treatment this year, which we will be spreading out across all the mental health clinics so that we can also be a source of entry for individuals who come in and need -- many of our clinics do it already, but not everybody. And I think that that's really a lack of that integration that you're talking about.

So we work very closely together. We work together to try to make sure that we're financially viable when we work together. And basically I think it's been a good, a really solid partnership. And we're going to continue to grow that connection.

SENATOR HARCKHAM: Okay, I think just from what I'm hearing, then, some more outreach may be necessary, because some of the providers are unaware of that ability to get one license and --

COMMISSIONER SULLIVAN: Yeah, we will -- we will work with getting the word out, yes.
SENATOR HARCKHAM: All right, thank you.

Then the other question -- you know, in the law we're talking about codifying federal parity. Is the federal standard strong enough for mental health coverage, and what is the federal standard? Is it the Medicaid standard? Is there a different standard? What are we going to be holding the private insurers to?

COMMISSIONER SULLIVAN: I think the federal standard is actually a pretty good standard. I mean, it talks to things like -- basically, that you have to have the same system of providing services for mental health services as well as medical-surgical services.

What it doesn't sometimes get into is the weeds of what that might involve. So for example, when we talk about the state law, we were saying that we're recommending that the copay for primary care visits to see a primary care doctor should be no different than a mental health copay. That's not
specified in the federal law. So basically the state law kind of enhances and gets a little more into the weeds of what some of the problems are. But the federal law sets the table.

The other key issues in parity are networks. While it's very important to have an adequate network, what does that really mean? And often it's the states that get into the weeds of determining exactly how you report your networks. Anybody can say "I have an adequate network," but what does that mean and how do you look at it?

The other big thing that's happening in the state is that there's $2.7 million that's going to be put into the enforcement of parity. That's critical. Because when states have -- even if states pass laws, often insurance companies aren't quite doing what the law says. You need to have people out there actually look at what the insurance companies are doing.

And I think that that's something which, again, falls to the states to do. The
feds, you know, don't do that.

So I think while the parity law at the federal is strong, it's not sometimes specific enough to get at the issues that we have seen in the practical world of parity. And I think, you know -- I think this legislation is critical. I've been around a while, but parity has been around a while. But across the nation, states have not really been implementing it the way it was intended. And I think New York is really being a forerunner here, carrying the standard to say that this is just not acceptable, and can be a state where parity is truly, truly in place so that -- and especially with the commercial insurers, that basically it's there and that it has to be followed and that we're putting out very specific things and an enforcement that will help -- the other piece is the ombudsman part of the program, where individuals and providers can go to the state ombudsman and talk about access issues and, just as with access issues, talk about parity and if there's any parity violations.
And that's an open door which started in the budget last year but has now actually been implemented, and we're spreading that. That's another tremendous help in terms of making sure people are really following what parity says.

SENIOR HARCKHAM: All right. Thank you.

Thank you, Madam Chair.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: We're going to go to Missy Miller, the ranker on Mental Health.

ASSEMBLYWOMAN MILLER: Good morning.

I'm going to go back a little bit to what Assemblywoman Gunther was asking about. I can't reconcile how this lack of a COLA was even okay or authorized. In every workforce this is a way of life. The cost of living goes up, and people need an increase to keep up with their bills.

So in a workforce that is so challenging -- their work is so challenging,
they're truly doing God's work here, work
that nobody else wants to do. And they --
trust me when I tell you the training process
that somebody has to go through to train
these individuals to do this work is not just
showing them for a few hours what to do. It
could be sometimes weeks to get somebody
trained appropriately in how to appropriately
care for somebody.

And then if you're lucky, that person
will find themselves committed and want to
stay and work the overtime. And if you're
lucky, they won't get burnt out or sick and
leave, and they'll continue to work. But
more often, they leave because they can't pay
their bills, or they have to work two or
three jobs because they're not even making
minimum wage to begin with.

How is this okay? And it just creates
a vicious cycle. And the mental health --
the patients, the clients, they are the ones
that suffer. I'm all for this push to keep
people out of hospitals, get them out into
the community. But in order to have them be
part of the community, we need the funding, realistic funding for housing, realistic funding for the support in the community. Not everybody has a family in a home that can support them indefinitely as adults, or even as children.

If we don't have even the fair wage and COLA for the DSPs that are willing to provide this care, how do we expect this to sustain itself? It's not sustaining itself now. And it's just -- the Executive, it went through this budget, it's just, oh, okay, no increase, no increase in the wage. It's just not acceptable.

COMMISSIONER SULLIVAN: Well, I think that again, I agree with you on the value of the workforce and the importance of the work that they do and how difficult the work is. It's very difficult. And we value every member.

I think that in terms of the decision that was made -- last year there was a 6.5 percent increase in direct care workers in the budget last year. And --
ASSEMBLYWOMAN MILLER: It was supposed to continue.

COMMISSIONER SULLIVAN: But the decision was made not to include it in this year's budget.

ASSEMBLYWOMAN MILLER: So they just went back on their word.

COMMISSIONER SULLIVAN: No, no, no. There was -- the commitment from last year, that was 6.5 percent -- I'm sorry, 3.25 percent in January and 3.25 percent in April of 2018. That was last year's budget. But there is no withstanding of the COLA in this year. But there was no commitment to a COLA this year, no. There was never that commitment.

ASSEMBLYWOMAN MILLER: It's reaching crisis proportions. What are you going to do?

COMMISSIONER SULLIVAN: Well, I think we will continue to work with the workforce. There is -- the minimum-wage allotment has been in this year, that's about $8 million to bring up the minimum wage. But we will
continue to work with the workforce to do the
training and things that are important and to
try to improve the quality of the work -- of
their experience doing the work. And --

ASSEMBLYWOMAN MILLER: But even the
funding for housing options, it's just not
realistic or enough. You're not putting the
support where it's needed. The funding
support is not going where it's needed.

COMMISSIONER SULLIVAN: Well, the
housing option, there has been a steady
contribution over the years to help with that
legacy housing which was at the lower rates.
And it's been creeping up about $500 a year
for five years as the highest number. So
that is there.

You are correct, though, it is still
not up to the amount that the new housing is.

CHAIRWOMAN WEINSTEIN: Thank you.

We've been joined by Assemblywoman
Fahy, and Assemblywoman Richardson was here
at the start of the hearing also.

CHAIRWOMAN KRUEGER: Thank you.

And we've been joined by Senator Diane
Savino and Senator David Carlucci, the chair of our Mental Health Committee.

And the next questioner is Senator David Carlucci.

SENATOR CARLUCCI: Thank you, Madam Chair.

And thank you, Commissioner. I know you've been working tirelessly for our most vulnerable populations for some time now, so I appreciate your service.

I have to start where some of my colleagues left off. And I'm extremely disappointed about the funding level for -- or no funding for a COLA this year.

And the first question I have is, are you aware of the average wage for DSPs in New York State right now?

COMMISSIONER SULLIVAN: I -- it's variable within the mental health workforce. I'm not, so I can't answer that, no.

SENATOR CARLUCCI: Okay. Some of the numbers I have is it's about $10.72 an hour, right on par with our minimum wage. And I understand in previous questions it was
answered about how there's been a 10 percent increase in wages since 2014 for our DSPs. And that's something that all of us in this room and the Legislature have worked tirelessly on, and advocates in the community. So we understand and appreciate that.

However, to leave off there is something that we think would be negligent. I think that we recognize that we've raised the minimum wage for everyone, but we have to recognize that the work that our DSPs do is extraordinary and is something that needs to be valued, and we need to pay for it.

Some of the answers that we've seen so far in terms of turnover, the overtime that we have to invest in, the push for a living wage I think is so important. And I think we really have to address that.

Maybe you could reiterate to us what is being done in lieu of a COLA. Because every organization I talk to, it's at crisis levels, to attract and retain quality employees. So what is -- what are you doing
in that regard?

COMMISSIONER SULLIVAN: We are looking at working with universities and schools across -- in terms of helping to move individuals into those positions. You know, some have a B.A.-level experience. We've also been to high schools and recruiting people and helping them get ready to do this work. We do a lot of training. We have availability through our State Center of Practice Innovations to work with staff and have been able to train to get people up to feeling really competent in the kinds of work that they're doing. Feeling good about the work you do, knowing how to do it is a big part of a job. And I think if you don't feel comfortable with that, I think that that's another reason for turnover.

It is hard work, and you need certain skill sets to be successful at it, and so the training is a critical piece.

And the second piece is to try to make the work, within the regulations that we can, less cumbersome in terms of some
documentation issues and things that some of
our providers have, and we've been working
with that over time to also see if we can
relieve some of that so that more time can be
spent, you know, working with the clients and
not feeling overwhelmed by some of that.

So basically we also work with some
groups within the communities to attract
community members to kind of do the work. So
deliberately we are trying to make the job
experience more effective for individuals and
trying to also decrease the overtime by
having enough staff there. And those things
can be helpful. I mean, it's not wages, but
they can be helpful.

SENATOR CARLUCCI: Thank you. Are
there solid programs that you can point us to
that would start a credentialing program or
to really value experience for our DSPs?

COMMISSIONER SULLIVAN: Yeah, well,
the DSPs, we're still in discussions about
actual credentialing programs for some of
those positions.

For other people in the workforce,
such as social -- those who are licensed, which is another level up, but very important to mental health, we have started a whole group of certificate programs at some of the social work schools to give individuals particular training in -- for recovery and working with the seriously mentally ill.

And also for care managers, we are in the -- that's a whole other workforce that is also very important for mental health. We're in the process of working on certificates with a couple of universities for individuals who would have expertise in mental health as care managers. And that's something that we're developing both at Columbia, with the Center for Practice Innovations, and with some other schools as well.

SENATOR CARLUCCI: Okay, thank you.

And, Commissioner, are you satisfied with the level of funding in the mental health budget in the Governor's Executive Budget?

COMMISSIONER SULLIVAN: I think overall the level of funding for the mental
health system, delivery system, is adequate and is a little bit up from last year, for the overall mental health system.

SENATOR CARLUCCI: And how is the Office of Mental Health working with the Justice Center? How is that going?

COMMISSIONER SULLIVAN: Well, I think we work very closely with the Justice Center. The Justice Center has a responsibility for really being very -- a great deal of oversight on abuse and neglect. This is an important issue. I don't think there's any way that you can't have someone looking at this. It's something that we as mental health professionals are always responsible to make sure that that doesn't happen in our facilities and in our services.

It does, unfortunately, and when it does, it needs to be investigated. So we work very closely with the Justice Center.

I think that sometimes it can feel to providers sometimes that the Justice Center can be a little intrusive in some ways. But I honestly think they're doing their job. I
think they're doing the work that has to be
done to make sure that individuals get the
very, very best care. And nobody likes
somebody looking over your shoulder, but, you
know, it's important to do it. It's
important.

SENATOR CARLUCCI: Has the Justice
Center worked with the Office of Mental
Health to implement new policies in terms of
dealing with violent situations?

COMMISSIONER SULLIVAN: They have a
quality assurance arm that they look at that
we work with them on. And we have -- when
we've had periods of increased violence
episodes -- and sometimes in our systems we
work with them on the kinds of things that
we're doing as corrective actions, and
they've been very helpful with that.

SENATOR CARLUCCI: We've recently
seen, unfortunately, that suicide rates are
on the increase, particularly among
African-American young boys. What is the
Office of Mental Health doing about this to
deal with the suicide issues that we're
COMMISSIONER SULLIVAN: Yeah, we have an Office of Suicide Prevention, which does a tremendous amount of both prevention work in the communities and is also working with providers.

So in the communities, this year alone, just as an example, we have trained 9,000 school personnel -- that includes teachers and other individuals in the schools -- on suicide prevention.

We are working with the State Education Department on a policy that will flow through in line with the other work which is being done with mental health education in schools that will go for suicide-safer schools. That will be coming out at the end of this year.

And all that impacts on our youth. One of the ways to get, I think, to our youth is through the school system with suicide prevention. So those are critical things that we've been doing.

We also work with clinical providers.
You know, there's very -- a lot of points of entry for individuals who have suicidal ideation or attempts, whether they come to emergency rooms or they come to our clinic system. And there's something called Zero Suicide, which really trains medical professionals and psych professionals to do the very best job in suicide prevention.

And we have a very large SAMHSA grant, and we have three sites for that across the state, and we're going to be spreading that, in a collaborative -- to multiple clinics. We have over -- I think it's over 200 clinics involved in working with us on suicide prevention.

So it's two arms. One is prevention in the community, and also working with specific populations. So when you mention young black youth, there's also increased attempts among Latina youth, women, girls. So I think that, you know, we have to also focus in -- and the task force report which is coming out is going to be talking about how we're going to focus in on those
communities, and basically do special work within the community to have them aware of the risks of suicide.

It's a very serious problem with our youth, mental illness. Fifty percent of mental illness appears before the age of 14, two-thirds before the age of 21. So we have an opportunity as well as a problem, but an opportunity here in terms of working with individuals, youth in schools, and through our suicide prevention and other prevention activities to really get to families --

SENATOR CARLUCCI: Do you see opportunities to work with the schools in this budget?

COMMISSIONER SULLIVAN: Well, we are already working very closely with the schools. There's going to be some -- there is some money in the budget which went to the Department of Ed for middle schools for work on mental health services for middle schools. And basically we are already working with the Department of Education, have been for the past year, on the curriculum for mental
health and on doing training across the
schools, working with the school district
superintendents.

So we've been very involved, and it's
been great. The Department of Education,
Commissioner Elia, has been terrific,
terrific.

SENATOR CARLUCCI: I know our time is
running out for now. Just quickly on the
behavior-health parity provisions, which are
extremely important. What do they do -- we
know they're working towards covering
substance abuse disorders. How about other
mental illness, like eating disorders?

COMMISSIONER SULLIVAN: There should
be parity for all things, including eating
disorders -- to the extent that residential
treatment might be necessary for eating
disorders. This was something which in some
states has been a real bone of contention,
where commercial payers just didn't want to
pay for that. So parity for all mental
health disorders, anything that's in the --
what we call the Diagnostic and Statistical
Manual should be paid for, as well as all the substance use disorders.

So yes, everything is there. The question is medical necessity. You know, that's the tricky word here. Because an insurer can say, Well, we don't think that that particular type of treatment is medically necessary.

The great thing about this parity law is now medical necessity criteria have to be reviewed by the Office of Mental Health. So there has to be transparency about medical necessity criteria, and also we have an approval process where we can say we think this is out of line, that you are discriminating by not allowing, for example, individuals to get this particular service.

So all things will be covered, yes.

SENATOR CARLUCCI: Okay. Thank you.

CHAIRWOMAN WEINSTEIN: We've been joined by Assemblyman Santabarbara.

And we go to Linda Rosenthal.

CHAIRWOMAN KRUEGER: We've also been joined by Senator George Amedore, the ranker
on Mental Health.

ASSEMBLYWOMAN ROSENTHAL: Hi. Good to see you.

I represent parts of Manhattan, and the homeless population crisis is just out of hand. It's a terrible sight to see people just sleeping on the streets, hanging out, having no place to go, not wanting to go to shelters. And I hope that more can be done through the State Office of Mental Health working with the city.

My question right now is about the adult homes. Ten million is paltry, actually. When we hear economic development projects getting bazillions of dollars -- and this is for people who can't manage by themselves unless they have some help, it's really kind of reprehensible to have such a small amount of money.

Can you give a breakdown of which adult homes these individuals are leaving, the 10 million for the new supported housing beds for 500 individuals across the state?

COMMISSIONER SULLIVAN: The adult
homes are largely -- as you know, largely in
the city and largely in Queens. The money
will be spread across the adult homes. It's
for very specific projects.

The movement from adult homes to
housing, in addition to -- all the housing
supports are there. So, for example, the
housing supports will be funded at $20,000 in
services, which is the higher rate. There's
all the other services, long-term-care
services, et cetera. Those are all there.
This is $10 million kind of on top of that
for the highest-need individuals.

It involves three major programs. One
is something called a Peer Bridger program,
which will put two to three peers in every
adult home to work with the individuals who
are leaving. We found that one of the most
effective ways of working with individuals
during these transitions is to have other
people who have made those transitions
successful.

ASSEMBLYWOMAN ROSENTHAL: Right.

COMMISSIONER SULLIVAN: The second big
piece is something called Pathways to Home, which is a very intensive program that provides intensive wraparound services -- social work, psychiatry, et cetera -- for individuals who may need a little extra in moving. And I think we have found, unfortunately, that for a few clients this kind of work is really necessary, so we're putting in two teams like that which will cover -- one in Brooklyn and one in Queens -- which will cover the adult homes.

And then the third is an expansion of what we call Health Home Plus, which means that the care managers for all the adult homes will be limited to caseload of 12 to 13, which is much lower than the average caseload. That means that they will be -- and the payment for that is higher. It's a good payment rate.

So basically those three initiatives are what the $10 million is about. But there's also a whole host of other dollars that go for long-term-care supports, housing supports, et cetera, as
individuals move from the adult homes to the community.

ASSEMBLYWOMAN ROSENTHAL: And these are 500 of the highest need?

COMMISSIONER SULLIVAN: Yeah, well I think there are -- now there are about 770 individuals who have actually transitioned from adult homes. And I think probably the highest need -- many of those, the vast majority were very successful and they're really doing very well. The highest need is probably 100 to 150 of those that we have to pay more attention to as they move.

ASSEMBLYWOMAN ROSENTHAL: Out of how many?

COMMISSIONER SULLIVAN: Out of 700.

ASSEMBLYWOMAN ROSENTHAL: No, but out of how many --

COMMISSIONER SULLIVAN: In the adult homes? The class in the adult homes is close to 4,000. Now -- but it was always expected that probably only half would want to move. So -- and that's pretty much the number that we're getting. So we're thinking probably
about 2,000 will want to move. So that 700
have moved, and of that, there's about 100
that we're keeping a very special eye on to
make sure that that happens and they get some
of these extras.

But the Peer Bridger, for example,
will be for everybody. That will be for all
those who transition from the adult homes to
the community settings.

ASSEMBLYWOMAN ROSENTHAL: Okay. I'd
also like to echo the sentiment of all my
colleagues, the fact that not being paid --
again, I use the word paltry wage. It's just
not acceptable. How can we expect people to
get good care from people who care but they
can't afford to do this kind of work?

And -- it's just not acceptable. We
have to find more money for them.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Next is Senator John Brooks.

SENATOR BROOKS: Thank you.

First, I have to share -- or agree,
rather, with all of the comments made with
COLA. It's ridiculous where we are in the compensation these people are being given and the roles they have and the importance of the roles. It's just -- it's mind-boggling that we're doing this. And I'll just leave that there. It's just something we have to address.

A couple of things. You know, a lot of what you can do is often driven by what's in an insurance policy in terms of the treatment and services. How often do you sit down with the insurance industry and have a discussion, where we're trying to go and dealing with these issues and how the policies do or don't conform to that and ask for consideration in amending the policies? I mean, clearly the earlier we get treatment to some people, the better the result. The insurance industries have to recognize that. Do you have discussions with the insurance industries in terms of the coverage afforded?

COMMISSIONER SULLIVAN: We've been working with the Department of Financial Services, which is the state organization
that works with insurers. And we have had meetings with DFS and with insurers.

I think the issues of parity are very interesting with insurers. And I don't kind of want to get into it, but the reason they had to pass better parity laws and we have parity laws now is there's a difficult negotiation that goes on when you talk about mental health and substance use services with insurers.

So yes, we have had those discussions. I think that one of the issues that is always on the insurers' mind is that they claim or talk to the fact that, well, insurance rates will have to go up then because we'll be doing more coverage. And our position has always been that when you provide good coverage for mental health, you lower the cost of other kinds of care.

And we have made that case, we have shown that case, but it's a difficult case to move into the insurance industry. And that's why the parity legislation is actually there. The parity legislation I think gives us
another arm when we meet and when DFS meets and others meet with the insurers. It gives you a little more -- what shall I say -- clout or ability to say that this is what you have to do.

So yes, there have been meetings and there have been dialogue. It's been kind of slow going.

SENATOR BROOKS: Okay. I think also the comment's been made that the assistance being provided for housing is woefully insufficient. Sometimes when we get in situations, we have to find another way. And one of those ways may be -- we have, at least on Long Island, a significant number of what's referred to as zombie houses. Many of them aren't in that bad a condition. Have you been looking at the possibility of putting programs together where we recapture some of these homes and get folks into those things at a much lower cost and better utilize the funds that you have available?

COMMISSIONER SULLIVAN: We do have a Family Care program, is that what --
SENATOR BROOKS: Yeah.

COMMISSIONER SULLIVAN: Yes, we do have a Family Care program and we try to expand that as much as possible. That's going to be very successful. And we will look even further into Long Island. I know all my field offices are looking at the Family Care programs. They can be very helpful in terms of working with individuals who are in their homes and want -- and take in. And we've had a lot of success with that, and we've been growing it.

It depends on the particular area of the state, how much of that's available. But we will look further into Long Island and see if we're missing anything, because that's a great program.

SENATOR BROOKS: And then finally, I think, again, as has been said, we really have to take a good hard look at creating career paths for the staff so that they can expand their responsibilities, receive the compensation they should have, and that we show the respect given to them that their
In a meeting on the island in the summer we were dealing with wages provided to the service -- you know, we often talk about you can get more money flipping hamburgers than working with some of these -- it's a sad statement. And we had a situation where one of the people in the room, they had a son pass away that may be because they weren't being watched the way they should have been.

And I made the point that I had stopped into a Burger King and gave them an order, came home and had the wrong order. That wasn't a big deal. But when these folks make a mistake with the services they're providing, it can have catastrophic results. And yet their compensation is often less than the individual flipping a hamburger.

So I think there's been a lot said on compensation right now, there's been a lot said on career paths. I think we need serious action in this area so that we retain and allow these people to grow in their careers.
Thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Jaffee.

ASSEMBLYWOMAN JAFFEE: Good morning, Commissioner. Thank you for joining us today.

Can you describe or discuss the new children's mental health services that were added for Medicaid-eligible children beginning -- actually, it took effect January 1st.

COMMISSIONER SULLIVAN: Yeah, I think these are really very exciting services for two reasons. One is these are home and community-based services. They are services which can actually be provided in the home with the family, with the mother, with the child, with the extended support system.

I think over time we've learned that for families that are having difficulties with their children, you know, while clinic treatment and things are great, it's often a lot of skill building and services that really have to happen in vivo, in the home.
So there are three key services. One would be for assessments, including individual therapy, being able to have it in the home. And that's called other licensed provider. Then there's also community psychiatric supports and psychosocial rehab services. And those are skill building services. Very effective with families where there's behavior problems with youth. You know, and understanding what the problems are, helping the families cope with them. These services also then can have consultations with teachers and others as to how to work. So these are very exciting.

The other exciting piece of it is that you don't have to fail first to get them. The way our community-based services like this worked in the past, you had to be pretty on the verge of almost psychiatric hospitalization to be eligible. These services can now be started a lot sooner, a lot earlier, as preventive services too, not to just wait until someone is in -- a child is in severe distress.
So these services are really going to be extremely valuable. Those are starting January 1st.

In July, family and peer advocacy services will be coming on board. Those are critical services, because families often relate to other family members. And family members who work with them, just like adult peers working with adults, family peers are very effective in helping families obtain services and also cope with the issues that happen when you have someone in your family who's dealing with a significant mental illness. So that happens in July.

And then the following January we will have crisis services and youth-to-youth peer services available.

So this is an array of services that I think can have a significant addition to what we've already got in our armamentarium, but can really focus on functioning in the home and really help families work with kids who are having problems.

ASSEMBLYWOMAN JAFFEE: When they come
to the home and do an evaluation, then where are the services actually provided if there's counseling, if there's --

COMMISSIONER SULLIVAN: It can be brought in in the home. It could be provided back -- it depends on the choice of the family and what decisions -- but they could be provided in the home, yeah. That's the big difference.

ASSEMBLYWOMAN JAFFEE: And the age of the children that would be -- if you have specific --

COMMISSIONER SULLIVAN: This goes up to -- I think it's -- I hope it's zero to 20 -- I hope it's 21. I think it's 21. I'd have to get back to you to be sure it's not 18, but I'm pretty sure it's 21. But I'll get back to you on that.

ASSEMBLYWOMAN JAFFEE: This is obviously middle-school children. And the recommendations, they come from the home, they come from the teacher's education?

COMMISSIONER SULLIVAN: Yeah, anyone can refer, yeah, for those services, yeah.
Anyone can refer for evaluation and for those services.

ASSEMBLYWOMAN JAFFEE: I wanted to ask you another question regarding who will be able to provide these mental health services. But my understanding in discussing this issue -- you know I've been talking about providing mental health services in every school for our youth. And in a roundtable discussion I had about a year and a half ago, generally, one of the issues that was raised -- and actually I spoke to the Education commissioner -- there aren't enough of our youth going into the field of mental health. Psychiatry, mental health services.

Is that a major issue? And maybe it's something we can provide funding to be able to provide scholarships or some kind of support to get them to move forward in that. Because without the opportunity for those to provide the services, it becomes an issue.

COMMISSIONER SULLIVAN: Yeah. No, I think that the workforce is an issue, and it's an issue nationally, too, in terms of
attracting individuals into the field. I think that you do have to begin early, you have to begin in high schools. And we are looking at some initiatives now that we would like to do with high schools and to help go out and, you know, kind of promulgate the value of this work and how exciting it can be.

So that’s one place to begin. And then the other, you know, while we began this with psychiatrists, I think that it’s something we should consider for others, is loan forgiveness programs for psychiatry have been successful, we’ve been able to really pull some more doctors into the psychiatric field with a variety of these, and also be able to hire people.

And I also think that, you know, that assistance for individuals who are going to social work school, psychology school, et cetera, could also be helpful. So I think we’re looking at those kinds of things. I think that they do attract people. But I also think it’s having people just know what
the field is about. I think there's still a high level of people not even understanding how exciting and interesting the work can be.

ASSEMBLYWOMAN JAFFEE: I agree. I've been talking with some of my folks in the various school districts to see if we could do some awareness -- you know, group discussions and awareness.

And then I'm going to close by just saying -- my time ran out -- what are we just doing regarding raising awareness about the opportunity in the program?

CHAIRWOMAN WEINSTEIN: Why don't we come back for a second round if you want to continue questions.

We'll go to the Senate now.

CHAIRWOMAN KRUEGER: Thank you.

Senator George Amedore.

SENATOR AMEDORE: Thank you,

Chairwoman.

Commissioner, good morning. Good to see you again.

A question for you. Can you elaborate and give us your thoughts on the --
(Off the record comments re mic.)

SENATOR AMEDORE: Could you give us your thoughts on the Dwyer program?

COMMISSIONER SULLIVAN: The Dwyer program is the peer-to-peer veterans program?

SENATOR AMEDORE: Yes.

COMMISSIONER SULLIVAN: And that was always -- has been funded through the legislative add from the Senate over the years. The Office of Mental Health has really just been the conduit for the money to move.

We have not really been involved in the administration or the oversight of that program. It really has been just, you know, funded by the local jurisdictions that have those programs.

There is a study going on now, I believe it's with the University of Albany, to look at the outcomes from the Dwyer program. And I think that those have been positive so far to date. So I think there is some evidence coming forward that it's an effective and a solid program. But the money
was never -- we were really never involved in
the development or administration of that
program.

SENATOR AMEDORE: So would you like to
see the funding continue on the program and
make it more a statewide program than it is
now?

COMMISSIONER SULLIVAN: Well, I think
that's something that will happen in the
budget negotiations. So it's not really up
for me to say. But the University of Albany
has found good results with the program.

SENATOR AMEDORE: But you would be a
strong advocate to continue to fund the
program.

COMMISSIONER SULLIVAN: I think that
will be in the budget negotiations. Thank
you.

SENATOR AMEDORE: Is there a plan to
continue crisis intervention programs for law
enforcement that has been administered by
OMH?

COMMISSIONER SULLIVAN: Yeah, those
also were adds that came through the Senate
for CIT. We have always given a fair amount of in-kind support to those. And certainly that will still be available. By in-kind support I mean we have done some of the trainings, our people have helped organize them. It's been very important in terms of diversion. So those are solid programs.

But again, they were legislative initiatives, they were not -- they're not in the budget, the Executive Budget.

SENATOR AMEDORE: You know, the 46th Senate District is very diverse. It's a large geographic area, and a lot of that geographic area is rural. So I represent a lot of farm families. And I know that farm families have relied on the FarmNet program for mental health and planning needs. Is there a plan to continue the funding for FarmNet programs?

COMMISSIONER SULLIVAN: I think that falls into the same category as a legislative add, and there will be discussions about -- I'm assuming in the budget negotiations about FarmNet.
SENATOR AMEDORE: So these are some added initiatives that OMH will continue and get behind to help the Legislature negotiate with the Governor so that the funding could be added?

COMMISSIONER SULLIVAN: Those negotiations are done with -- at the various negotiation tables. I'm not really free to kind of answer that specifically now.

SENATOR AMEDORE: Okay. I've one more question. What new investments in community-based services is provided to help offset the plan to reduce inpatient OMH beds according to the targeted goals that are laid out?

COMMISSIONER SULLIVAN: I think we've done a lot of investment into a number of kinds of services. One is what we call crisis residential services. This is a program where individuals who are in crisis but maybe don't really need psychiatric hospitalization would have in the past gone into a hospital, can go to a crisis residence. And we've done eight of these
programs across the state for youth, and we
are also in the process of several opening up
in the future for adults.

Mobile crisis services is another big
investment that we've done with reinvestment
dollars. And that means that a team of
psychiatrists, social workers can go meet
someone in crisis and help divert their going
into inpatient hospitals.

They also are helpful for individuals
who have been in a hospital not getting
readmitted, because both crisis residential
services and mobile crisis services help
those individuals cope in the community and
not have to go back to the hospital.

We've also expanded basic clinic
services. Those are important to prevent
hospitalizations, and we've expanded those
and, with state staffing, come up with mobile
integration teams that are teams that will
follow people indefinitely in the community,
as long as they need to, by going to their
home or their residence to help follow them
to enable them to stay out of the hospital.
So there's been a lot of work with the reinvestment dollars in establishing this whole system of care that can help individuals who fall into crisis or relapse not have to go to hospitals but really stay successfully in the community.

And we've also funded some beds of residential units with reinvestment dollars also.

SENATOR AMEDORE: Thank you, Commissioner. Continue to do hard work and advocate for the most vulnerable in our community and society. So thank you for your answers.

COMMISSIONER SULLIVAN: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblyman Will Barclay.

ASSEMBLYMAN BARCLAY: Thank you, chairwoman.

Good morning, Commissioner. I think this issue has been hit quite a bit, but I just want to add my support to the concern I have over the lack of a COLA increase and
obviously the lack of money for direct care workers and having to pay them the minimum wage.

So I think the first issue I want to ask you about -- and I just need some clarity. I used to serve on the Insurance Committee before I did Ways and Means. I remember a number of years ago we did Timothy's Law to provide mental health parity in New York State. So I'm getting confused where the holes are. And I guess that's what you're saying, this proposal is trying to plug some of those holes in mental health parity? Could you just flush out where we're missing things?

COMMISSIONER SULLIVAN: Yeah, Timothy's Law was a really great law at the time that it was enacted. And I think that, you know, parity has evolved over time. So for example, Timothy's Law did not cover all mental illness. It covered a specific group of mental illnesses. Partly because the political and general climate across the country when Timothy's Law was passed, which
was really landmark legislation -- it was the beginning of parity, and people were going, What is parity about? And they were very frightened of what -- saying, you know, all mental illness.

So there were limitations in Timothy's Law. I think that's the biggest limitation, is it wasn't comprehensive in covering all substance use disorders or covering all mental health disorders. The new parity law does that. That's the first and the biggest part of the difference.

The other thing about the new parity law is it gets a little more specific on issues that we've learned about parity, such as networks and copays and things, which really are things that we've learned about parity over time as the federal parity law and others came out.

So Timothy's Law was a great beginning. It just didn't really go far enough. And I think that the current parity law is probably one of the strongest in the country.
ASSEMBLYMAN BARCLAY: All right, that's helpful. You know, one thing we're always concerned about is mandates on localities. And I know you have a proposal in here for jail-based restoration to allow mental health units to be put into county jails — is that what it is?

COMMISSIONER SULLIVAN: Yes.

ASSEMBLYMAN BARCLAY: And probably ultimately the idea is to save counties money by allowing them to do that. This is not — they opt into that program, this is not something that they have to do.

COMMISSIONER SULLIVAN: Right. We're proposing two — actually two pilots at this point in time that would show that basically this is something that is effective and can work. The units in the jails are clinically staffed, so they will have psychologists, they'll have social workers, they'll have psychiatry time. But it will be a somewhat lesser intense level than hospital care.

So basically right now even if you are
capable of being restored to competency in a
less intensive than hospital setting, we
don't have the option if you're a felony, you
have to go to the hospital setting because
it's in statute. So this would offer the
opportunity for individuals who don't really
need hospital-level care to get restored to
competency.

It wouldn't be as expensive as a
hospital; it's about half the cost. And that
means that basically the county, instead of
paying -- now the county pays half of our
costs. It would go down to probably they
would only pay about 30 percent of what
they're paying now, which would be very
helpful for the counties.

We also have some start-up funds in
the budget to help them develop this. And so
the savings are estimated, if this were a
unit, to be about a million-seven, but
850,000 would be available for the county to
work with to set this program up in the
jails.

And the reason that we're thinking of
doing it as a pilot is to show that it can work. And there is one county that has some interest so far, and we're talking with Westchester County as one of the counties, but we're certainly interested in any other county coming forward.

And this is a best practice in many states and has been endorsed by the National Judicial Council. So it's -- it's really not less -- it's not less care, it's just care that can work with individuals. And it keeps them home and close to the home -- you know, the jail. They don't go off into -- hundreds of miles away into one of our facilities.

ASSEMBLYMAN BARCLAY: It strikes me as a great idea, and I look forward to following the Westchester program and see how it goes forward.

Thank you, Commissioner.

CHAIRWOMAN KRUEGER: Thank you.

Senator Diane Savino.

SENATOR SAVINO: Thank you, Senator Krueger.

Good morning, Commissioner. I'm going
to return to one of our favorite topics here today, and it's the cost of the workforce.

Direct support professionals on the state workforce start at $15.54 an hour.

It's an appalling number when you think about I could earn $15 an hour delivering pizza for Pizza Hut and collect tips. Why would anybody go into this field with the pressures that go with taking care of vulnerable populations, the stress of having to worry about the Justice Center? Why would anybody go into this field?

And I heard you talk a bit about recruitment and retention proposals and how we can create career paths. But quite honestly, what is the career path to? Even if we invest and we encourage people to get a higher education, there's no money in this field. They're going to take whatever education they have and leave.

And I've said this a thousand times across the human service sector. And you're not the only one who gets to hear this lecture from me.
If we don't recognize that turnover among the service to vulnerable populations is traumatic to those very populations, then we cannot call ourselves a progressive society, particularly here in New York. You don't have to answer that. You know it yourself.

What I would hope, though, is that the commissioners of the human service agencies could find a way to get together to talk about how we can lift this workforce economically and professionally and stabilize it, because it's that critical. But again, you don't have to answer that, commissioner. You know it yourself.

I want to talk a bit about something else that we're seeing -- I think Senator Harckham touched upon it -- the number of people who are suffering from mental health issues and they are also addicted. And largely that addiction is coming because their mental health provider, their psychiatrist, are prescribing them medication to deal with their mental health issues, and
many of those medications are addictive.
We're seeing it everywhere. My family is not immune to it either.

So what can we do to create an awareness among our psychiatric professionals that they need to do more to monitor addiction amongst their patients, to help them manage their medication so they don't wind up, you know, under the auspices of Arlene and her agency? Because it's happening.

COMMISSIONER SULLIVAN: Yeah, I think you're right. And I think that there are some -- let me just say there are some providers I think who do this very well, and there are some who don't. And I think that what we are going to be -- we have started is across all our providers, both in the state system and in the Article -- what we call our Article 31 providers, we're going to be doing a major effort over the next year, which has already started, to work with the psychiatrists as well as the other staff in those units to understand substance use and
to prescribe appropriately both the mental health medications and the substance use medications, so medication-assisted treatment.

And I think that it's been way too long that -- for many of the individuals that come in -- sometimes. And again, some of our clinics have been doing this, and they're doing a great job. But for the ones who haven't been, they really need to do this. This is the kind of care that has to happen in mental health clinics as well as substance use clinics.

So that I think you will see a significant difference after -- it takes a little while to get this out, but after the next year and a half or so, where we have hired a psychiatrist who's going to be spearheading this among all the psychiatric professionals in our clinics, and we're going to be setting up what we call learning collaboratives, et cetera. And we've already set out guidelines already of what they need to have to be able to prescribe appropriate
medication-assisted treatment.

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

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

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

COMMISSIONER SULLIVAN: You're
absolutely right.

CHAIRWOMAN KRUEGER: Thank you.
Assembly.
CHAIRWOMAN WEINSTEIN: Assemblywoman Richardson.

ASSEMBLYWOMAN RICHARDSON: Good morning.

COMMISSIONER SULLIVAN: Good morning.

ASSEMBLYWOMAN RICHARDSON: Thank you, Madam Chair. Good morning, Commissioner.

I want to thank you for your testimony this morning and thank you guys for the work that you're doing in this field. I'm from Brooklyn, New York. We're a healthcare hub in my district. I have about three hospitals, including SUNY Downstate Medical center and Kingsborough Psychiatric Center. So we are not new to the situation that is happening on the ground.

Thank you so much for testifying about parity and, you know, underscoring the importance of that. And I hope that we can legislatively support any movement on the federal level.

I just want to add my voice to the conversation in terms of the COLA. And just, you know, not having that increase truly is a
crime. Retention in this field is something that we continue to struggle with. And quite frankly I, as an educated woman, if I went and got a nursing license or any kind of license and was working in this human service field and wasn't seeing a COLA adjustment, I would jump ship and go to a lucrative sector. So I understand what's going on.

I want to underscore some things that we know are contributing to mental health illness, especially on the ground, such as gun violence. You know, hurt people hurt people.

And also in our community, unfortunately, we had a gentleman by the name of Saheed Vassell who was suffering from mental health illness, was acting out in the street, and was killed on Utica and Montgomery in the district. The wrong emergency services responded to the call. And so we're seeing -- and this was broad daylight with hundreds of people standing outside, so you can imagine the effect on the community of watching someone that they knew
and grew up with gunned down in the middle of
the street.

But we have issues such as gun
violence, homelessness, bullying, which is
leading to depression, substance abuse and
suicide. So I thank my colleagues for
raising the issue around suicide in the
African-American community particularly with
young males, and in the Latino community,
especially in the Bronx. Thank you for
raising that. And also I would like to see
us, you know, try to work together to combat
that.

I truly believe that we need to be
doing more in terms of preventative services
and crisis intervention. I think that that
is just where we need to start as much as
possible. I think there -- it's very hard,
you know, we're hearing the echoes from our
colleagues all day about there just not being
enough money in the budget. And so we get
into this way of funding the same CBOs cycle
by cycle, because you don't want to cut their
budget because they're doing great work, but
I'm starting to see the emergence of new CBOs on the ground who are really digging deep and can speak the language of those who live amongst them. And I would like to have a conversation with your staff and you about getting some of those organizations funded, because they're able to go on blocks that you and I cannot walk on, you know, and touch those who really need it the most.

We've been really struggling and connecting with Thrive NYC, although the rest of the state does not necessarily have those type of mental health initiatives. But I would like to see a greater collaboration with the schools, and I would like you to speak to what programs we can do and work with the schools.

Because the truth is, my son is the student government president at a high school, and the stories that he comes and tells me about students who are taking pills, who are wanting to commit suicide, is just crazy. And because he's the student government president, people are coming to
tell him, but it's not necessarily getting to
other professionals in the school who need to
know, you know, what's going on the most.

So I think if we can kind of try to do
some peer-to-peer evaluation or early sign
warnings, that would be good.

Last but not least -- and I know I'm
coming to an end -- thank you for
highlighting the issues around the insurance
companies. You testified that they are not
implementing or not necessarily following the
law. And you used a word, "medical
necessity," that they're using the term
"medical necessity" as a loophole. What
diagnoses are you seeing them push back on?
Is it just in the substance abuse arena, or
is there other areas we need to be watchful
of?

And thank you.

COMMISSIONER SULLIVAN: Well, thank
you (laughing). I actually should have been
taking notes. Let me try to answer some of
these.

First of all, on crisis services, I
absolutely agree with you. And actually
New York City is pretty rich in terms of
crisis services. The issue is I think
somehow the word hasn't gotten out there to
communities to use them. So people, instead
of calling crisis services, are still often
calling 911. And then that's a little bit
dicey as to who you'll get and what response.
So we have to do more work in that.

And I agree -- that connects to your
other comment, I think, about working with
CBOs, community-based organizations, that are
really the grassroots organizations that know
the communities. And I think we have to work
more and more with those, even about some
services that are available. Because New
York City does have a pretty good crisis
system, but it's not utilized in the way that
it needs to be utilized. And we've been
working with the city on that. It's a
critical thing.

In terms of the schools and Thrive, I
think that New York City has done a big
investment in Thrive. I think, though, that
there's still the need for clinical
school-based clinics, I think which kind of
offer something a little bit extra in the
schools. And we're working on trying to
expand those across the state and also in the
city.

And then lastly, a point about the
insurers. I think the medical necessity --
for example, a plan may say we cover
inpatient hospitalization, but then when you
call them and you try to get the inpatient
hospitalization paid for, they say, Well, we
don't think that person really needed it.
And the way they determine medical necessity
is they consider it proprietary until this
law, and basically they don't have to tell
you how they're determining medical
necessity.

So the issue here is to get that in
the open. You'll have clinicians saying this
person is maybe suicidal, needs to be in an
inpatient service, and maybe the insurer is
saying that that's not medically necessary.

So that's where the -- kind of the
rift can happen. So medical necessity
criteria is critical, because medical
necessity criteria is what says "I will pay
for it as an insurer." So that's something
we need to work with them on.

But I think you're absolutely right
about moving more and more into
community-based agencies. And really the
crisis services -- we've done a survey across
the state of crisis services, and in some
ways we have holes that we have to fix, and
we're working with communities, but there's a
lot there. It's not accessed as well as it
needs to be. So there's something we're not
going out there about what these services
are so communities use them in a way that can
be so much more helpful. And
sometimes calling --

CHAIRWOMAN WEINSTEIN: Thank you.
COMMISSIONER SULLIVAN: -- communities
that have done it well, it's very successful.
ASSEMBLYWOMAN RICHARDSON: Thank you.
CHAIRWOMAN WEINSTEIN: Thank you.
Senate?
CHAIRWOMAN KRUEGER: Thank you.

Senator Seward.

SENATOR SEWARD: Thank you, Madam Chair. And good morning, Commissioner.

I just want to add my voice to those of my colleagues who have -- we are expressing extreme disappointment on the COLA question, that that's not in this proposal because of -- for all the reasons that have been outlined here, it's critically important.

I wanted to get into the issue of the repeal of the prescriber-prevails policy that allows medical providers and patients to have the final say in terms of their medications. This of course is in the Health portion of the budget, but there's concern that it would gravely impact those with psychiatric disorders that do not have access to their important medications.

Could you comment on the importance of these medications to patients and the Governor's proposal may in fact block, potentially, access to those important
medications by not continuing provider prevail?

COMMISSIONER SULLIVAN: I mean, you're -- I mean, the kinds of medications that we prescribe can be very specific, and sometimes the clients need a specific medication.

The prescriber prevails, while it sets a bar for certain medications to be easily accessed, it still has a provision for appeals. And that means that basically in the event that a physician feels that a particular patient really needs this particular drug, and if it's not something which is on the formulary, they can appeal it.

And in my experience, although it takes some time, sometimes, to get the appeal and a certain amount of work, that when I used to be in practice and I would appeal, that often those appeals were accepted, because you're saying that as a clinician -- and you have good reasons why you feel this particular medication is what this client
needs.

So the appeal process is there and will be available for physicians to use.

SENATOR SEWARD: Well, thank you.

I know the Legislature has in the past routinely rejected this proposal, and I certainly hope we will again.

Let's switch to the inpatient bed reductions in your facilities. You know, for several years OMH has followed an agreed-upon process between the Executive and the Legislature for bed reduction that includes such things as allowing reductions if there is a consecutive 90-day period of time that the inpatient bed is vacant, requiring OMH to continue to invest resources to improve mental health services in the community for each bed reduced, and requiring that the Legislature would be provided monthly status reports on bed reductions.

Is it your intention to continue this process, even though the related appropriate language has been suspended at least in the Governor's proposal?
COMMISSIONER SULLIVAN: Yes, it's our intention to continue the -- to only close beds that have a 90-day vacancy. I think it makes good sense. I mean, you do not want to close a bed unless you're sure that that bed isn't needed. And that longstanding agreement with the Legislature I think has been very effective. It's enabled us to close beds I believe in a way that has made sense, that has enabled us to reinvest dollars, but not do it without good clinical reasons to close it.

And I think that when an bed is vacant for three months, I mean, that's pretty strong evidence I think that perhaps -- that that bed is no longer needed. So yes, it's our intention to continue that policy.

SENATOR SEWARD: Thank you.

When I sit down with school superintendents and others related to our school districts, I constantly hear the crying need that they express for more mental health services in the schools. I know it's been touched upon this morning, but so many
of the districts, particularly upstate in the more rural areas that are isolated, have a limited amount of services available.

Is there a strategy at OMH to work with these schools to in fact get more mental health services in our schools where our kids are, and many of them in great need of these services?

COMMISSIONER SULLIVAN: Yeah, absolutely. And I think we have increased the number over the last several years from what were 200 clinics statewide to over 800 now. So it's growing.

The strategy is to work with the school districts -- and I've met with the school superintendents -- to work with the school districts, to work with a provider -- and the provider doesn't have to be in the rural areas, the provider could be at a significant distance. They don't have to be, you know, right there -- to provide the staff to go into the schools.

And now there's an ability to bill for the services in the school. And again,
Medicaid pays fairly well for this, all things considered, in terms of individuals who are on Medicaid, and we know we have Child Health Plus, so we have a -- it's still a bit of a struggle sometimes to get, dare I say, the commercial payers and parity to pay for those school-based services. But we're working on that.

So there is a financial model that for many schools works, with a community-based provider providing -- often it's a social worker or a psychologist who goes to the school maybe several days a week, maybe one day a week, depending upon the need, and they work in the school. They are licensed as a satellite clinic, they can bill for services, and they are connected back to that provider.

We're also looking at telehealth as something that could work in the rural communities and in the schools. We've got a couple of school programs that are interested in that. So for example if a social worker is seeing clients in the school but they want to have a psychiatrist take a look, that they
could have a telecommunication to a psychiatrist so they wouldn't have to have the psychiatrist come all the distance.

So there's lots of interesting ways to do it. And I've found, talking with the school superintendents, there's an increased interest now, really a very serious interest in having this happen in the schools. So we have a number of projects going on in different parts of the state to get these services into the schools. And I think we can easily get more and more in. Once the financial model -- except for some issues, sometimes, with commercial payers -- it's quite good for Medicaid to be able to do this. So we're looking forward to be able to continue to expand school-based.

SENATOR SEWARD: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

So I'm going to continue with the last questioner on the first round before we go to second round.

So a lot of us have spent a lot of time thinking about childhood victims of
sexual assault recently because we were working on passing important legislation.

Last night many of us here, the last testifier was detailing his own experience as a child of sexual abuse and how it affected his life, and urging education and exposure to make sure that everyone knows what it is and children are taught actually how to express when it's happening to them so that it doesn't continue.

The reason I bring it up now is that I spent the later end of the night, because I was so disturbed about it, looking at some of the academic research. And it's an incredible correlation between being sexually assaulted as a child and ending up as an adult with serious mental illness and substance abuse.

So for you and OASAS, if they're here, it seems to me that a top prevention model New York State needs to immediately start doing something about is education through our school systems of young children about how to recognize that they are being sexually
abused and voice -- learn how to voice it and
have a system where somebody does something.
Because they are a direct pipeline into what
you then end up doing and what OASAS ends up
doing. And even the discussion of suicide
and the correlation between teen suicide and
being sexually abused.

So there's a theme here that it didn't
actually dawn on me till last night how
strong the correlations were. And again, the
academic research is startling.

So do you, one, agree or disagree?
And, two, do you think that New York State
needs to get its act together and start doing
something?

COMMISSIONER SULLIVAN: First of all,
I agree. I think that there's evidence that
goes back to the adverse childhood
experiences studies, which were done quite a
while ago, actually -- in the '90s to the
early 2000s -- which clearly showed that
eyearly childhood experiences of sexual abuse,
also physical abuse, neglect, mental illness
in the home, substance use in the home, et
cetera, that those youth grow up at a very, very high risk for substance use, mental illness, and increased physical problems not related to their substance use. So it's a fascinating thing that it increased physical problems along the line of heart disease and pulmonary, et cetera.

So there's a lot of evidence which has been out there for a while that these adverse childhood experiences, and if you add one on top of the other on top of the other, you can end up with individuals who have very serious mental health and substance use issues.

So the -- since it starts so early, the interventions have to start early. And I absolutely agree with you, I think it's important for individuals to -- as we educate and do things in the schools and we start school prevention programs -- one is ParentCorps, which goes into kindergartens and works with families on how to deal with their children who are having problems, and to work with teachers. Those kind of programs need to also link into thinking
about educating about sexual abuse and other things. You know, sometimes they do it a little bit more than others, but I think at this point in time those early intervention programs in schools -- and another program which we are funding in about -- it seems small, but it's 17 pediatric practices across the state, something called Healthy Steps, which has a child specialist in a pediatric practice that can work from age zero up through 18, when individuals are there in a pediatric practice, who's mental-health-trained and basically works with families and screens for these ACEs, so we know that there's those issues. And those workers would be working with pediatricians and others on identifying all kinds of risk factors, including the risk factors for sexual abuse.

So yes, it has to be something that I think becomes more and more apparent in the earlier and earlier years. Because once, unfortunately, something has happened, you should intervene quickly but you even want to
intervene before it happens and help families
or people who are concerned about these
things to get the help they need early on.

So absolutely, I agree. And I think
that, you know, the work on sexual abuse is
something that we also need to refine in some
of these programs even more than we have so
far.

CHAIRWOMAN KRUEGER: Because the data
also shows that one out of five women were
victims of sexual abuse as children. I think
the stats I read was more like one out of 20
men. So if you think about that number of
people suffering sexual abuse as children,
and then that rolling into the future
pipeline of people who then deal with adult
mental health issues, adult substance
abuse -- and, as you're pointing out, much
more serious adult health issues -- it seems
to me that New York State really needs to
explore the models or develop new models and
that it needs to be some kind of combination
between Department of Education, Department
of Mental Health, Department of Substance
Abuse, and anyone else -- perhaps some kind of Governor's task force on figuring out the right protocols and be educational models. Because I think --

COMMISSIONER SULLIVAN: I think that's a good suggestion. I think that's very important, and we'll get back to you to work on it. Because it's still one of the most hidden things.

I mean, while mental health is beginning to come out more and more in terms of depression and other things, but sexual abuse, especially in those early years, is still hidden, often. When you talk to people, they will say they never told anybody over a period of 10, 15 years.

CHAIRWOMAN KRUEGER: Right.

COMMISSIONER SULLIVAN: So I think that it's really very critical that we work on this. And I think you're right. So we will get back to you on this. I think it's very important.

CHAIRWOMAN KRUEGER: Thank you.

So then last year in the budget the
Governor did provide funding to you for some modeling around maternal depression and some new models. And you actually -- you and your staff came to a pilot center in my district, The Motherhood Center, to talk to people there about the work that I think that they're doing that is amazing there.

So I'm wondering, how far have you gotten in your efforts to create programs for people around the state?

COMMISSIONER SULLIVAN: A couple of things. One, we have something called Project TEACH, which is a consultation with pediatricians for primary care doctors to be able to talk to child psychiatrists. And we've expanded that to include a group up at Columbia who are experts in maternal depression and women who are depressed during pregnancy, et cetera. Because often there's a real knowledge gap about what medications could be used, et cetera.

So we got that up and running, and that's a consultation service for psychiatrists for GPs and for the OB-GYNs, so
they can call in and get help. So that's up
and running.

We also have -- I think one has
started, but we have a couple of others -- I
think it's three in the works -- of what we
call intensive outpatient programs that are
going to be focused on moms with depression.
And intensive outpatient programs enable
someone to come into the clinic and get a
whole range of intensive services right away
and get paid for them. And we're in the
process of setting those up I think in a
couple of upstate counties and one in the
city.

And then in addition, there's an
upstate county which we're working with to
start an inpatient program for moms that
would be able to also have the babies with
the moms who have severe postpartum
depression. And we're looking at that in the
city. So those -- the units haven't opened
yet, but they're getting very close. And the
outpatient programs have started.

And we've also got a plan to circulate
to OB-GYNs and general practitioners
information on maternal depression and just
get it out there. And pediatricians, because
often the moms come to the pediatricians.

So we're in the process. Things are
moving. And we're hopeful most of those
clinical services should be up within like
six months. They're moving along.

CHAIRWOMAN KRUEGER: Very good to
hear. Thank you very much, Commissioner.

I think it's now second round.

CHAIRWOMAN WEINSTEIN: So we're going
to go to Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTHER: Well, first
I'm going to say a thank you. You and I
worked together -- they were going to close
my Middletown campus, and it provided mental
health services and daycare and a friendship
program. And we know that that program is
cost-effective. And I think that without the
visit and the staff coming to me, it would
have closed. And it would have impacted well
over 100 people's lives. And also those
folks would have ended up in acute care.
So I think with that in mind, as we look forward, that these programs are so vital to so many communities. And what happens is it stabilizes people from walking on the street. It makes them if they don't have the ability to take their meds, et cetera.

So before we start closing things, I think we need to reach out to communities and look at efficacy and effectiveness, because we tend to close before we know all the facts.

So I have a question regarding marijuana. And does the Office of Mental Health have any concerns about the psychiatric effects of THC with this proposal? Like pot smoking and, you know, what will happen and the THC, et cetera. You know, we can't -- you know, sometimes we can measure a pill and know how much narcotic is in a pill. But with marijuana, there are different kinds of marijuana. And, you know, some people of course use it for different kinds of medical issues, which is great --
you know, nausea after chemotherapy, those kinds of issues. A lot of times they were taking it like where they could dose it as far as liquid.

But the legalization -- you know, it's called self-medication. And I'm not taking a stand either one way or the other, but I'm a little bit concerned about self-medication.

COMMISSIONER SULLIVAN: I think the -- there's going to be a hearing on marijuana where I think the -- there's going to be a hearing that will really have everybody have the full breadth of being able to answer all those questions.

The impact -- the document that came out on the impact of marijuana clearly outlined a couple of areas where there are risk factors for mental health issues. And those will be discussed more and more at the hearing. But just very, very briefly, basically while there is some risk factor for youth in terms of psychosis, either precipitating in vulnerable youth -- it's a small percentage, but in vulnerable youth,
psychosis or causing psychotic episodes earlier than they would have. And for individuals with serious mental illness who are psychotic, using marijuana often can -- the outcomes are not as good in terms of recovery.

So there are certain very specific areas, and they're clearly outlined in the already existing impact report. And I think those are going to be discussed at length in the hearing. And I think there are ways to educate and work with these issues. Like everything, there are risks and benefits to every kind of substance out there. So I think that those will be discussed in more detail. But it's in the July report which the Office of Mental Health was very involved in participating in developing.

ASSEMBLYWOMAN GUNTER: The $60 million for maintenance of supportive housing -- really quickly, distribution, what's the method of distribution?

COMMISSIONER SULLIVAN: That's our bricks and mortar housing. That 60 million
is capital dollars that will help -- for
many, many years we had not been given
capital dollars for our community residences,
for our congregate housing, and the housing
providers have been asking for that for a
long time. So that's --

ASSEMBLYWOMAN GUNTER: And this is
like housing that the State of New York owns.

COMMISSIONER SULLIVAN: The State of
New York, OMH housing, congregate housing.
These can vary from 40 to maybe a hundred
individuals in the housing, and they need
those capital dollars to fix basically the
bricks and mortar of the housing.

ASSEMBLYWOMAN GUNTER: Yeah, they've
been -- they've really been --

COMMISSIONER SULLIVAN: Yeah, so
that's -- that's --

ASSEMBLYWOMAN GUNTER: -- they are in
terrible condition, between paint and
chipping and leakage.

COMMISSIONER SULLIVAN: Yup.

ASSEMBLYWOMAN GUNTER: And it's
really deplorable. And I've been in some of
them, the conditions, and well overdue. But I don't think $60 million of our budget are going to really make a difference in many people's lives. And is it New York City focused or is it --

COMMISSIONER SULLIVAN: No, it's statewide. This will be statewide.

ASSEMBLYWOMAN GUNTER: My thought is how is it going to be allocated, and how are those designations being made? Because I feel like there's not an inventory of the condition of that housing across the State of New York. I really -- you know, I don't know, I've never seen an inventory, I've never heard about someone calling me in my district and taking a walk through in some of these places or -- maybe in New York City they do it with people that are, you know, working on the budget of New York.

And I think as Assemblypeople and Senators, you know, we like to be in the know. And honestly, we know our districts probably better than many. So that's one of the things I'm kind of interested in.
And the last is Mid-Hudson Forensic Psych Center. The $60 million of maintenance, any idea about, you know, what exactly the details are of what's going to happen at Mid-Hudson Psych? I mean, I know -- again, I've been in Mid-Hudson Psych Center, deplorable conditions in many areas there, haven't been touched in a very, very long time.

So I'm glad you're doing it. And like how is it going to be allocated?

COMMISSIONER SULLIVAN: This is $100 million in the budget that is the beginning of design -- actually, building a new Mid-Hudson. So basically on the grounds of Mid-Hudson.

ASSEMBLYWOMAN GUNTHER: I see.

COMMISSIONER SULLIVAN: So this is the beginning of the allocation for the building. The building might cost up to ultimately 250 million. But this is the beginning in terms of design, construction, getting it started.

We're very excited about this.
Because you're absolutely right, some of those buildings are over a hundred years old, and you really can't refurbish them. I mean, the only option is to rebuild. So this is to rebuild the new Mid-Hudson, basically.

ASSEMBLYWOMAN GUNTHER: And I will say that in upstate New York there's a terrible crisis regarding children's psychiatric needs. And, you know, our psychiatrists for children are few and far between.

And I also would say even if you do have good insurance as far as like even the state insurance -- I'm thinking about someone that I know -- that getting into the psychiatric facility for children is extremely difficult. Sometimes kids stay three, four days in the emergency room. And I think that's horrible when a child is in crisis. And often they calm down but -- and also the length of stay. We know that children, their metabolism is different. And the fact of the matter is to stabilize a child on the right psychiatric med takes more than five days of observation to see how this
chemical -- this child responds to this psychiatric medication.
And, you know, they're kicking them out after eight or nine days, and the length of stay is just not adequate to assess that child and get them not to have a readmittance, but to be stabilized and then have the aftercare that's necessary.

CHAIRWOMAN WEINSTEIN: Thank you.

Thank you.

ASSEMBLYWOMAN GUNTER: I guess mine wasn't a question, it was a statement.

CHAIRWOMAN WEINSTEIN: Yeah. You can have some discussion offline.

COMMISSIONER SULLIVAN: Sure, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Second rounds for Mental Health Chair David Carlucci.

SENATOR CARLUCCI: Thank you, Madam Chair.

Well, thank goodness New York State is taking an active role in blazing a trail and ending gun violence in the United States.
And we've just recently passed a package of legislation to do just that, to end gun violence in New York. And one of the major pieces of legislation is the Red Flag bill, or the extreme risk protection order to remove guns from people that are deemed a threat to themselves or to others.

What role do you see the Office of Mental Health playing in this new legislative initiative? Or what role do you think OMH should be playing in this role in terms of making sure that people that are going through this process are getting access to the treatment that they need?

COMMISSIONER SULLIVAN: First of all, I think it's also educating, you know, within our system of care, within our clinics, that this exists, this gun law exists. You know, because often there is concerns by school members, families, et cetera, of individuals that they see that they are concerned. Which is the whole point of the law. But people -- it still takes a while for the law to become known to people and to know how to access it.
So I think the first big piece that we have to do is within our system and within our contact points, whether it's work we do in educating in schools, when we go out for our suicide prevention, et cetera, that we talk about this law and we let people know how to access the law.

And then how to access the mental health services that these individuals might need. Because taking away the gun doesn't solve the problem if it's linked to a mental health problem.

So I think they have to be kind of coordinated. So I think it's education and especially working -- a big focus of this is families and schools. And I think that in the schools as we do our prevention and education work in the schools, we'll be incorporating this in terms of working with this, and also families that we work with.

So I think our role is to really get the word out, but then also to get the word out about the help that's available if you're concerned about someone. It's not just
taking away their guns. If there's a mental health issue, it's important they get the help they need.

SENATOR CARLUCCI: Yeah, it's so important. And I appreciate that answer.

Would it be possible for us to work together on a formal response, a program that OMH would be involved in, to make sure?

COMMISSIONER SULLIVAN: That would be terrific. Yes, we very much -- and we'll get back to you on that. That would be great.

That would be great.

SENATOR CARLUCCI: One of the issues that I keep hearing about is the move to managed care and the concerns that we have. And you've been in the leadership role of OMH as this transition has happened. Can you give us an update on where we're going? What are some of the main concerns that you have with managed care right now?

COMMISSIONER SULLIVAN: You know, I think some things have gone well and others we've had some stumbling blocks with. I think that in terms of getting --
SENATOR CARLUCCI: Particularly some of my concerns are when we deal with children and with dual diagnosis.

COMMISSIONER SULLIVAN: Oh. Yeah. I think that basically in terms of the move to managed care, I think some of it's gone very well. We have a good enrollment in the HARP population.

The children's move to managed care is really in the process. We've moved health homes into managed care. Managed care will be dealing with these new services that we're putting up. And dual diagnosis, I think, again, it's helping -- when I talked about those home-based services, I mean those home-based services can deal with mental health, they can deal with substance use. It's getting these new services out there, getting the managed care plans used to paying for them and understanding them, getting the staff to know how to document to get those services, et cetera.

So the implementation is important. And we've gotten a lot of technical
assistance with the children's providers. I know they had concerns about moving the health homes in and being able to respond a little bit better, I think, than we thought. And basically we've been working very closely with them to make sure that there's no discontinuity in care, that basically families that are getting care continue to get care.

So the movement of the children's services in -- I think is moving along. We're constantly listening and out there asking if there are problems and trying to intervene if there are problems in the transition.

But I think it's going, overall, not so badly. But we don't know yet, because it's just started October till now. We're still in the process of moving this. And it's going to take a little time maybe for some of the problems maybe to fall out.

SENATOR CARLUCCI: Well, thank you, Commissioner. Some of my colleagues this morning have mentioned some of the programs
that we in the Legislature are very proud of, dealing with posttraumatic stress disorder of our veterans with the Joseph P. Dwyer Program, talking about crisis intervention teams. We see what's going on in this state, around the nation, the importance of crisis intervention teams, which I know you've said is important.

What would happen to the state of mental health in New York State if these programs go away? All these legislative adds that the Executive has taken out of the budget that the Legislature puts in each year, what will happen if we don't get those in?

COMMISSIONER SULLIVAN: Well, I think if -- we would have to look to what we could do to ensure that, you know, veterans still receive services they need, et cetera. And also we would have to look to what we could do for crisis intervention training.

I think these have been programs that have been funded by the Legislature. And I'm sure there will be more discussions on these
basically as the budget negotiations go on.

SENATOR CARLUCCI: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: So for seconds, we go now to Missy Miller.

ASSEMBLYWOMAN MILLER: Hi again.

COMMISSIONER SULLIVAN: Hi.

ASSEMBLYWOMAN MILLER: Thank you. I just want to thank you for everything you do. I don't want to just be grilling you.

I can't help but notice, because I have a -- although she's a young adult now, but I had -- my daughter is in her early twenties. And I couldn't help but notice the amount of peers that she has when they were first going off to college, the amount of her friends who were already, when they graduated from high school, on anti-anxiety medication. These are young teenagers, before they graduate high school, are already being treated for anxiety disorders.

And I'm concerned that this is a growing problem. When I was in high school, very rarely did I ever hear of anybody my age
having an anxiety disorder. And it seems to be more the norm these days for this youth -- for this age group.

And I see that -- and I'm happy that we're addressing it somewhat, that there are treatments. But I'm wondering if we shouldn't be looking at this as an at-risk population and looking younger at the schools and seeing what we can do in the schools to prevent this from happening before it needs intervention, before we need medication or even therapy.

Are there programs that can teach better ways to identify these triggers, these emotions, that can teach coping strategies, better skills?

I also can't help notice the correlation of how many of these school shootings are by some of these very children that are being treated for anxiety disorders -- or perhaps not being treated for their anxiety disorders or their depression. It's just -- I think it's an unidentified group of individuals with mental health
issues. And it was completely unaddressed in our Executive Budget.

COMMISSIONER SULLIVAN: You know, I think that the -- first of all, I think you're right, that there's an increasing -- and the surveys that have been done of students in high school in particular show a high level of distress. You know, 20, 25 percent significant and mild-to-moderate up to 50 percent. So there's a lot of distress and a lot of anxiety.

And I think -- again, it's where do you intervene. You can intervene once you see it, or you can earlier and earlier to intervene.

And I mentioned before the kinds of programs that we're doing in some of the schools, something called ParentCorps, which is a pre-K program where, you know, kids -- even in pre-K, some kids are having some troubles, you know. And these pre-K programs -- this works for all kids, by the way. Anybody in the pre-K in that school will get this.
And it's a parent training -- teacher-coordinated parent training with the parents, and looking at how to communicate better with the child, how to deal with whatever anxieties the child may have at that age. How do you deal with it? How do you deal with some of the behaviors that you may be concerned about? And it helps to teach the parent -- the parent home environment, how to deal with the child, because that's really where a lot of the work has to be done.

They've been tremendously successful with what's a -- I think it's a 14-week course, couple of days a week. Lots of parents go in and join and do it. When they map out these kids going to age 8, 9, 10 -- that's as long as some of the longitudinal studies have gone -- there's a significant decrease in things like anxiety disorders, a significant decrease in poor school performance, and even a decrease in visits to the pediatrician for medical kinds of problems.
So these early -- the earlier the interventions, actually, the better. It's always been fascinating to me that we teach people lots of things; we never try to teach them how to be parents. You know, somehow you're supposed to magically know how to be a parent. And especially if your child has a certain temperament or certain issues, you're supposed to just know how to deal with that. And I think we don't.

So I think that kind of education. Now, then going through, you then also have to have, though, teachers aware and parents aware that if symptoms do happen despite, hopefully, that early intervention, that you get help early. And I think that people are still very reluctant to kind of ask for help in those early years, you know, middle school.

And that's one of the initiatives which is in the budget -- I forget the exact amount of dollars, I guess a million-five -- to help middle schools do better work. And that's going through the Department of
Education.

Now working -- just very briefly, working with the Department of Education, Commissioner Elia, they're doing a whole thing on social-emotional wellness. And that's going to transmit to all the schools from early years through grammar school to high school. That has tremendous potential to kind of deal with the problems that you're talking about, because people will notice and talk about those things as they come along. So you're absolutely right.

CHAIRWOMAN WEINSTEIN: Thank you. Thank you.

We've been joined in the Assembly by Assemblyman Félix Ortiz and Assemblywoman Mary Beth Walsh.

Senator, anything?

CHAIRWOMAN KRUEGER: No.

CHAIRWOMAN WEINSTEIN: So we have some more Assemblymembers.

Assemblywoman Rosenthal for three minutes, just -- that's supposed to be the question and answer. So we call it the
lightning round.

(Laughter.)

ASSEMBLYWOMAN ROSENTHAL: Thank you.

I was the -- I am the sponsor of the Child Victims Act. So everything that was said today is true times a hundred. And I think once the bill is signed into law and the court processes begin, we're going to see actually people who were hidden in the shadows for years trying to gain some redress in court. But the fact is that children -- young children, all the way up, are not taught, and their parents as well, what the signs are of sexual abuse, people who should not be near them, et cetera.

And so I'd love to work with you on initiatives in the schools --

COMMISSIONER SULLIVAN: Absolutely.

ASSEMBLYWOMAN ROSENTHAL: -- so we can better protect young people and have their parents be partners in safeguarding them, and teachers as well. So I'd love to work with you on that.

COMMISSIONER SULLIVAN: That would be
a pleasure. Glad to. Thank you.

ASSEMBLYWOMAN ROSENTHAL: Thank you.

That's my lightning round.

CHAIRWOMAN WEINSTEIN: Thank you.

So now Mary Beth Walsh for three minutes.

ASSEMBLYWOMAN WALSH: Thank you.

Good morning. Thank you, Dr. Sullivan. I just wanted to share that I was at a mental health forum last week -- I represent parts of Saratoga County and a little bit of Schenectady County -- up at Ballston Spa High School, and it brought together people from school resource officers to the sheriff's department, our new superintendent there, and lots of counselors.

And the -- I wanted to kind of tie in with some of the testimony you've already offered. The gist of it was that children are coming into school now, presenting early, as early as kindergarten, with much more significant mental health concerns than the school district has previously seen.

And I think that schools like
Ballston Spa and Shenendehowa and now, thanks
to your help, the Burnt Hills-Ballston Lake
School District will be able to offer mental
health clinics within the schools, which is
so helpful. As a person who has worked in
Family Court for about 10 years, I know that
transportation is a real issue for children
for appointments for mental health. And if
that can be done right within the school, we
know that we can reach the child where they
are.

So I want to thank you for your
advocacy and help in making those happen.
But I also think that they have sounded an
alarm within the school district that we're
seeing far more anxiety, depression, at a
much earlier age -- and in families where you
wouldn't necessarily think -- you know, in
families that are intact families that -- and
it doesn't seem to make a difference as far
as educational level achieved by parents or
even poverty level.

So I was wondering if you'd like to
talk about that at all in the time that we've
got remaining. But I just wanted to thank you. And I think that that's the right track. And I think that to the extent that we can expand programs like that throughout the state, I think that is really what we really should be doing. So thank you.

COMMISSIONER SULLIVAN: Absolutely. And just very briefly, I think we need to double our efforts in working with teachers and with parents. I think that parents are often -- they are confused. They're not sure when to ask for help. And I think we need to double the efforts.

And I think we can do that with parents through schools. I mean, schools can bring the parent, you can have educational kinds of things. I think parents are not well equipped to even sometimes know what the issues are that they're seeing. And we have to do much more work on that.

ASSEMBLYWOMAN WALSH: And that came up during the forum that we had as well. In Ballston Spa, at least, they're going to be talking about the development of resiliency
training and working with parents and, you
know, helping parents to develop the skills
needed in the society we have now where we
have 24/7 social media, there's a lot more,
you know, anxiety and bad feelings, it's an
opportunity for bullying and things like
that, where, you know, parents sometimes need
to be brought up to speed as to the pressures
that their kids are under, so.

COMMISSIONER SULLIVAN: Absolutely.
Absolutely. We'll definitely be working on
that, and we'll be glad to get back to you
about that. But I absolutely agree with you.

ASSEMBLYWOMAN WALSH: Thank you.

CHAIRWOMAN WEINSTEIN: And to
Assemblyman Ortiz, three minutes.

ASSEMBLYMAN ORTIZ: Thank you, Madam
Chair.

Thank you, Commissioner -- good
morning -- for being here.

I just have a quick question. This
past year my bill that required the Office of
Mental Health to develop educational
materials for educators regarding suicide
prevention was chaptered into law by the Governor. My question to you is, what is the status of this material and when can we expect them to get into the hands of the educators?

COMMISSIONER SULLIVAN: Basically I think there's a lot of materials which are almost ready to go on the website now. I was just talking with our suicide prevention staff yesterday that that's out there ready to go. And we have also translated a whole host of our current information to be able to give out to schools, et cetera.

So we're ready to launch it probably within the next month. You're going to see a lot of information coming out and available.

And we're also going to be doing a survey with the colleges. We're doing focus groups first about the survey, and then we're going to do the survey. The focus groups will happen in May; the survey will happen in December. And that will go out to the SUNY system, systemwide. So we're going to be working very closely with the SUNY system to
work with youth and get the information out
to those universities.

            ASSEMBLYMAN ORTIZ: Thank you very
much, Commissioner.

            CHAIRWOMAN KRUEGER: Thank you.

            Commissioner, we have gone through our
list for you, so thank you very much for
being with us today.

            COMMISSIONER SULLIVAN: Thank you very
much.

            CHAIRWOMAN KRUEGER: Thank you.

            And our next testifier will be Roger
Bearden, acting executive deputy
commissioner, New York State Office for
People with Developmental Disabilities.

            And we're going to ask everyone to
take their conversations outside. So if
you're heading out, quietly until you move
past the doors. Thank you.

            Good morning, Roger. Start. We're
here for you.

            ACTING EX. DEP. COMM'R. BEARDEN: Good
morning, Senator.

            Is this microphone working?
Good morning, Chairs Krueger, Weinstein, Carlucci, Gunther, and other distinguished members of the Legislature. My name is Roger Bearden, and I am the acting executive deputy commissioner of the New York State Office for People with Developmental Disabilities.

Thank you for the opportunity to provide testimony about Governor Cuomo's 2020 Executive Budget and how it will benefit the nearly 140,000 New Yorkers with developmental disabilities served by OPWDD.

Under the Governor's leadership, New York continues to lead the nation in the amount of funding to support people with developmental disabilities, providing nearly twice the national average. The proposed budget continues this tradition of investment in services and supports. The 2020 Executive Budget includes a significant increase in new investments in spending, leveraging
approximately $8 billion in state and federal funding for OPWDD services and programs.

The budget proposal supports investments of $120 million in annual all-shares funding to provide new and expanded services for people entering the OPWDD system for the first time, as well as those who are currently eligible but whose needs are changing; $15 million in capital funding to expand affordable housing opportunities; $170 million in state and federal resources to assist OPWDD's network of nonprofit providers in complying with the state's minimum wage law; and $5 million in new resources to assist providers in becoming ready for managed care.

These new proposals are in addition to the substantial resources dedicated to individuals with developmental disabilities in prior years. In fiscal year 2018-2019, more than 5,500 individuals will enroll in community habilitation for the first time, 4,000 individuals will enroll in respite services, and more than 3,500 individuals
will enroll in day habilitation services. These services provide vital support to individuals and their families, enabling individuals to live and thrive in the community.

OPWDD also continues its investment in residential supports for individuals with developmental disabilities. OPWDD provides over $5.2 billion in annual funding to support nearly 43,000 individuals in residential opportunities, the largest system of residential supports for individuals with developmental disabilities in the country. Last year alone, over 1,600 people received residential supports from OPWDD for the first time.

OPWDD is dedicated to building a more efficient and effective service delivery system for New Yorkers with developmental disabilities, based on a history of continuous improvement in the delivery of services and supports over the past 40 years. On July 1, 2018, OPWDD's care coordination system transitioned to a new
model of comprehensive, holistic care
management operated by seven newly
established care coordination organizations.
The transition to this enhanced care
coordination model is a significant step in
the move to managed care, which will improve
access and flexibility in our system and
ensure quality outcomes.

I would also like to highlight two new
initiatives to help support people with
autism and their families. The Executive
Budget proposal seeks parity for autism
services by requiring insurers to apply the
same treatment and financial rules to autism
spectrum disorders as those used for medical
and surgical benefits.

The budget proposal includes expansion
of Medicaid to cover applied behavioral
analysis, a form of treatment for children
with autism, which represents a $26 million
commitment. This initiative will support
over 4,000 individuals, including those who
have aged out of the Early Intervention
program, and ensure that they continue
receiving medically necessary services.

Our evolution to a more responsive and flexible service system would not be possible without the input of the people that we support, their family members, and our partners in the provider community, along with the Legislature. Thank you for your partnership.

I look forward to answering any questions you may have.

CHAIRWOMAN KRUEGER: Thank you very much.

Our first questioner will be David Carlucci, chair.

SENATOR CARLUCCI: Well, thank you, Acting Commissioner. Oh, wait, no. What happened? I know we had met the other day; I thought that Kerry was going to testify today.

ACTING EX. DEP. COMMR. BEARDEN: Unfortunately our acting commissioner, Ted Kastner, is unavailable today. He just started last week. He's unavailable today.

I'm the acting executive deputy commissioner,
and I'm here to testify on behalf of the agency.

SENATOR CARLUCCI: Okay, good.

So a few things just are -- we're dealing with the living wage issue that we don't have. Could you speak to the problem in regards to retention in the system right now?

ACTING EX. DEP. COMMR. BEARDEN:

Absolutely. So I listened with interest to the testimony and the questions of my colleague Dr. Sullivan, and I couldn't agree more with the sentiment that our direct support professionals are really the backbone of our service system.

There have been, with the support of the Legislature, very substantial investments made over the last several years in that workforce. We have -- going back to 2015, there was a 4 percent -- two 2 percent increases; going back into 2018, two 3.25 percent increases; and then there's ongoing support for the minimum wage initiative.
All told, over the last several years, there's been nearly half a billion dollars invested in this workforce. So there's the financial component of it.

We're also doing a lot of work to try to encourage people who want to pursue this career to do so. We've established, across the state, six regional Centers for Workforce Transformation. Those are centers that are assisting our providers in recruiting and retaining the workforce. We are constantly looking for opportunities to build a career ladder for our direct support professionals so that they can not only choose it as a job but choose it as a career.

And just this past November there was actually a cross-agency Human Services Workforce Summit here in Albany to -- so that different providers across the various service sectors could share the strategies they have used.

So we're really taking a multipronged approach. One is, of course, the investments that have been made in the wages, but also
the investments we've made in making sure
that people are recruited to the field and
then, once they choose this field, that they
stay in it.

SENATOR CARLUCCI: Do you think that
DSPs should get a cost of living adjustment
this year?

ACTING EX. DEP. COMMR. BEARDEN: Well,
I think that's a matter that's going to be
certainly a discussion in the budget,
discussion between the Legislature and the
Executive as the budget is being finalized.

SENATOR CARLUCCI: The -- one of the
issues that we see in the budget is language
that would remove jurisdiction of the Justice
Center over camps for children with
developmental disabilities. Who will have
the oversight? Is that a smart move?

ACTING EX. DEP. COMMR. BEARDEN: So
that's a topic that I'm not familiar with.
That is -- my colleague Denise Miranda, who
is the executive director of the Justice
Center, is I believe testifying later today,
and I think that would be a question most
appropriately addressed to her.

SENATOR CARLUCCI: One of the ongoing issues is the transition from sheltered workshops into integrated employment settings. What is being done in this budget to help accelerate the most integrated employment settings possible for people with developmental disabilities?

ACTING EX. DEP. COMM. BEARDEN: So over the last several years we've been transitioning what has been a sheltered workshop model into an integrated employment model. That's an ongoing process that's continuing into the next several years.

We've been very clear as we've been making that transition that under no circumstances do we want any person who is enjoying working to lose that job. So we have been working very closely with our provider community to make sure that there are opportunities for individuals to work who wish to work.

We've also, over the last several years, come out with a number of new
employment support programs to help
individuals who are pursuing integrated
employment. So that's an ongoing
conversation with the providers and with the
sheltered workshop operators to make sure
that we make that transition in as effective
a manner as possible.

SENATOR CARLUCCI: And as you'd heard
from the questions with the previous
commissioner, with Commissioner Sullivan,
regarding dual diagnosis and how,
particularly with OPWDD, we have some silos
that have been built, and built to protect --
to make sure that our interests are being
represented when it comes to the State Budget
and legislation, that we have a separate
agency for OPWDD.

And now that we are recognizing dual
diagnosis more and more, what's being done to
really make sure we're working cross-agency
to get people the best care they need?

ACTING EX. DEP. COMMR. BEARDEN: So we
have a very close working relationship with
the Office of Mental Health, both at a
central office level and with our regional offices, which is really where most of the work on the ground happens.

So whenever we're encountering situations, individuals who have that dual diagnosis who might be, as I think you put it, in those silos and are struggling to get the right services, we have very established pathways for communication. We work very closely together with the Office of Mental Health to make sure that the fact that we have different state agencies working for those different populations isn't a barrier to the individuals getting the services that they need.

SENATOR CARLUCCI: Could you speak about the placement in group homes, particularly when we talk about placement of those that are deemed sex offenders in group homes with a population that are not sex offenders? Can you speak about that policy?

ACTING EX. DEP. COMMR. BEARDEN: Yes. So the question that you pose is a very complicated one. And it's not just a
New York State question, it's a national question. So first of all, it's very important to note that any individual that OPWDD serves is a person with a developmental disability. So -- and some of those individuals may also have a sex offense designation because of some prior conduct.

So when we are, as OPWDD, asked to place an individual into our care who has a developmental disability and a sex offense history, we undergo an incredibly careful review process. What we do is we look at -- we have a risk management review through our central office. These are trained psychologists who have specific training in the field of treatment of sex offenses and who look at any specific risk factors those individuals may have and develop what's called a risk management plan. So that's before any placement is made.

And then that risk management plan can have a variety of safety measures associated with it -- where the person should reside, what kind of protections should be present in
the home. And then we continually monitor
that once the placement has occurred.

So we have a very, I think, thorough
and comprehensive way of approaching this
problem. And as I said, it is a complicated
one that we deal with. Because we want to
make sure that the individuals we serve never
come to any harm, and the safety of those
individuals is absolutely paramount.

SENATOR CARLUCCI: Okay. And back to
managed care. You know, this is obviously a
big issue that we've been talking about for
some time. What can you tell the residents
watching in regards to what safeguards are
going to be in place to make sure that the
appropriate level of resources are spent on
individuals? And what recourse do families
have, parents have, advocates, in overturning
denials from managed care?

ACTING EX. DEP. COMMR. BEARDEN: So I
think as I noted in my initial testimony, we
are in the process of moving towards a
managed care system.

Later this year we will be allowing
individuals who want to voluntarily enroll in managed care to do so. And we're starting with that because we want to make sure that those who see the opportunity -- and we think there's a lot of opportunity here. We think there's an opportunity to expand access to services. We think there's an opportunity to have more flexible rules around what can be paid for than is currently present in our system. So we think there's a lot of opportunities for families and for individuals in the move to managed care.

And so we're starting with a voluntary enrollment, because those individuals who want to pursue that may do so.

When you move into managed care, and if there's a circumstance where a managed care company were to deny a service, there are appeals and grievances that are available to the family member, to their advocate, to the individual to make sure that no services that are necessary for that individual are denied or removed.

SENATOR CARLUCCI: Okay, thank you.
And would you be able to go through the timetable you started to mention about the transition to managed care?

ACTING EX. DEP. COMM. BEARDEN: I'd be happy to.

So we are starting, as I said, later this year with voluntary enrollment in managed care. We are in the process of qualifying plans to be able to provide that service. And I think something that's very important there is we are taking a model where our providers are in fact developing these plans, they're provider-led plans. So we're in the process of getting those plans qualified to render a service.

Later this year we will be in a position to have people voluntarily enroll. And then we're projecting, probably in 2021, the move to a mandatory managed care system. But we're only going to do that if in this voluntary period we see the kinds of gains and expanded access that we believe will be the case with our move.

SENATOR CARLUCCI: Okay, thank you.
CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNThER: Good morning, Roger. I guess it's afternoon by now.

ACTING EX. DEP. COMMR. BEARDEN: Good morning, Assemblywoman.

ASSEMBLYWOMAN GUNther: (Inaudible.)

(Microphone not on.)

ASSEMBLYWOMAN GUNther: Sorry.

-- the giveaways to a lot of corporations and the Executive's decision to defer the cost of living adjustment in the human service field, and also the COLA. So can you address those two and how important the COLA is to our direct care workers?

ACTING EX. DEP. COMMR. BEARDEN: Well, I appreciate the question. As I said in speaking to Senator Carlucci, we have made very substantial investments with the support of the Legislature in the last several years in the direct support workforce.

I'm aware, of course, that there was
not a COLA in this year's budget, and I'm
sure that that will be a topic of
conversation between the Legislature and the
Executive as there's a move to finalize the
budget.

ASSEMBLYWOMAN GUNTHER: Also, what
steps does OPWDD anticipate taking to ensure
an adequate supply of quality service and
supports are in place in areas where
providers are experiencing financial
difficulties and in danger of closing
programs? You know that that's happening a
lot in upstate New York, a lot are in danger
of closing programs, they can't afford it.
They also, because of the DSP and the wage
issue, that they can't keep people employed,
there's so much turnover.

ACTING EX. DEP. COMMR. BEARDEN: So we
have a very active effort to monitor our
providers and to work with them. So we're
constantly in communication with them. As
they're experiencing -- if they're
experiencing financial stress, we work with
them and we try to help them solve what the
issues are.

At times providers -- we may help providers share services, they may share back-office services or come together in some way so that they can achieve some efficiencies. We've seen some very successful models doing that.

But we're always working with our providers. We're very aware of the stresses on the provider community. And so we try to work in collaboration with them to address those as they come up.

ASSEMBLYWOMAN GUNTER: There has been 120 million made available for new services. How much of that money has been spent?

ACTING EX. DEP. COMM. BEARDEN: Well, the 120 million that is proposed for this year's --

ASSEMBLYWOMAN GUNTER: In the last four budgets.

ACTING EX. DEP. COMM. BEARDEN: In the last four budgets. So we typically do not -- are you asking about the future expenditures or the past expenditures --
ASSEMBLYWOMAN GUNThER: Past. How much has been spent? As there's been an allocation, and we're interested to know how much has gone out to be spent.

ACTING EX. DEP. COMMR. BEARDEN: I don't have the specific allocations with me. I can tell you as a general matter about two-thirds of the spending that we engage in is for residential supports and services, and the other third is for community-based programs, community habilitation, day habilitation, those kinds of programs.

Supported employment.

If you're interested in a specific breakdown of --

ASSEMBLYWOMAN GUNThER: I am.

ACTING EX. DEP. COMMR. BEARDEN: Okay, we can certainly get that to you.

ASSEMBLYWOMAN GUNThER: You and I went on a journey in Orange County to one of the housing units, and in my opinion, you know, there is money out there and this is a state agency-run residential facility. And both the two of us were there, and just that alone
was a little bit shocking. And I know whether the paint on the wall or the wheelchairs stored in a patient's individual room, and those issues that we came across, that, you know, really were unsuitable.

And I'm hoping that, you know, from what we saw that we will spend this money to upgrade these residential facilities, because there is a lot to be done, including some of the vans that break down that, you know, they can't take folks out on their usual daily trips or some of the places that they go because the vans are in poor shape, some of them over 100,000 miles on them.

So, you know, I think that as we talk about the budget and continue on, that we should think about those important things.

And, you know, all of the advocates, you know, indicate reimbursement rates do not support the funding needs of many individuals with high needs, especially those that are dual-diagnosed with behavioral issues, significant medical needs or severe physical needs. Will there be a higher reimbursement
rate to support these folks that need this higher level of care?

ACTING EX. DEP. COMM. BEARDEN: So our system of reimbursement is a cost-based reimbursement system. So to the degree to which those kinds of concerns drive additional costs, yes, that would be something that would be reimbursed within the rates that our providers would be receiving. So the answer is yes.

ASSEMBLYWOMAN GUNTER: The answer is yes, but again, as we go from one facility to the next, you know, what the folks that are managing those facilities are saying, it's just not enough.

I mean, if you have a DSP and you do like a certain amount from one to five residents, when you have somebody that has like more needs or many needs -- sometimes it could be a one-on-one or a one-on-two. And, you know, are we really looking at the severity of the illness and the needs of the residential -- the folks that are living there, in giving as much money as necessary?
And, you know, sometimes we do a one-to-five or one-to-eight, and sometimes it's just not adequate and the funding isn't there.

ACTING EX. DEP. COMM. BEARDEN: Thank you, Assemblywoman.

CHAIRWOMAN KRUEGER: Thank you. Just double-checking that -- who was next? It is. Senator Jim Seward. Thank you.

SENATOR SEWARD: Well, good morning, Mr. Bearden.

ACTING EX. DEP. COMM. BEARDEN: Good morning, Senator.

SENATOR SEWARD: Good to see you again. We appreciated your -- in response to Senator Carlucci's question, your update in terms of the regional CCOs and moving forward.

Could you share with us, have you heard of any concerns, you know, from either providers, families or other interested parties that are being brought to your attention? And if so, what steps are being taken to address those concerns as this whole process unfolds?
ACTING EX. DEP. COMM'R. BEARDEN: Thank you, Senator, yes. And we made this transition to the care coordination organizations on July 1st, so we moved from approximately 350 Medicaid coordination agencies to seven care coordination organizations. So that was a -- and the population being served, about 100,000 individuals who were receiving that care coordination.

So we made that transition, and there were some initial hiccups, I would call them, in the transition because they were largely successful transitions but there were some issues in terms of making sure that, in particular, families knew who their new care coordinator was. There were some communication issues with some of the CCOs.

So we worked very hard. We had a dedicated team that continues till this day to troubleshoot those issues. We meet on a weekly and sometimes daily basis with the newly established CCOs to communicate promptly to their executive directors any
issues we're seeing.

And so over the course of the fall, we really did see -- there were also some IT issues that -- IT compatibility issues that came up. But over the course of the fall I think we really did troubleshooting on a lot of those problems, and coming into the new year I think were in a very good space where people are enrolled in that CCO service, they know who the care coordinators are. Those care coordinators in turn are performing the functions.

So yes, we had some initial problems to troubleshoot, but I think we addressed them in a prompt way to try to get those problems solved.

SENATOR SEWARD: Thank you for your response. I think it was important to do that particularly before the voluntary enrollment period opens.

I wanted to shift, as a final question, to our state's compliance with the Olmstead decision. Could you provide me with, shall I say, the latest developments
when it comes to our shelter workshops' transitions to the integrated work settings, as well as the intermediate care facility care conversions and other Home and Community-Based Waiver-related compliance actions? I just wanted to get a status report on that.

ACTING EX. DEP. COMMR. BEARDEN: So there's kind of I think two things -- and I know, Senator, we've spoken about it previously. There's two things that are parallel. One is the Olmstead provision, which says that individuals who have a disability have the right to live and receive services in the most integrated setting.

And then there's a parallel federal requirement called the HCBS settings rule, which says that where the waiver services -- which is where the bulk of OPWDD's Medicaid money is located -- are delivered, that that must be a true home and community-based setting.

So we've developed a multiyear plan at OPWDD. Part of that was closing a number of
our larger institutions, several of the
developmental centers. That has concluded at
this point. We -- back in 2012 we had
approximately 1,000 individuals who were in
campus-based institutional environments, and
that number is now below 200. And we have no
further closure plans.

We are, as I mentioned earlier, in the
midst of a transition on the -- from the
sheltered workshop model to an integrated
employment model, and we have a couple more
years to work on doing that. And we're doing
that very closely with the providers.

And then in terms of the ICF
transition we've been transitioning those
ICFs into more individualized residential
alternatives, traditional group homes, and
are making a good pace on that.

And in all of this I think it's really
important -- we've always preserved the idea
that nobody is going to lose any kind of
service whenever we make these transitions,
so we're very mindful of that.

SENATOR SEWARD: Yeah. I appreciate
that. Because I know when I've toured my
sheltered workshops -- now integrated
employment settings -- in the past, as I've
talked to some of their participants, they
choose to be there. I mean, this is what
they want. And at one point there was a fear
that that was going to be taken away. So I'm
glad we've worked this out in that way.

ACTING EX. DEP. COMMR. BEARDEN: As am
I.

SENATOR SEWARD: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman
Miller.

ASSEMBLYWOMAN MILLER: Hello.

ACTING EX. DEP. COMMR. BEARDEN: Hi.

ASSEMBLYWOMAN MILLER: So many

questions and so little time.

So you know Oliver. And I choose to

speak about Oliver because he is just

unfortunately really a perfect example of so

much of what does not go smoothly or
correctly through the OPWDD program.
So you know -- you know that I drive here back and forth each day for session, three hours-plus up, three hours-plus back at the end of session, because I don't have the care that I need for Oliver. Care is authorized, I'm fully covered, fully authorized. But I cannot find the care that Oliver needs. I am not alone. There are many, many people in the same boat as me.

That brings me to a question. Just because something is authorized to be part of a care plan doesn't mean that it's able to be implemented. And I'm very concerned, is OPWDD building new future policies or plans for individuals based on things that have been authorized for families or individuals with high needs or complex needs? Does anybody ever follow up to know that often families never get to implement a plan or care that is authorized? And that's often the case.

In my case, there is no follow-up. Nobody ever calls. Nobody follows up.

ACTING EX. DEP. COMM'R. BEARDEN: So,
Assemblywoman, you know, I know we've spoken previously about Oliver and the challenges you've been facing to secure adequate nursing staffing to support him.

I think one of the goals in what we're trying to do with the move to managed care is to be able to -- because one of the barriers right now, as I understand it, is that there are certain fee schedules that determine what a nurse can be compensated down in Long Island. And there are not nurses that are available to work --

ASSEMBLYWOMAN MILLER: Right. Why it's different county to county is --

ACTING EX. DEP. COMMR. BEARDEN: I'm not sure that it's different. I know that in Long Island versus somewhere else.

But I'm saying that there are fee schedules that determine and limit the availability. And in moving to a managed care model where we have a per-member per-month approach, the hope would be that you would be able to dedicate some additional resources to recruit those professionals that
would be able to assist you and your son --

ASSEMBLYWOMAN MILLER: Will that
cost-based service reimbursement still be in
place with managed care?

ACTING EX. DEP. COMMR. BEARDEN: So
the way that managed care reimbursement will
work is the managed care company will receive
a per-member per-month allocation, which will
be based on an average over population --

ASSEMBLYWOMAN MILLER: Will there be a
cap?

ACTING EX. DEP. COMMR. BEARDEN: And
then they will have the obligation of
arranging the necessary services and paying
for them that you or someone else in your
situation would require.

So it will expand the availability of
those services, including nursing services,
by changing the way that we pay for those
services.

ASSEMBLYWOMAN MILLER: Are there caps
on those?

ACTING EX. DEP. COMMR. BEARDEN: Will
there be caps on those service --
ASSEMBLYWOMAN MILLER: Yeah, is it capitated?

ACTING EX. DEP. COMMR. BEARDEN: They will be subject to the same kind of utilization management review that --

ASSEMBLYWOMAN MILLER: Is that a yes?

ACTING EX. DEP. COMMR. BEARDEN: Well, there will be a review to make sure that there will be medically necessary services.

But I'm -- from what I'm aware of with your son, you know, I would imagine that many of those services would be authorized.

ASSEMBLYWOMAN MILLER: But is there a cap on the budget --

ACTING EX. DEP. COMMR. BEARDEN: No.

ASSEMBLYWOMAN MILLER: -- for the managed care for the needs?

ACTING EX. DEP. COMMR. BEARDEN: I don't believe there would be.

ASSEMBLYWOMAN MILLER: Okay. And then the transition to managed care, I know we've discussed that it's not quite as seamless as people are being led to believe that it might be, and that you addressed that there was
some troubleshooting going on.

I can -- and you know, we spoke about this just last week, but I beg to differ. I still have not heard from my CCO in a couple of months now.

So, you know, I know that it's a work in progress. You're asking for patience. But it just goes back to this no follow-up. There is no communication or follow-up. You do these workshops, you do -- but it's -- there's this limited reach-out to the families, the families who have the wherewithal to watch for your communication.

ACTING EX. DEP. COMMR. BEARDEN: So I hear that concern, and I really want to take that back, because we do try very hard to make sure that we are communicating well with the individuals and the families we serve. And so to hear you say that we're not accomplishing that goal, I want to take that back.

You know, this past fall we did a whole series of forums around the state to talk about both the transition to the care
coordination organizations and also managed care. I know we reached a lot of families in that, but there are probably many, many more families that we did not. We serve 140,000 individuals.

So I would like to maybe follow up with you about how we can be more effective in communicating with those families.

ASSEMBLYWOMAN MILLER: Thank you.

I'll be back.

ACTING EX. DEP. COMMR. BEARDEN: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you. Senate?

CHAIRWOMAN KRUEGER: Thank you.

SENATOR BROOKS: Thank you, Madam Chair.

You know, to listen to the commentary that just went on and then to have a response is "we try," it doesn't work. You need to accurately measure the services that you're delivering and recognize where the shortfalls are.
There's been an ongoing discussion about staffing. And if you don't have the proper staffing, (a) you can't deliver the services and (b) you can't expand the services. You can have the best idea in the world, and if you don't have the people, it's not going to happen.

I'd like to know if you are actively tracking the turnover, understaffing, use of overtime, and absenteeism of all of the facilities, and if you're looking at that on a regional basis.

ACTING EX. DEP. COMMR. BEARDEN: So you're addressing the turnover rate of workers in the field --

SENATOR BROOKS: Correct.

ACTING EX. DEP. COMMR. BEARDEN: -- as well as the overtime.

Yes, we do actively track that. I'm aware of -- starting, first of all, with the turnover rate, that we do have turnover rate that is, I think, below the national average. I can get you the specific figures.

Overtime, I know we've had a decrease.
This is approximately 5 percent in the past year. We've achieved that through some very aggressive measures, really targeting where we were seeing excess overtime, looking at those houses, really drilling down to a house-by-house level. We've also implemented new scheduling software, and we're working very, very well with our state union partners to identify the sources of overtime and address those. So we've seen a significant decline in the overtime hours.

SENATOR BROOKS: So when you look at overtime, as an example, what's an acceptable level of overtime to you for an employee each week?

ACTING EX. DEP. COMMR. BEARDEN: Well, I think that, you know, overtime is obviously very challenging both for the employees as well as the individuals being served. And it's something we strive to avoid. But there is always -- in the human services sector there's always going to be some amount of overtime because we need to make sure that minimum staffing ratios and safety and
security are maintained.

So we're always looking to reduce that number. We're always trying to minimize it. But there's always going to be some overtime, because we have to make sure that --

SENATOR BROOKS: Okay, so you don't -- you don't have a goal.

But I think you have to really look at what's happening, number one. You have to find ways to recognize where you are and make adjustments. One of the things you should be considering, I think, is clustering some of these facilities in a given area where one facility can borrow from another when there's a short-staff situation.

But I find it hard to listen to an expansion of programs when we don't have the right staff to do what we're supposed to be doing now.

I also just wanted to follow up -- there was one question where you visited one of the facilities recently with one of my colleagues, and you found a couple of things there. How often are those facilities
visited and inspected?

        ACTING EX. DEP. COMM'R. BEARDEN: So each facility is visited once a year by our team of oversight and licensing folks. So that's once a year, and then more frequently if there are identified problems, if there's areas of concern.

        So if they made the annual visit and they identified some areas, they might issue a plan of corrective action to the facility and then return 30, 60 days later to make sure that the plan of corrective action was in fact followed.

        SENATOR BROOKS: Okay, so you're saying they might. Shouldn't that be the rule? If you find a critical concern that there's a plan developed as to how that's going to be corrected and a scheduled reinspection point.

        ACTING EX. DEP. COMM'R. BEARDEN: Yeah.

        No, absolutely. If I said -- whenever there's an issue. And in fact, if there's an issue that is what we call immediate jeopardy, Senator, our inspectors do not
leave the facility until it is fixed.

SENATOR BROOKS: Okay. I'm -- like I say, I'm concerned and I think the Assemblywoman's -- her comments and her situation is -- tells you you're not succeeding. And I think you need to give the attention -- we've got to be realistic.

These are people that need help. And in many cases we're not delivering the kind of help they need. And we've got to be honest with ourselves. And I don't think you're doing that.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: We go to Assemblyman Santabarbara.

ASSEMBLYMAN SANTABARBARA: Thank you.

Thank you, Mr. Bearden, for being here. I was hoping to talk to the acting commissioner today, but I'll express my concerns to you.

I just want to follow up on what was said about the direct care field, about the
vacancy internal rates that are still at
unstable levels and the urgency to include
more funding in the budget to stabilize these
positions -- and also recruit new people to
work in the direct care field, very important
to so many families.

And this has been going on for years
and years. We always talk about this here at
the Capitol. Although some funding was
included, it did not have the effect that we
need, so we do need to look at stabilizing
these rates. So that does need to be a
priority.

I do want to thank you for the two new
initiatives related to autism, some other
services that are now going to be covered.
You mentioned ABA. What are some of the
other medical -- I guess what are some of the
other items covered under that?

ACTING EX. DEP. COMMR. BEARDEN: So
under the -- there's two proposals. So one
is really -- it's something that was
discussed with the Office of Mental Health in
their testimony, is including services for
individuals with autism in the mental health parity bill. So it's really making sure that there's no discrimination by commercial insurers against particular therapies that may be helpful to individuals who have autism or other developmental disabilities, but particularly autism is where we see the issue.

The second is applied behavioral analysis. Several years ago there was coverage for that offered in the commercial insurance side of the world, and so this is something that's actually in the Department of Health's budget to allow for public insurance, Medicaid, to cover those therapies. And it's children who would be benefiting from that, those who are leaving the Early Intervention program. And that's school-age children I think is really the target and the beneficiaries of that initiative.

ASSEMBLYMAN SANTABARBARA: Great.

Great to hear. And when is that expected to take effect?
ACTING EX. DEP. COMM. BEARDEN: Well, I believe it -- I don't have the date on that. I know that it is -- obviously needs to be approved through the budget process and then I'm not sure what the --

ASSEMBLYMAN SANTABARBARA: If everything goes through, though.

ACTING EX. DEP. COMM. BEARDEN: If everything goes through, I'm not sure if there's a bit of an implementation period. But we can certainly find that out from our colleagues at the Department of Health.

ASSEMBLYMAN SANTABARBARA: Great. And I know we've started our work with the new statewide Autism Spectrum Disorders Advisory Board.

ACTING EX. DEP. COMM. BEARDEN: Yes.

ASSEMBLYMAN SANTABARBARA: OPWDD has been working with that board. Just an update on that. Has that been effective, has that been helpful to the department?

ACTING EX. DEP. COMM. BEARDEN: Well, absolutely. So that board -- and I do appreciate the legislation that you sponsored
to establish that board -- has been very effective. Our former commissioner, actually, Courtney Burke, has been the chair of that, has brought together cross-agency and also experts from the field generally. There's been very active discussions and the development of a number of recommendations. I know, Assemblyman, you're waiting for the report --

ASSEMBLYMAN SANTABARBARA: Yes.

ACTING EX. DEP. COMMR. BEARDEN: And we expect that to be issuing in very short order.

ASSEMBLYMAN SANTABARBARA: Okay, thank you for that update.

And my next question revolves around supportive housing. I know I've written several letters to OPWDD, Acting Commissioner Delaney, the new commissioner as well. Just to follow up on Senator Carlucci's question, what is the process -- there's been some concern in the Capital Region, obviously, with placement of a sex offender in supportive housing where some other residents
were there for 30-plus years. That really

disrupted the household. And then that began
to spark concerns amongst many parents across
the state, a lot of calls to my office. I
know Assemblywoman Mary Beth Walsh also got
some calls, I believe it was in her district, actually.

So there's been a number of concerns.

And my letters and my communication to OPWDD
was asking to clarify the process. Once
someone is released from a correctional
facility, what is the process?

And then a follow-up question to that,
what's the priority of these placements?
because as you know, there's a long list of
people waiting for supportive housing. The
concern also is what is the priority for
placement?

So I haven't been able to get an
answer to these questions since last year. I
wrote four or five letters. Another letter
came just a few weeks ago. This is an issue
that's been talked about in my district; it
continues to be an issue.
So I was hoping to talk to the commissioner, but I'm going to ask you that same question. Could you clarify the process, what is the process for placements from the time someone is released to when the need is there and the actual placement? If you can answer that question.

ACTING EX. DEP. COMMR. BEARDEN: I'd be happy to clarify that, Assemblyman.

So the process starts actually before the release, a number of months before the release, when an individual -- and I think I emphasized this in speaking to Senator Carlucci on his question earlier. So these are individuals who do have developmental disabilities who are in the correctional system and are due for release. So we get information from the correctional system that an individual who has a developmental disability will be released some months into the future, and then we begin that process of planning to serve that individual.

So it first comes to our risk management people, who take a look -- these
are trained psychologists who take a look at the nature of the person's disability, the nature of their offending behaviors, and come up with an analysis of what is necessary in order to serve that individual. So what kinds of risk mitigation measures are important, what needs to be present in the home that they might live in. Does there need to be door alarms, does there need to be window alarms? Do there need to be other safety features? Does there need to be restrictions on access to the internet? Does there need to be supervision -- one-on-one supervision?

So all of those kinds of questions are asked and analyzed as the placement is being developed, long before the person -- the specific placement is identified.

It's important to understand, Assemblyman, we are not placing individuals who have these offending behaviors with non-sex offenders. That is not our policy. Our policy is that we are placing them only in homes that have people with other
offending behaviors.

So we're going to be doing that through this process, and identifying so we can consider the placement process, saying what does this person need to maintain their behaviors, and what can we do to make sure that everyone else is safe.

ASSEMBLYMAN SANTABARBARA: We're out of time, but I'm going to come back, because that was -- is that new policy or is that existing policy?

ACTING EX. DEP. COMMR. BEARDEN: It is our policy.

ASSEMBLYMAN SANTABARBARA: Because I don't believe that was the situation we encountered in the Capital District here.

But I'm going to come back for a second round.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Diane Savino.

SENATOR SAVINO: Thank you.

Good afternoon, Commissioner Bearden.

ACTING EX. DEP. COMMR. BEARDEN: Good
SENATOR SAVINO: I want to just echo the comments on the workforce -- I'm not going to berate you on that, you've heard us before.

The discussion from Assemblywoman Miller, I have a constituent in my district who is similarly situated to Oliver, and their family right now is terrified -- she's 17. She requires 24-hour around-the-clock nursing. And unfortunately, because of the rate that's paid to RNs who have to come in and take care of Alexia, they're only paid the LPN rate. When she hits 21, that rate is going to drop by an additional 30 percent. It's going to be impossible for them to be able to get the type of care that she needs so that she can stay in her home.

So this is a critical issue for families like the Trimarchis, like Missy Miller and her son Oliver. We really need to address this. And I look forward to working with you. I've actually spoken to Commissioner Zucker about working on this in
a collaborative approach. So we will follow
up on that.

I do want to talk about, though, the
Institute for Basic Research. We've been
waiting a couple of years now for the
decision to transfer IBR's responsibility or
jurisdiction from underneath OPWDD to CUNY so
that it could become the full research
facility that it was intended to be.

Can you give me an update as to what
is happening with IBR?

ACTING EX. DEP. COMM. BEARDEN: I'd
be happy to.

So as you know, the Institute for
Basic Research on Staten Island -- really,
there's two functions there. One is the
research function that you mentioned, and the
other is the Jervis Clinic, which provides a
clinic services. So I think as you're aware,
there was a blue-ribbon commission that was
established to take a look at the issues
around IBR.

And I think there's really two kind of
related issues. One is how do we build and
sustain the research at IBR, how do we
attract more grant funding? And then the
second is, how do we sustain the Jervis
Clinic so that it continues to provide
necessary services? I know there were a
number of discussions that took place. There
were discussions between the College of
Staten Island, then-Commissioner Delaney, as
well as the state unions.

We're looking forward to releasing the
results of that analysis, and very soon. And
I think that we will have an opportunity to
kind of talk through what the options are at
that point.

SENATOR SAVINO: I think hopefully we
can come to some conclusions soon. The
building is sitting there -- you know, it's
only being half-utilized right now. And
because there's really no investment in it,
we're -- it's suffering, you know, what
happens to any building when it's not
properly utilized and maintained.

So again, you know, IBR I think is not
just important to the history of
Staten Island, the history of your agency, Betty Connelly and Willowbrook, but we believe it's critical to the future of the research that is going to find the key to autism, and groundbreaking research that we know that can be done there.

ACTING EX. DEP. COMMR. BEARDEN: No, I agree completely. There's a rich history and a rich future for the IBR research, and we just need to find that pathway to get there.

SENATOR SAVINO: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Mary Beth Walsh.

ASSEMBLYWOMAN WALSH: Thank you.

So again, I think I agree with Ms. Miller -- there's so little time, so many questions. But what I'd like to talk about is the issue of employment. You talked earlier, I think in talking with Senator Seward, about the transition from a sheltered workshop model to an integrated model with employment support.
My feedback, having been all around my district, is that we need all of it, because there's such a wide spectrum of what different people can do and what they can't do. I recently visited the ARC in my district, and it's been gutted. I mean, there's almost nothing left to that program. And there are consumers that are there that want to be there, that want to do work, that derive value from the work that they do. And their families need them to be in a setting that is, you know, positive and structured.

So there's a place for that, and I'm glad that you said to him that it wasn't about completely removing it. But if it gets cut down to the point where there's almost nothing left, it won't survive.

So a couple of things that I would just like to point out and then ask for your comment on.

Over the next decade, an estimated 500,000 teens, 50,000 each year, will enter adulthood and age out of school-based autism services. So this is specific to autism. Of
the nearly 18,000 people with autism who used
state-funded vocational rehabilitation
programs in 2014, only 60 percent left the
program with a job. Nearly half of
25-year-olds with autism have never held a
paying job. You know, of the people who left
the program with a job, 80 percent work
part-time at a median weekly rate of $160,
putting them well below the poverty level.

So overall, there's an 80 percent
unemployment rate. And out of those who are
employed, there's severe underemployment. So
this is a cost to our society. It's an
incredibly missed opportunity to incorporate
people with developmental disabilities in the
workplace, whether it's supportive and done
with employment support. I've got great
resources in my district like LifeSong that
do that kind of work all the time. It's
wonderful. But not everybody can do that
kind of work. We've got to have different
models and different opportunities and a
range of opportunities that are available.

The second thing that I would really
like to talk to you about is that again, as Assemblyman Santabarbara said, I think that the expansion of Medicaid to cover ABA is great. I appreciate that $26 million commitment. The problem is that we don't have enough licensed ABA analysts.

And I know Peoples-Stokes had a bill last year, I don't know that it's been reintroduced yet. New York has some very weird rules about licensure that are not followed in other states that make it difficult for ABA people to be approved. If we're going to be expanding it and expanding it to Medicaid -- again, tying in with other questions that you've been asked -- we can't just approve it and then not have the people to deliver it. So I would really encourage you and also State Ed to work on fixing that problem.

So did you have a comment on that?

ACTING EX. DEP. COMMR. BEARDEN: Okay, so I think there's really two clusters of questions. So first on the employment and then on the ABA.
ASSEMBLYWOMAN WALSH: Right.

ACTING EX. DEP. COMM. BEARDEN: So on employment, I couldn't agree with you more.
I think that it's not just individuals with developmental disabilities who have very high rates of under- and unemployment, it's individuals with disabilities generally.

ASSEMBLYWOMAN WALSH: Right.

ACTING EX. DEP. COMM. BEARDEN: And one of the things that I think has been done over the last several years is this Employment First Initiative that the state has been pursuing. Because part of the challenge is not only an agency like OPWDD, which provides the employment supports, it's also finding those employers, it's encouraging an inclusive environment, making sure that when people are, you know, job sharing -- those kinds of tools that can be useful to encourage individuals, and recognizing different abilities.

So those are some efforts that we have been working on with the Department of Labor, the Office of Mental Health, which has taken
the lead in this area, to try to encourage businesses themselves to embrace the employment of individuals with disabilities. Because we can provide the supports as OPWDD, but we also need those partnerships with the business community. So that's something we're working on. And I agree with you completely.

I'm not familiar with the legislation that you're referring to about licensure.

I'd be happy to take a look at it and --

ASSEMBLYWOMAN WALSH: In 2018 the bill number was 7632. It's a Peoples-Stokes bill to actually amend the Education Law in relation to applied behavior analysis.

ACTING EX. DEP. COMMR. BEARDEN: So we'd be happy to review that and get some feedback to you. Thank you.

ASSEMBLYWOMAN WALSH: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

Senate?

CHAIRWOMAN KRUEGER: Thank you. I think it's my turn.

So we had a Health hearing, and many
people came and testified there, and there's a logic to why they came to that hearing. They were very, very concerned about the Governor's proposal to change the rules of the road for consumer-directed -- I always get the full name wrong -- personal assistance. And it was disproportionately people with disabilities who would fall under the OPWDD world who were exceptionally concerned. And in fact they have been contacting many of us in large numbers.

And you're hearing today people testifying -- actually, from the Legislature -- how difficult it is to find people to care for others, between the costs involved and the limitations of finding people who are in this field.

So the Governor has this proposal -- and it is within DOH, but it's really affecting your agency's population -- that the providers of the care say his proposal is going to sort of destroy the system that is working for large numbers of people, and you have constituents of ours who are using these
programs who are very concerned that they are
going to be left high and dry and not be able
to continue with the personal directed care
they have worked to arrange for themselves or
their family members.

And you also referenced you're
continuing to transition people into managed
care models, and managed care plays a role
now -- good and bad, depending on who you
talk to -- about helping make sure that
personally directed care can continue.

So I'm throwing at you, how are you
coordinating with DOH to make sure that if
the Governor's proposed changes go forward,
we're not creating a new crisis for people in
the OPWDD system? And are you in
conversations with the providers and the
consumers, who seem to be pretty justifiably
outraged that after the state had announced
they were changing the rules of the road, I
think a year and a half ago, and just new
RFPs are going out right now, that suddenly
the Governor's proposing throwing that idea
out and starting again?
And of course there is the projection of cost saving, which is why it's in the budget, of I think $75 million. But for many of us, we asked the question: Given all the discussion about inability to find people who will work in this field, the incredibly low wages for people who work in this field, I'm not really sure this Legislature thinks it's a grand idea to cut $75 million out of services to this population at this time.

So it's a very long question. And you're going to tell me, well, that's a DOH program. But I'm going to say, actually it's landing in your lap.

ACTING EX. DEP. COMMR. BEARDEN: So thank you, Senator. And you're right, and I will continue the answer. But you're right, obviously the Consumer Directed Personal Assistance Program is under the auspices of the Department of Health, so it's not a program that we at OPWDD regulate and the funding for it doesn't come through our budget. However, you are also correct that there are individuals with developmental
disabilities who do access that program.

I think it's also important to note, you know, we at OPWDD have a self-directed model of care through our waiver. We have about 5800 enrollees in that waiver program. So that's something that's accessible to individuals. And we've seen in the last several years about an 800 percent growth, actually, in the enrollees in OPWDD's Self-Direction program.

That doesn't mean that there aren't individuals with developmental disabilities who may access the Department of Health's program, which is called Consumer Directed Personal Assistance.

My understanding of the proposal is that it does not impact eligibility for these consumer-directed services, nor does it impact the amount of authorization for those services, that it has to do with the roles of fiscal intermediaries in the program. So my understanding is that the impact on the individuals will not be there, that it is in fact a savings on the administrative side.
CHAIRWOMAN KRUEGER: Well, that seemed to be a debate in the Department of Health hearing, or the medical hearing.

But I did not know you ran your own version. So tell me, if I have constituents who are in a panic about their ability to continue the services that they need, should they be switching to your program? How is your program different? And why would somebody go to yours versus DOH's?

ACTING EX. DEP. COMMR. BEARDEN: So I think it would have to be a pretty specific consideration of the particular circumstances as to why somebody would access one program versus the other. And there would need to be an avoidance of duplication of services.

I think that would need to be -- if there's particular constituents or constituent groups that are coming to you with that concern, I'd be more than happy to talk to them about how one program might relate to the other and how we might be able to support those individuals through our program. We call it Self-Direction, and
that's our program, which also uses a fiscal
intermediary model to -- you know, for people
who want to self-direct their services. You
know, budget control and spend the money in a
way that meets their best needs.

CHAIRWOMAN KRUEGER: And does it
provide more or the same number of hours of
coverage for people?

ACTING EX. DEP. COMMR. BEARDEN: I
can't really answer that question. I mean, I
would have to drill down into the cohort of
individuals who are accessing it, one program
versus the other. I just don't have that
information with me.

CHAIRWOMAN KRUEGER: So maybe you
could have somebody follow up and almost hold
up the regulations between the two and get
back to me on how these are the same, how
these are different.

And again, people may be testifying
here later today on the exact same issue.
But it seemed very specifically -- even
though a consumer-directed can be for lots of
different people with eligibility, it seems
specifically to be people with physical
disabilities who were concerned about -- that
the loss of continuation of the program as
they understood it would actually mean that
they wouldn't be able to stay living in their
homes and communities.

ACTING EX. DEP. COMMR. BEARDEN:

Right. And then I think the key
differentiation would be do they qualify for
OPWDD services or are they qualifying for
Medicaid services as a general matter.

So that's something we can certainly
get that information to you so you can
understand the issue as fully as possible.

CHAIRWOMAN KRUEGER: Thank you.

ACTING EX. DEP. COMMR. BEARDEN:

You're welcome.

CHAIRWOMAN WEINSTEIN: Assemblywoman
Rosenthal.

ASSEMBLYWOMAN ROSENTHAL: Thank you.

I'd like to follow up on some of those
questions, because I've met with constituents
and groups that are actually very distressed
about the plan changes in the budget about
fiscal intermediaries and about the CDPAP
program.

What they've said is that the change in fiscal intermediary could prove devastating to people. Why do you think that's not a problem?

ACTING EX. DEP. COMMR. BEARDEN: So as I was discussing with Senator Krueger, this is a program -- the CDPAP program is a program under the Department of Health.

ASSEMBLYWOMAN ROSENTHAL: Yes.

ACTING EX. DEP. COMMR. BEARDEN: And so my understanding of that proposal is that they are achieving some administrative changes and --

ASSEMBLYWOMAN ROSENTHAL: But it's supposed to be, what, 75 million? But it's going to cause there to be maybe a couple of humongous FIs, and all the smaller ones that have been doing great -- individual liaison, et cetera -- will be out of business. This is not something I think anyone wants.

ACTING EX. DEP. COMMR. BEARDEN: So in part I would really have to defer to my
colleagues in the Department of Health,

because I think --

ASSEMBLYWOMAN ROSENTHAL: Many of the
people who use OPWDD services rely on the
system.

ACTING EX. DEP. COMMR. BEARDEN: And

as I was saying, you know, I think that my
understanding of the proposal is that it is
not impacting either eligibility for the
program or the amount of services that would
be authorized under the program.

But perhaps, Assemblywoman, I can
provide the information to you as well that I
committed to providing to Senator Krueger so
that she can understand the impact on
individuals with developmental disabilities.

ASSEMBLYWOMAN ROSENTHAL: Well, I'd

appreciate that. But what I'm hearing is

that the existence of CDPAP might be

predicated on whether there is adequate

federal financial participation. And I don't

think people whose lives are so dependent on
care, whether it's during the day or 24/7,
can rely on what the federal financial
participation is.

I'd like to also see what is wrong with the way the system is working now. I understand all these FIs have had to submit some applications and proposals almost a year ago, and many have still not been gone over.

ACTING EX. DEP. COMMR. BEARDEN: Right. And I have heard those concerns, but I'm not familiar with the specific operations of the program because it's not a program that we administer. I can certainly get these questions back to the Department of Health, which does administer the program, for response. I simply don't know the details of how the program is administered.

ASSEMBLYWOMAN ROSENTHAL: Okay, thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator David Carlucci, second round.

SENATOR CARLUCCI: Thank you, Madam Chair.

And I too, I want to follow up on what was said.

So we've heard from so many residents
really concerned about this program that has
been seen as a model for other states to
follow, the Consumer Directed Personal
Assistance Program, as well as you mentioned
the self-directed care program.

Just for clarification, won't those be
impacted the same way through the changes
from the fiduciary -- from the FI?

ACTING EX. DEP. COMMR. BEARDEN: So
no. So the OPWDD Self-Direction program --
and what that program is is that individuals
and their families who want an alternative to
what I call the traditional model, they
receive a budget and they are able to spend
that budget buck to support their loved one
in the ways that they find the most suitable.
And the fiscal intermediary in that model on
the OPWDD side performs a lot of the
back-office functions -- the billing, the
claiming, and the cutting of the checks.

So that program, we've seen
extraordinary growth over the last several
years, going back about 10 years ago, which
it basically didn't exist and now we have
5800 enrollees and is one of our fastest-growing programs because families are really seeing that as a wonderful opportunity. We have no proposed changes in our budget to that program, and we would like to see it continue to grow.

I know, as I spoke with your colleagues, that there are some changes that have been proposed in the Consumer Directed Personal Assistance Program, but that is not an OPWDD program, that is a Department of Health program. And I did commit to your colleague to try to get some information about the ways in which those are different and similar.

But with respect to the OPWDD Self-Direction program, there are absolutely no changes in our budget.

SENATOR CARLUCCI: Okay. So do you imagine -- I mean, just to back up here, so with the Consumer Directed Personal Assistance Program, we know that there are thousands of people taking advantage of this program. We have -- fortunately, the Journal
News in my region has documented the case of Nick Astor, who is a Brooklyn resident, is attending Purchase and is entering his second semester, and had to fight all these hurdles -- but, through the Consumer Directed Personal Assistance Program, is there attending college. He is living with cerebral palsy, and now is in fear that this program is going to go away -- all the work that he's done, it just won't be feasible for him.

So with this major change that's happening, and although we say that it's not directly to the consumer, but all these -- gutting the system and changing the providers and all the work that's being done, whether on the front end or the back end, is going to have a major impact.

And so I know you've talked about this with DOH. However, it impacts the people that OPWDD is responsible for. And what is going to be done with someone like Nick? Is he now going to have to enter the self-directed program? Is that even
feasible? Where will these people go?

ACTING EX. DEP. COMMR. BEARDEN: So I am familiar with Mr. Astor's story, and it's a remarkable one. And I think he's pursuing, I guess, the American dream, and doing it in a way that's really remarkable.

I, once again, don't -- I'm not familiar enough with either the specifics of the kinds of services he receives or how those may be impacted by the changes to really comment further. But absolutely that's something that I would be happy to look into to make sure that if there's some supports and services that we at OPWDD may be able to provide that he was seeking, that we would be able to help him continue to achieve his goals in life.

SENATOR CARLUCCI: Well, I know I sound like a broken record, because we've been talking about it all day here, about the workforce. There's a crisis going on. Any provider will tell you the turnover is dramatic. The impact to the residents that they're serving is dramatic. This is going
to fall on OPWDD's lap.

What we can do to assure people like Nick that have fought so hard, that the program is going to be there for them? And for the people that maybe aren't as persistent as Nick has been, to the people out there that want to follow in his shoes, what do we say to them?

ACTING EX. DEP. COMMR. BEARDEN: Well, you know, OPWDD works every day and tirelessly to make sure that every individual with a developmental disability can lead the richest life possible. We have a moral and legal commitment to making sure that everybody who has a developmental disability can live the life of their choosing, and so we keep working on that.

So what I would say is that we're going to work very hard to make sure that that's a truth for every person that we serve.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman Barclay.
ASSEMBLYMAN BARCLAY: Thank you.
And good afternoon. Thanks for your testimony so far.

I represent Oswego County, primarily -- although I represent a little of Onondaga and Jefferson -- a very rural county. With the community settings people moving into, and the integrated settings, does this budget include anything additional for transportation -- transportation is obviously a big issue in my district. Do you have any additional funding or programs to help people with transportation?

ACTING EX. DEP. COMM.R. BEARDEN: No, there's nothing specific in the budget for transportation.

But when I was discussing previously the Self-Direction program in particular, that's something where people may be able to use self-directed dollars to assist in transportation. Because in the traditional model, right, where you might live in a group home and go to day programming, that transportation is usually provided by the day
program. So in a model where someone is perhaps renting a apartment, if they're a higher functioning SI, if they're renting an apartment, maybe have competitive employment, maybe with some supports, you know, that's something where the Self-Direction program might be able to kind of bridge that gap with the transportation.

I know it's a very big barrier, particularly in rural areas, for individuals with disabilities but also people who don't have disabilities who may not have access to a car or other form of personal transportation. So it's something that if you're -- particularly in your community, if you're finding that there are barriers, I think that's something we'd want to talk to you about.

ASSEMBLYMAN BARCLAY: I would appreciate that. And continue to look at it -- don't forget, you know, us in the rural counties when it particularly comes to transportation. So thank you.

CHAIRWOMAN WEINSTEIN: So I want to
just echo the concerns that have been raised about the lack of a COLA and the resultant turnover and vacancies and the impact that has on the care of New Yorkers. Because we've really turned these jobs -- so many of these jobs into minimum-wage jobs. And as was mentioned earlier, there were a lot of other options that people could take if they are at that kind of level.

I wanted to -- I know there's been some discussion about the $30 million for increased service slots. And I was just wondering, it's an issue that I have in my community, and I'm sure that exists throughout the state.

Are there any new services being specifically targeted to individuals with aging caregivers?

ACTING EX. DEP. COMMR. BEARDEN: So you reference the -- there's $120 million of new resources in this year's budget to dedicate towards new services.

As a -- typically we do not sort of suballocate those within the budget because
what drives where those dollars go is where
people's needs are presenting themselves. So
we have seen our Front Door -- you know,
people present them at the Front Door, which
is our regional office, and they seek those
services. And we need to have the
resources available.

So we've seen, as I said previously, a
very significant growth in individuals
seeking self-directed services. We also have
seen an increase over time in the traditional
certified residential model. So what we do
is we really have how people are presenting
and the needs they're looking for drive
how -- the spending of the new resources that
are made available to us.

CHAIRWOMAN WEINSTEIN: And is there
any kind of outreach or -- or I guess not
outreach, but more educational information
available to families? What I was describing
was someone in my district taking care of
their son, the parents are probably at this
point in their eighties. And it was at a
time that they wanted their son to be at
home, but also I think at the time there were very few services that would have been available to him.

And they really need to be encouraged to have him in a facility, because they're at a point where they can't really take care of him on their own.

So I'm just wondering what kind of information is out there, if there's a place where people can sort of be encouraged to get updated as to what's available in the community and how they could transition from someone who's lived at home for so many years into a facility.

ACTING EX. DEP. COMMR. BEARDEN: So absolutely. We have regional offices all over the state, and that is really where people would come to access our services.

You know, so the first entry point for any family or individual that is looking for OPWDD services would be to come to one of our regional offices. We have a process, which I mentioned, called the Front Door, which has sort of an educational component that talks
about all the different options that somebody
might benefit from. So sometimes people come
and what they really need is they need a
break, the family needs a break. It's a
service called respite. So that's a weekend
or a week.

Some people may need, completely on
the other side of the spectrum, a certified
residential opportunity. But for any of
those individuals anywhere along that
spectrum, they would be coming to our Front
Door. And there's an office in Manhattan
where they could come and meet with staff to
learn what their options might be.

CHAIRWOMAN WEINSTEIN: Okay, thank
you.

Does the Senate have seconds?

CHAIRWOMAN KRUEGER: No, I do not
think so.

CHAIRWOMAN WEINSTEIN: So we have
Assemblywoman Miller. Oh, she had to step
out.

Assemblyman Santabarbara? Three
minutes now.
ASSEMBLYMAN SANTABARBARA: Okay, thanks.

I just wanted to I guess continue the conversation from before. If you could provide that policy on placement of sex offenders into group homes for my constituents so I can respond to their concerns as well --

ACTING EX. DEP. COMM. BEARDEN: Absolutely.

ASSEMBLYMAN SANTABARBARA: -- that would be helpful. I just wanted to circle back on what we talked about with the vacancy rates for direct care turnover rates, overtime hours, all up.

Aside from the funding, are there any other initiatives, any other plans for retention and recruitment into the direct care workforce and also to retain the experienced workers as well?

ACTING EX. DEP. COMM. BEARDEN: So we've done a lot of work over the last few years to promote being a direct support professional as a career. We work very
closely with the National Association of Direct Support Professionals, which is very fortunately for us, although a national association, located here in Albany. And they've been very helpful to us in developing materials and in encouraging individuals who want -- who are called to that profession to do so.

We have worked to make sure that we connect those individuals to willing employers. So that's the Regional Centers for Workforce Transformation that we have, we have six of them across the state.

We are also collaborating with our partners on the workforce development, the Department of Labor, to make sure that that's one of the professions that people are aware of as a possibility.

And then, you know -- and as I said, also we recently convened a statewide Human Services Workforce Summit here in Albany, where we brought together human resources professionals, employers, staff who -- direct support professionals who perform the
function to kind of share and understand what
are the strategies.

So we're always looking at ways of
encouraging people to take up this difficult
but incredibly rewarding profession.

ASSEMBLYMAN SANTABARBARA: And again,
the funding obviously is important. And I
know there's been some investment in the
supportive housing as a whole as well, but we
also have to keep in mind that without the
workforce behind it, that's sort of -- it
really doesn't work, some of those
opportunities are just not able to function.

I just want to express concern with
the lack of funding for transformation,
transformation funding. I know that the
system is being transformed, but the funding
has not been included to help these nonprofit
providers to establish the infrastructure.
That's just not there right now. So we kind
of have to put the funding behind it if we're
going to make the transformation happen
effectively.

And I also want to mention the use of
telemedicine. That is not covered by Medicaid, only under limited circumstances. If we could look at providing coverage, because that does save the state and everyone time and money as well.

    ACTING EX. DEP. COMMR. BEARDEN: Well, I appreciate those comments, Assemblyman.

    ASSEMBLYMAN SANTABARBARA: Thanks.

    CHAIRWOMAN WEINSTEIN: Thank you. Now we'll go to Assemblywoman Miller.

    ASSEMBLYWOMAN MILLER: Hi. So back to the redesign of the CDPAP program. I know we touched on it the other day a little.

    Many of the families like mine who have individuals that have more medical needs and are also enrolled in OPWDD have found themselves utilizing the CDPAP program because they cannot get what they need through the OPWDD program, such as through the Self-Direction Program.

    There's a 37-year-old male in my district who has a life-threatening condition who is very medically complex. He went through school, through a master's program.
He's working, but only because of his CDPAP workers that he has been able to employ with the help of his family interviewing them.

His family, his parents are getting older and can no longer physically manage to take care of him. He shares the same problem that I have with the Self-Direction Program. For many, the Self-Direction Program is wildly successful, and it enables them -- and many people who would suffer from having CDPAP be eliminated or structured so differently that they can't use it could go into and use a Self-Direction Program through OPWDD. But many, like this young man or my son, really can't access the Self-Direction Program for their needs.

And I know I keep saying it, but I'm just not getting a satisfactory answer, so I'll keep saying it. I feel that it's somewhat discriminatory towards those with more skilled-care needs. In order to utilize the allowable things through self-direction, you can't have skilled-care needs. You need to have a nurse with you or you need to have
somebody that is skilled to -- in order to access that.

We cannot use a comm hab worker or a day hab worker. The amount of family respite available to my son through Self-Direction is $3,000 per year. That's not really going to help us very much, you know, on a weekly basis.

So in many ways, you know, the answer of, well, they could go into self-direction is very limited for a lot of these families that it's going to be catastrophic. And I do believe that this is going to fall directly in your laps, because these people that it's affecting are going to be looking right back at OPWDD to fill that gap.

ACTING EX. DEP. COMM. BEARDEN: Well, I do appreciate the comment. We're definitely going to take a look into that and make sure that we evaluate that impact.

CHAIRWOMAN WEINSTEIN: I believe that is the --

ASSEMBLYWOMAN MILLER: Can I ask one more question? It's very short.
CHAIRWOMAN WEINSTEIN: Go ahead. Go ahead. It's the last question.

ASSEMBLYWOMAN MILLER: Regarding the disparity in wage for DSPs, is there an answer why there's a difference between state DSP workers and the not-for-profit workers, considering that about 80 percent of the workforce is through not-for-profit?

ACTING EX. DEP. COMM'R. BEARDEN: So you're correct that about 20 percent of our workforce providing direct care are state operations services, state workers, and about 80 percent of the services are delivered by not-for-profit partners.

So obviously the state salaries are determined through the collective bargaining process, and so those are, you know, negotiated between the unions and the Executive to establish an appropriate salary scale.

On the nonprofit side, we don't determine what the salaries are for those workers. That is a matter for the nonprofits and their employees to negotiate. So we do
not have the same level of direct control
over those salaries.

ASSEMBLYWOMAN MILLER: It just
contributes to the overall crisis.

Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.

CHAIRWOMAN KRUEGER: I think we're
done, although I just want to clarify --

SENATOR SAVINO: No.

CHAIRWOMAN KRUEGER: Oh, hello,
Senator Savino, I didn't notice you'd come
back. We have one more question.

SENATOR SAVINO: I wasn't going to
have another question. But, you know, having
negotiated labor contracts in the past, I
just want to dispute your description of what
actually happens.

You guys put the dollar amount on the
table. It's not as if there's an unlimited
amount of money. So to say that the
bargaining units accept this rate because
they want to is I think is little
disingenuous. The fact is this is an
undervalued service, and it starts at the top
from the state agencies and it goes down to
the nonprofits, because you also determine
what their budgets are. And I don't mean you personally.

By the way, did anyone ever tell you you look like Clark Kent? You really do.

(Laughter.)

ACTING EX. DEP. COMM'R. BEARDEN: I'll take that one, Senator.

SENATOR SAVINO: We want you -- we want you to be Superman, then, okay, and acknowledge --

CHAIRWOMAN KRUEGER: I don't think that was a budget question.

SENATOR SAVINO: -- that the State of New York undervalues human services so much so from the very top at the state agencies down to the amount of money we provide to the nonprofit sector, and then we nickel-and-dime them all the way down.

If we want a professional workforce, if we want people who want to invest in this and they want to make a career path out of it, you have to find a way to lift everyone
and pay them more money. And to say that the
unions accept this lesser amount of money
is -- you know, having done this for a while,
it's insulting.

And again, it's not you personally
that have created this dynamic. But it's
time for the State of New York to say: We
value not just the people that you're serving
but the people who provide the service.

Thank you.

(Applause from the audience.)

CHAIRWOMAN KRUEGER: Thank you.

And with that, we will send you back
to your agency to tell them all of this.

(Laughter.)

ACTING EX. DEP. COMMR. BEARDEN: Thank you, Senator. And thank you, everyone.

CHAIRWOMAN KRUEGER: Thank you.

And then next up is the New York State
Office of Alcoholism and Substance Abuse
Services, Arlene González-Sánchez,
commissioner.

Good morning -- no, good afternoon.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
Is this on? Good, okay.

So good afternoon, Chairs Krueger, Weinstein, Harckham, Rosenthal, and distinguished members of the Senate and Assembly. My name is Arlene González-Sánchez, and I'm the commissioner of the New York State Office of Alcoholism and Substance Abuse Services. Thank you for providing me with the opportunity to present Governor Cuomo's 2019-2020 Executive Budget as it pertains to OASAS.

Before I discuss the specific details of the upcoming Executive Budget, I want to take a moment to share with you our accomplishments to date. We have opened new detox services, expanded mobile treatment units, increased the use of peer-based interventions, expanded treatment for individuals reentering communities from incarceration, and opened new residential treatment facilities for women and their children.

To improve access to services, we have awarded 14 24/7 open access centers, seven of
which are operational and seven more that are
at various stages of development or will be
operational by the end of this year. These
centers provide on-demand engagement,
assessment, and referral services to people
in need of help for addiction.

In addition, we developed 20 Centers
of Treatment Innovations, known as COTIs,
serving 35 counties, offering access to
treatment via telepractice,
medication-assisted treatment, and peer
support services. These services are being
supported by 81 mobile treatment and
transportation vehicles, and we plan to make
similar services available in every county
this year.

So to increase the availability of
buprenorphine prescribers, we have trained
approximately 280 physicians, physician
assistants, and nurse practitioners, bringing
the total to over 5,000 statewide. We funded
addiction prevention services in over 1700
public and private schools serving
approximately 454,000 youth during this past
school year. These programs include classroom curriculum, schoolwide activities, and individualized prevention support for at-risk youth.

In addition, our youth clubhouses provide safe environments for at-risk youth to receive prevention and recovery supports. In fact, last year there were over 33,800 visits to our clubhouses across the state.

We have awarded seven Problem Gambling Resource Centers throughout the state, four of which are operational and three more that are set to be opened by August. These centers increase engagement and support for people in need of problem gambling services.

And we will continue our public education campaigns to address stigma, raise community awareness about addiction, and provide information on where to get help.

So together we have accomplished a great deal, but there's still more to be done. Under Governor Cuomo's leadership, and with the support of the New York State Legislature, we continue to make an
aggressive push to confront the opioid crisis. The Governor's 2019-2020 Executive Budget proposes that OASAS receive over $802 million, which includes $138 million for state operations, $90 million for capital projects, and $574 million for Aid to Localities.

In addition, our providers collect more than $800 million in Medicaid and private insurance funding that supports addiction treatment and recovery services. We will open nearly 200 new residential treatment beds this year. Additionally, 260 beds, including 84 detox and 176 residential beds, are in various stages of development.

We're also in the process of awarding another 40 beds. These beds will add to the more than 11,400 beds operating in our residential continuum of care throughout the state.

The Executive Budget will enable us to enhance our outreach and engagement efforts to homeless individuals with opioid use.
disorders. OASAS and the State Department of Health will partner with New York City and community-based organizations to develop a pilot project to engage homeless individuals who are living in the streets and provide them with access to medication-assisted treatment services.

We will also enhance medication-assisted treatment options for persons in correctional custody. We're working with several county correctional facilities -- Albany, Monroe, Onondaga, Suffolk, Nassau, Saratoga, and others -- to start methadone and/or buprenorphine programs. We will further support access to medication-assisted treatment by encouraging the use of all three medication options -- methadone, buprenorphine, and long-acting injectable naltrexone -- in 49 out of 50 county correctional facilities, and also Rikers Island.

Furthermore, six to eight correctional facilities -- Queensboro, Edgecombe, Hale Creek, Orleans, Bedford Hills, and the
Willard Drug Treatment Campus -- currently make methadone or long-acting injectable naltrexone available to persons under custody.

This year DOCCS, with OASAS support, will expand methadone availability to Elmira and three additional state correctional facilities yet to be identified.

This budget also continues to support the office of the Substance Use Disorder and Mental Health Ombudsman Program to help individuals, families and healthcare providers with their legal rights related to insurance coverage and denials. Since the program launched in September, this past September, it has helped over 160 individuals.

I am pleased to announce that yesterday we issued a Request for Applications with more than $7.5 million available in funding to support a variety of initiatives, including a program to facilitate buprenorphine induction in hospital emergency departments with linkage.
to community-based treatment centers; the
establishment of medication-assisted
treatment services in Federally Qualified
Health Centers in partnership with
OASAS-certified providers; also the expansion
of prevention services in classrooms via the
PAX Good Behavior Game; also training and
delivery of the Strengthening Families
Program, offering SUD support and services to
upstate families living in permanent
supportive housing; and the creation of new
peer-driven recovery programs for youth and
young adults.

We're also pleased that the Executive
Budget includes support for a tax credit to
employers as an incentive to hire individuals
in recovery from substance use disorder.
Additionally, Article VII bills have been
submitted to eliminate prior insurance
authorization for medication-assisted
treatment, limited the outpatient copays and
require hospitals to develop protocols to
improve access to medication-assisted
treatment, discharge planning and referral to
services from emergency departments.

In conclusion, the 2019-2020 Executive Budget includes funding to support OASAS's continued work to advance our key initiatives and tackle the opioid epidemic. We look forward to your continued partnership as we advance these priorities.

Thank you.

CHAIRWOMAN KRUEGER: I'm sorry. Thank you for your testimony.

Our first questioner is chair of the Substance Abuse Committee, Senator Pete Harckham.

SENATOR HARCKHAM: Thank you, Madam Chair.

Thank you, Commissioner. Good to see you. Thank you for coming to meet with us the other day with your team. Much appreciated. We look afford to working with you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you.

SENATOR HARCKHAM: The first thing I want to talk about is something that all of
us have a great concern about, is the opioid crisis. As we know, currently as many people are dying at a rate surpassing the AIDS crisis. And I lived on the west side of Manhattan in the '80s, and I know how devastating that was. And we thought we'd never have to live through those kinds of days again. And yet that's happening all over the state, from urban areas to rural areas.

And what we learned in that crisis was we needed a public health model to really attack the crisis. And what I'm hearing from people in the field and advocates is that this budget is a management budget, it's not a public health crisis budget.

What are you doing to attack the opioid crisis? And if you had more resources, where would you direct those resources? And how much more money would you like to attack this issue?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank you for the question.

So, you know, I like to think that the
approach that OASAS has taken in these last several years is a public health approach to the disease of addiction. If you look at the programming that we have put forth, it has been very innovative programming that encompasses treatment but also prevention and recovery and really focuses on the supports that are needed in the community so that folks could sustain their stability in the community.

I can tell you that this existing budget is going to allow us to continue programs we have in the pipeline and continue to do what we have been doing in the past few years.

I think that it's -- it's an illness and it's an epidemic that has taken, you know, really, really big strides, but I think if you see our outcomes, you see what we have been doing, we're really very good stewards of the moneys we have. We utilize every ability we can in terms of funding, whether it's state, federal, to implement our mission.
And our mission is to ensure that we have a comprehensive system of care that focuses on the individual need, is very patient-centered, very family-focused. And we will continue to do that to the best of our abilities.

SENATOR HARCKHAM: Thank you. I appreciate the answer. I guess what I'm looking for -- and I don't doubt anything that you've said. But I'm looking for a big solution. You know, that when we got serious about attacking the AIDS crisis, it was every agency of government, every level of government, from local government to nonprofits to the federal government. And you know, a lot of us -- and I'm sure you are -- are just weary of going to funerals or having our constituents share the stories of lost loved ones.

What more can we do -- you know, the numbers have stabilized, that's good, they're not growing. But there's still far too many people impacted.

And so what I'm asking you is if we
can get you more resources, what can you do
to move the needle on this?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
I think one of the areas that we're really
looking at is working perhaps more in hand
with other sister state agencies and
localities to develop more nontraditional
services that will support people in their
communities and address the needs in their
communities. And that may be something that
we will look at to do.

SENATOR HARCKHAM: All right, thank
you.

Since time is short, I just want to
mention what was mentioned with the prior two
commissioners. And I mention it in the
spirit that it does carry a lot of weight,
but I don't want to dwell on it because a lot
of people have -- is the absence of a cost of
living increase. Tied with Medicaid, it's
really impacting the providers and it's
really impacting the people who provide the
services. So I just put that out there as
something on your radar.
When we speak about the parity -- and we spoke to the Mental Health commissioner about this, the parity of insurance -- we as a legislature are trying to dive into this. We think it's a good step forward, but as the prior commissioner mentioned, it's in the weeds. Is there any way -- and you don't have to tell us right now. But can your staff get us a comparison of what this will guarantee is covered, I don't know, say versus Medicaid?

You know, a lot of people have said to me in the last couple of weeks, they say, isn't it incredible that Medicaid has become the gold standard because some private insurance is now so poor on this? So we're just trying to get a place where we can hang our hat on what this parity means.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure, I'm more than glad to do that. I think we had some basic conversations along these lines.

But I just want to also comment on something you said.
SENATOR HARCKHAM: Sure.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We at OASAS take the staff on the front line very seriously. If it wasn't for their dedication, their hard work and their day-to-day commitment to serving this very vulnerable population, we would be in worse shape. So I need to also make that very clear.

We have at OASAS also tried to also make their lives a little bit easier. In this budget this year we have monies to certify people in our system that we will pay for the certification for like 250 additional individuals. I understand that the discussion is broader than that, but I needed to throw it out so that people understand it's very much on our radar, and it's a larger discussion.

With respect to the parity piece, we at OASAS have actually worked outside of the parity piece and taken it upon ourselves to revise regulations, because waiting for the parity is not going to really help our
system.

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

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

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

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.

As a matter of fact, we have a report that we have to submit and we did submit to the Legislature on a quarterly basis, and it has the data. And it even has the outcome data
of some of the programs that I did not
mention like family support, recovery centers
and so on and so forth. So if you didn't get
it, we'll be more than glad to give it to
you, yes.

SENATOR HARCKHAM: Okay. That's
terrific. Thank you.

And then also for the record -- I know
we've spoken about this offline, but for the
record here, the same question we asked the
commissioner of Mental Health, is what is
your agency doing, working in partnership
with the Office of Mental Health, to
streamline the funding sources, the licensing
process, so that people who provide both
services -- and as we know, co-occurring
disorders are the key to relapse and
self-medication.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.
And to that point, we have implemented single
licensures, where individuals that may have
multiple licenses -- mental health, primary
health and an OASAS license -- can come
together and provide integrated care.
The issue is not so much on the state level as it is on the federal level, because they require that we track funding separately.

But yes, we have done everything possible on the state level to implement and give access to integrated care, not only with behavioral health but also primary health. And we will continue to do that.

SENATOR HARCKHAM: Terrific. Thank you. Thank you, Madam Chair.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Rosenthal, chair of Alcoholism and Substance Abuse.

ASSEMBLYWOMAN ROSENTHAL: Thank you very much.

Good to see you, Commissioner. I have no doubts about your commitment and your staff's commitment and all of OASAS's commitment to being a resource to help to save lives during this opioid epidemic. However, I don't see any additional funding
in this budget of any note to address the crisis.

For example, the Aid to Localities change is $646,000. The Governor has stated 2 percent tax cap, et cetera, 2 percent cap. This is not even a 2 percent increase. And the General Fund appropriation is 10 million less as well.

So I believe during the State of the State he said that we're going to put a few hundred million toward the crisis. Can you tell me where that is in the budget?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes, it's actually in the 802. And there is -- we anticipate that we're going to use 200 million in delivering our day-to-day services in this coming year. So that's where that 200 million is. That's going to be the cost of our ongoing service delivery this coming year.

The 10 million that you said that you saw changed, that was for capital, and that was reappropriated. And that's going to be the monies we're going to use to open up
these beds. So they have already been reappropriated, and they will be used for the implementation of the beds that I mentioned in my narrative.

ASSEMBLYWOMAN ROSENTHAL: So they are carryover funds from previous years.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm not sure that's the appropriate word. But it's -- it's not 90 million, the 10 million that was decreased will be reappropriated.

ASSEMBLYWOMAN ROSENTHAL: Okay. So we know that we tried to have this bulk program where we tax opioid manufacturers and distributors, and there was supposed to be 100 million from that fund, a lot of which went into the General Fund. But in any event, it's still in the budget although that is tied up in court now. So I doubt that it will be figured out before April. So how will that affect --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So you're talking about the stewardship?

ASSEMBLYWOMAN ROSENTHAL: Yes.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So we
were very displeased with the decision as well, and the administration is currently reviewing what next steps will be taken.

And so we're still evaluating how we're going to address that. It may be re-appealed; I don't have the details to that.

However, that is not going to impact this year's budget at all, because we didn't do any programming based on those dollars.

ASSEMBLYWOMAN ROSENTHAL: Okay. I have a question about how much federal money has OASAS received this year, and where is that money being spent? Because I think a large portion of the budget is from federal funds.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, yeah, we've received, like other states, STR and state opioid targeted response funds. And we have used those dollars to complement some of the things we're doing with state funding to establish, you know, the 24/7s, the COTIs, the transportation -- not transportation, mobile treatment throughout
the state.

You know, we fund our system with a combination of state and federal dollars, and we try to maximize to the best of our ability. And all those dollars have been spent to be able to address this epidemic.

And you know, we never would have been able to do so many things in such a quick manner if we weren't smart about how to spend this money.

ASSEMBLYWOMAN ROSENTHAL: I appreciate that. Yet the overdose rate continues to climb. It may be climbing at a lesser level than in the past, but it is still climbing. So I don't understand how your agency and the organizations that execute the mission will be able to handle all the people who are suffering out there from opioid use disorder, especially with the advent of fentanyl lacing heroin, people are dying, you know, at a -- more people are dying because of fentanyl.

So that leads me to a question about safe consumption spaces. And I know that the Health commissioner answered some questions
the other day. But is there anything that OASAS is doing to make the idea more well-known among different entities that you license? Within the community of providers.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah, I -- you know, I think this is a conversation that we all have. Safe consumption sites is something that's on the table. We're looking at it because it's about really saving lives, which is what you indicated. But there are also some complexities surrounding safe injection sites. You know, some things that we have to look at. There may be some federal issues around it that we really have to address. We don't want to jeopardize funding from the federal government if we open safe consumption sites.

All I want to say is that it's not a simple thing, it's very complicated. We're really looking at it, you know, seriously. We are working with DOH. We're at the table. Our provider agencies understand and know it. And like any issue, you have some that are on one side and you have others that are on the
other side.

You know, our mission is to try to work with both and bring people to a happy middle, and that's what we're trying to do.

ASSEMBLYWOMAN ROSENTHAL: I mean, what I've seen and what I've heard and has been in the press is how in different parts of New York City there are places where needles are found on the ground. That's because people are going to that location to use drugs.

You know, people yell and scream like, Oh, look, it's littered with syringes -- yet they don't understand that if people use these syringes in their own pre-obtained drugs in a safe consumption space, no one will die, because no has died of an overdose in a safe consumption space in the many that have been situated across the globe for decades. I just think we need a little courage, a little boldness here. And it's a new tool that we haven't used here in this country. And I really wish New York State would step up.
When was the last time the human services COLA was not deferred? Because it has been deferred, right?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Not deferred last year, the COLA.

ASSEMBLYWOMAN ROSENTHAL: And now it's deferred.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: This year it was deferred.

ASSEMBLYWOMAN ROSENTHAL: And so I'll reiterate what I said about the other agencies. It's not -- it's not -- it's not acceptable. But it also will lead to worse outcomes for everyone involved, and tax the people who are providers who will not continue in their job because they can get the same pay elsewhere where it's not so stressful on them.

I think we need to fight to increase their pay this year. Do you think that would be a possibility?

(Appause from the audience.)

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I think that that's up for discussion now as
you finalize your negotiations.

ASSEMBLYWOMAN ROSENTHAL: Okay. I know that there was a Milliman study looking at compliance with federal parity laws here in New York State. Do you have anything about its progress, where it's at?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'm sorry, I didn't --

ASSEMBLYWOMAN ROSENTHAL: It's called the Milliman study.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's -- no, I don't have any -- I can't report on that right now. But I'll be more than glad to report that.

ASSEMBLYWOMAN ROSENTHAL: Okay. All right. In terms of MAT in prisons, so you mentioned the county jails. But as far as statewide, it doesn't seem like there's much movement on that front. We had a hearing, there were six that had Vivitrol. But none of them had methadone or buprenorphine.

What can you report about the push to make sure that the gold standard in prisons is available across the state?
COMMISSIONER GONZÁLEZ-SÁNCHEZ: What I can say is that we've been working very closely with the commissioner of DOCCS.

And if you go back even a year or two, we were in no prisons, zero prisons. So within two years, to be able to sit here in front of you and say we at least have penetrated and gone and now we're in 10 facilities, I think we're making waves.

In terms of buprenorphine, you know, there are security issues, there are federal issues that are outside of us that need to be worked out. It's not just the state piece. You know, we have to work with the DEA, they have come in, they have to certify.

So all I can tell you is that we're seriously really working to ensure that we have medication -- the full continuum of medication-assisted treatment across the board. And I have to say I feel really pleased that we -- even though 10 may not be a lot, to me it's a lot, when two years ago it was zero.

So I'm hopeful that we're getting
there. I know it's taking a little bit, but
there are things that we need to address that
are very important and are out of our
purview.

CHAIRWOMAN WEINSTEIN: Thank you.
CHAIRWOMAN KRUEGER: Thank you.
Senator John Brooks.
SENATOR BROOKS: Thank you,
Madam Chair.

Commissioner, good to see you again.

Unfortunately, I have to run out
pretty quick, so I did want to ask about two
areas. One of the things that I'm hearing a
great deal of from our school officials is
the concern about the growing number of
students vaping in the schools. Is anything
planned in that area?

And then the second question would be,
we are looking seriously at the legalization
of adult recreational use for marijuana. Do
you have any concerns in that area?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

So with respect to vaping, that's something
that perhaps we could address and something
else Chairwoman Krueger mentioned in terms of trauma-informed care, which is the basis of what -- how we deliver service with sex offenders and so on and so forth, or sexual abuse and so on.

Those are two things that I think we could put under this prevention blueprint that the Governor spoke about in his State of the State, asking for, you know, sister agencies to come together and develop this blueprint. And I think those will be two really great new ideas to bring to the table. So I will consider bringing that back.

You know, as you well know, we do have our ongoing prevention. But vaping seems to happen -- just something that really has spurred up on us, and we will be more than glad to address it.

SENATOR BROOKS: Okay, good. Thank you. Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

Before I pass it to the Assembly, I want just a sidebar. So if the marijuana legalization bill that I carry were to be
approved, it includes more funding both for
drug treatment and prevention of drug abuse.
So it would actually be a new funding source
for both of those purposes.
Thank you.
(Appplause from audience.)
CHAIRWOMAN WEINSTEIN: Assemblyman
Will Barclay.

ASSEMBLYMAN BARCLAY: Thank you,
Chair. Commissioner, welcome.
First of all, I'd say with our
expansion of gambling in New York State and
with the potential legalization of marijuana,
it sounds like you're going to have some busy
times ahead of you. So good luck with that.

My first question is regarding -- last
year, with some fanfare, the Governor
announced a tax on the drug companies over
the opioid problems, and I think it was
$100 million he was going to tax those
companies. I understand that a federal judge
has put an injunction on -- or stopped that
from happening right now.

What are you doing to make up for that
$100 million that was I guess going to be
spent on programs to help addiction?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.

So it's -- the way I see, it's not dead
yet. I think the administration is still
looking at what next steps to do, maybe
re-appeal it or whatever.

What I did say to Assemblymember
Rosenthal is that we have not started any
planning with those dollars, so it really
hasn't impacted our budget this year. And
it's still too soon to tell what if any
impact it will have until we realize whether
it's going to come through or not.

ASSEMBLYMAN BARCLAY: Where does it
stand now in litigation?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I
don't -- I know it's being reviewed by the
administration, but I really couldn't tell
you.

ASSEMBLYMAN BARCLAY: My colleague
just talked about the legalization of
marijuana. And, I mean, do you have any
feeling of -- that this is a gateway drug, if
we potentially expand the use of marijuana it
could lead to additional drug addiction with
other, more -- probably serious drugs?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So,
you know, you all know there's going to be a
hearing specifically on marijuana, I believe
next week. And I think that it's better to
discuss these really intricate issues at that
point. But what I will say is that what I
find is that you have people on both sides.
There are some that say it is, there are
others that say that it isn't.

You know, my focus right now is on the
mission of my department and what my mission
is. And my mission is to ensure that I have
a comprehensive system of care for everyone
and anyone who's addicted, and that's the way
I'm going to continue to look at this right
now.

But I would respectfully decline and
maybe ask you to ask these questions at the
hearing. I think that's going to be a little
bit more appropriate place for us to discuss
that.
ASSEMBLYMAN BARCLAY: Okay, let's --

thank you. I appreciate that answer.

And just switching over to gambling,

obviously we've seen a big expansion of

gambling in the states. Have you seen a

comparable expansion of gambling problems

that you're dealing with? Has that gone up

as a result of additional gambling in

New York?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I

haven't seen additional problems. What we

have ensured is that we have the capabilities

throughout the state, should there be a need

for problem gambling treatment available.

What we plan to do in the coming year,
in the next two years, is do a survey, now

that we have implemented like Resource

Centers, to better understand what and if the

problem is.

ASSEMBLYMAN BARCLAY: What is the

biggest problem with addiction to gambling?

I mean, is it going to a casino? Is it --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I

really couldn't honestly --
ASSEMBLYMAN BARCLAY: You don't know.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: --
give you an answer, and I don't want to do
that. I think once we have the survey, I
think that will give us a better standing
ground.

What I will tell you is that, you
know, a lot of folks tend to go to private
practitioners, not to our system of care, for
problem gambling. We are equipped to do even
inpatient rehab for gambling in our 11
addiction treatment facilities, which a lot
of people -- I'm surprised a lot of people
did not know.

So we're preparing ourselves. And we
are available, we have capacity, from what I
see and from what I get reports on. And like
I said, we're planning on doing a survey that
will better inform all of us of what the
situation is.

ASSEMBLYMAN BARCLAY: And that survey
is going to be done when? I'm sorry, did you
say in two years?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's
going to be in the next -- either this coming
year or the following year.

ASSEMBLYMAN BARCLAY: All right.

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator David Carlucci.

SENATOR CARLUCCI: Thank you, Madam Chair.

And thank you, Commissioner González-Sánchez, for being here today and
for your work over the years on these important issues.

So just to start, we just talked about
gambling addiction, and the Comptroller just
put out a report really critical of OASAS in
terms of the lack of really knowing where the
problem is. And I'm very concerned about
that report for a number of reasons, not only
the need of addressing problem gambling and
the proliferation of gambling -- I mean, you
walk into a convenience store now, it's like
you're at a casino with all the different
options you have.

So really the bigger issue I have is,
how are we being proactive in OASAS to deal with these emerging -- unfortunately, these emerging technologies that are looking to addict people, whether it's through vaping, that we talked about, through gambling, or even through technology? We've seen in other countries where they're making technology or tech/social media addiction actually an issue, and they're beginning to understand that.

So what can you tell us in terms of how does OASAS react, how do you get your information and decide what to focus on? Is it only at the request of the Governor or the Legislature? Maybe you could respond to that.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes, absolutely. No, it's not at the request of the Governor or the Legislature. We have a system of care that's comprised of providers that are licensed through us. We get input from them, we get data from them. And those that do not receive funding, we still reach out.
We have a -- in terms of prevention and gambling, we have coalitions that we work very closely with. They are the ones that inform us of the needs. Those are the individuals that tell us which way we've got to go. And that's the basis of how we do planning. We don't plan in a vacuum, so to speak.

And to get to the report -- which, by the way, I didn't have a chance to read the article today in depth. It's very interesting, because on the one hand we are being proactive and we're being criticized for being proactive. Because the reason why we established these Centers of Excellence in these areas was so that we could have a better understanding of the issue. And so that people, if they needed to go somewhere, they knew where to go so they could be linked to services specifically around gambling.

So it's, you know ...

SENATOR CARLUCCI: Okay. Well, I look forward to working with you more on that issue.
Some of the issues we've talked about in the past is the issue of the patient brokers, you know, manipulating people suffering from addiction, the treatment fraud. And I know we've talked about it, it's been highlighted in the media, what steps.

Are you confident that we're cracking down on that in New York State?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I believe there was a bill -- and I believe it was passed last year -- it's a patient brokering bill where we are cracking down on individuals --

SENATOR CARLUCCI: And you've seen it's been working for us?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. I believe it is, yes. It's not perfect, but I think it's working.

SENATOR CARLUCCI: Okay. How about in that realm in regard to sober homes? That's another issue that we've been tackling, talking about it for a while. Can you give us an update in terms of regulating, making
sure that we're weeding out any bad actors that exist?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So in terms of regulating, I always say the same thing. We don't regulate sober homes. I always say, year after year, if there's an independent entity out there who's functioning under the auspice of a sober home and they're interested in being part of our system of care so that we could then have jurisdiction to monitor and regulate them, I would welcome them to come forward. But the understanding is they have to abide by our regulations.

SENATOR CARLUCCI: Okay. And we've fought to make naloxone more accessible in New York State, we're one of the first states to pass legislation to make it accessible over the counter.

One of the concerns I have is that we've -- over the years we've found different pots of money to provide naloxone in the community to first responders free of charge, and to regular citizens.
What's being done to continue that program of making naloxone accessible?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We still have that available in our budget. As a matter of fact, we still continue to offer naloxone training and offer it to kids as well.

SENATOR CARLUCCI: So that's not going to go -- that's going to be provided --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's not going away. That's still very much alive in our budget, yes.

SENATOR CARLUCCI: Okay. And how about access -- we talk about medical-assisted treatment. Methadone has been around for a long time, but we still have barriers to access, people driving, you know, two or three hours a day, one way, just to get treatment.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's being addressed with the COTIs and the 24/7. The COTIs, Centers of Treatment Innovation, where we have mobile capacity, we have telehealth. That's all being implemented
throughout the state. And I firmly believe
that by the end of this year you're going to
see many changes, especially in the rural
areas where that's an issue.

SENATOR CARLUCCI: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman
Gunther.

ASSEMBLYWOMAN GUNThER: So I have a
question. One of the gentlemen that I work
with, we have an interdisciplinary group
that's working on addiction and the overdose
problem. They talked about early education.
You know, right now there are baby steps and
some of the thoughts of, you know, our group
is to start the education of children very,
very early, like first, second grade, baby
steps.

Any thoughts about introducing a
program like that throughout the state?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Oh,
absolutely. Actually, one of the initiatives
that we -- I just announced, that we
announced yesterday, the PAX Good Behavior, is really targeted for elementary schools, but it could be for middle schools as well. And it's a best practice to impact behaviors at a very early age.

So yes, we are very cognizant of that. We're very much in support of starting very early. We continue to work with the individual schools, school districts, the State Ed Department to the best of our ability to make sure that we are out there in the schools early on, that our curriculum is being used. And we will continue to do that.

ASSEMBLYWOMAN GUNTER: Two other comments that I have. And I think that's great that we're introducing it really early. I think that's a very proactive move for OASAS.

So there's two things. One thing that I feel in New York State is very harmful is the pharmaceutical commercials that are encouraging -- like the Joint Commission did about pain-free life. So in other words, postoperatively. And it's all over the
commercials how one should treat themselves
and how they go to the physician.

And the Joint Commission has the faces
that said after like a very aggressive
surgery that you don't -- shouldn't feel
pain. And as a nurse, that pain is
indicative of infection and all kinds of
things.

And I think that we need to rearrange
our thoughts on that. And also the
introduction at an early age. And also, to
me, the commercials on TV should be banned.
People are self-prescribing as they go into a
doctor's office.

CHAIRWOMAN KRUEGER: (Clapping.) Oh,
sorry, I'm not supposed to do that.

ASSEMBLYWOMAN GUNTER: And I think
that's really important.

(Appause.)

CHAIRWOMAN KRUEGER: We're not
supposed to do that. Everyone's not supposed
to.

ASSEMBLYWOMAN GUNTER: I don't know
how you feel about it, but you know what, my
skin crawls every time I see an ad and
they're making money off of the backs of
addicted people.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: That's
why we have the really aggressive campaigns
that we have. We just started a campaign,
you know, to inform people -- I think it's
about education. You have to try to inform
people any which way you can. We have PSAs,
we have billboards. You know, it's a
multipronged effect that we have to take in
order to deal with this.

ASSEMBLYWOMAN GUNTHER: But I do think
that, you know, reeducation is always
important. And honestly, when -- 10 years
ago we were educated to the point of no one
should have pain. Now we need reeducation
about addiction. And that, you know, that
it's indicative of sometimes infection. And
the Joint Commission and the department --
the Joint Commission comes in, and they do
the happy faces and the smiley and the 1 to
10 and everything like that. They're making
boatloads of money.
And also the pharmaceuticals, because of this way that we turned medicine around, are making boatloads of money. And I think it's time to stop it. And what they're doing is they are making money off the backs of addicted people who went in, went to the dentist, had a tooth pulled, you got a prescription for 35 Percocets, and you went home and you thought, Jeez, I should not feel pain, and they popped them. Not because they were addictive, but it happens.

And I just think that that reeducation across our society is a necessity. And the early intervention with children, and education, is necessary.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.

And if I could just respond. I understand everything you're saying, I'm in agreement. And so we are taking the measures that we can.

One other thing that we -- and I'm not going to talk about past legislation, but you know we have passed legislation to limit the numbers of Oxys and so on and so forth. But
also we're requiring that physicians also, as
part of their continuing education credit,
get at least eight hours of addiction-
specific training. Because the doctors also
need to be on board with what we're talking
about in terms of prescribing.

   ASSEMBLYWOMAN GUNther: They have been
given two different messages here. And
Message One from the Joint Commission needs
to change, number one, and I believe that to
be true. And number two, the reeducation
regarding addiction. And most doctors don't
really -- you know, that's not their ballywag
(sic).

   CHAIRWOMAN WEINSTEn: Thank you.
   CHAIRWOMAN KRUEGER: Thank you.
   I'm going to take the next questions,
thank you. I associate myself with all of
the comments of Assemblywoman Gunther when
she was laying out what a crisis we have with
actually structurally encouraging people to
become addicts.

   And I tried to come up with a bill to
outlaw the TV commercials of drugs years ago
and learned that it was federal and that we
would be superceded and that we could not
control that in our own state.

But we all waited too long, and now we
are dealing with a ridiculous situation.

I want to go back to -- I know you
were here when I was talking to the Office of
Mental Health about the fact that the
academic research is extremely consistent
about the correlation between mental health
and substance abuse and being the victim of
childhood sexual assault.

And as you were testifying, you were
talking about a program where you're in 1700
public and private schools per year, working
with almost a half a million youth in the
last year. Perhaps you are the right agency
to combine sexual assault education
programming with drug prevention programming
for young children, since apparently there is
such a strong correlation there.

So I'm not asking for an answer now,
I'm asking for you to go back and think about
how can you multitask to -- while basically
having two approaches to prevention.

Basically, you know, yes, teaching kids it's bad for you, but also teaching kids, here's what you need to know to protect yourself from sexual assault and get someone to pay attention if you're a victim, because then you will save having to treat them for drug and alcohol addiction later on in their lives.

Although actually that response of self-medicating from sexual harassment starts very early. So I do hope you will do that.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Absolutely.

CHAIRWOMAN KRUEGER: Thank you.

Second, when Assemblymember Barclay just asked you about gateway drug and cannabis, I just -- I'm surprised by your answer. Because it's sort of like climate change. There are one or two scientists out there who still say we don't have climate change, but everyone else knows we do.

And there has been so much research done that confirms that cannabis is not a
gateway drug and that people who get addicted
to the other drugs may in fact have used
cannabis before because it turns out over
half of the American public is using cannabis
before anything else in their life.

But again, I would urge you as the
commissioner to have a fact-based set of
answers when people ask you questions like
that, because it's not hard to find the
scientific research and an enormous amount of
it has been done.

On addiction to gambling, I am -- and
I have asked you this in other years, so I'm
continuing. But I am more and more concerned
about the fact that we expand gambling and
potentially expand gambling into even more
kinds of addictive gambling.

So does the state ask you, does the
Governor's office ask you for an opinion when
they're exploring whether or not to open up
online gambling as a legal model in New York
State?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well,
we're part of the discussion, yes.
CHAIRWOMAN KRUEGER: And when they ask you, do you show them the research that is coming out -- again, I feel like I want to give everybody in government a lesson in Google, because there's unbelievable research coming out about the exceptionally addictive nature of online and handheld devices for gambling, because it's there with you all the time.

There are scientists who develop apps who are specifically admitting that these apps are designed to retrain your brain to be addicted to anything you're doing on them, and that is absolutely being used by the companies that are expanding online gambling.

And there is research and numbers out of Great Britain about the rate at which addiction to gambling has grown, particularly around the handheld and the online sports betting.

So do you have anybody in your agency who is doing this research or even just collecting up the research that's coming out of other parts of the world?
COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, now with the Resource Centers that have opened, this is exactly what they're doing, and we do have --

CHAIRWOMAN KRUEGER: So those are scientists doing research?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: No, no. We have also a Prevention Unit that does look into what's out there.

Do I have a unit that does the research? No, I don't.

CHAIRWOMAN KRUEGER: Maybe just a staff person who Googles every once in a while and collects the research that's coming out of other places? Because a Resource Center isn't going to show you there's a problem until we legalize and then watch a crisis grow in front of us, and then you would learn, you saw people coming in.

So I would urge the state to take very seriously looking at the risks of expanding online and handheld gambling, because the numbers coming out of other places that have allowed it are fairly startling.
And of course that kind of addiction might not kill you physically, but bankruptcies, response to the crisis of losing all your money to being -- using other substances, eviction from your home, destruction to families are very real and the numbers are absolutely growing even before we move to online.

So again, it's a little bit more of a begging of the state to have people who do their homework and take these questions very seriously before they are proposed by the Governor or the Legislature.

Thank you.

CHAIRWOMAN WEINSTEIN: So I just wanted to take a moment to echo what Senator Krueger just said about the gambling and the potential expansion to online gambling. Because some of what I also have read is very concerning.

I did want to ask a question. Does your agency have a role in the Raise the Age services area?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We
work with OCFS to ensure that they're trained. And we offer training to their staff that would assist them, especially in a group home, foster home, to identify SUD, individuals with SUD needs, and link them to our community-based providers for assistance.

CHAIRWOMAN WEINSTEIN: And did the agency receive any additional funding or is there any additional funding projected in this year's budget to help provide those additional services for the Raise the Age population?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: We don't have any additional funding for Raise the Age in our budget. But this is what we do as our regular course of work. We train individuals, and we have that training capacity, and that's what we offer.

CHAIRWOMAN WEINSTEIN: I guess I'm thinking because some of these young people are people who would otherwise have been in the correctional system at some point and now will be in the -- potentially be in the community. And you would think there would
be an increased need of services because of that.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, we keep tabs on our community-based programs. And they would be the ones to get the referrals of -- you know, from the OCFS system.

I haven't seen that we don't have the capacity or that the providers don't have the capacity to deliver the service, so.

CHAIRWOMAN WEINSTEIN: Okay. Thank you very much.

CHAIRWOMAN KRUEGER: Thank you.

SENATOR SEWARD: Thank you, Madam Chair.

And, Commissioner, good to see you and your team again.

As you know, last year's budget, at the request of the Senate, included $3.75 million for the jail-based substance use disorder treatment. And I know there was a little tussle over the distribution of those funds. But moving forward, can you
tell us where we are in terms of implementation and use of these funds?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So the funds were distributed amongst 49 counties. Every one who requested dollars to either expand or open a jail-based program we were able to cover with the 3.75. And so some of them -- I believe they're all operational. Some of them needed money for an individual, some of them needed money for the medication. They were at different stages of development. But they're -- all 49 are working right now.

SENATOR SEWARD: That's great. Because I think that's a -- there's a great need for that, with so many people who are incarcerated in our county jails that really have drug addiction problems.

Can you share with us any process that you may have in terms of evaluating the effectiveness of these various programs?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes. Actually, that's the report that I mentioned that was submitted, that we have to submit to the Legislature quarterly, I believe. And we
did submit that. If anybody has not gotten it, I'd be more than glad to submit it again.

SENATOR SEWARD: That's included in that report?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yes.

SENATOR SEWARD: Okay, thank you. I'll watch for that.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's the outcomes on how we're measuring these new innovative programs.

SENATOR SEWARD: Yeah. Yeah, there have been a lot of new and innovative programs in recent years because the need is so great, and so it's important to do that.

Following up on questions my colleagues had raised about the level of funding for the heroin and opioid addiction issues. It's a little over $200 million again this year.

Can you provide any specifics in terms of how these funds will be used? It's a little unclear in what we've received from the Governor.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: I'd be
more than glad to submit a list of what we have down in the pipeline and what we're anticipating opening in this coming year. I could do that.

SENATOR SEWARD: Is there a geographic formula that you use in terms of distribution of these funds to make sure that they reach every corner of the state?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Well, obviously we look at priority areas, and the priority areas for the longest have been, you know, you look at the overdose rates, how many people have to leave their immediate area because there are no services and they have to go to other areas. And the lack of, you know, treatment programs.

Those are the three things that we look at. And then we base -- you know, we use that as a priority to implement services.

SENATOR SEWARD: My final question revolves around the preventive monies that go through your agency. I was encouraged to hear in your testimony about the -- reaching a number of public and private school
students, and that's a pretty high number
that you're able to reach through the
schools, which was very, very important.

I'm a great believer in the preventive
dollars. Have these -- the school programs
that you mentioned, are they channeled
through these -- our local community-based
organizations that work in this area of
prevention?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: It's a
combination. Some are -- some of these
services are provided by, you know,
individual, independent prevention providers
that we fund directly, and they're going to
schools, coalitions, community coalitions.

With respect to New York City, it
would be the SAPAS workers through the
Department of Education, Board of Ed in
New York City.

So it's a combination.

SENATOR SEWARD: Okay. Would you
agree that we perhaps should have a set-aside
in terms of funding specifically for
prevention programs around the state?
COMMISSIONER GONZÁLEZ-SÁNCHEZ: Do I agree -- I'm sorry?

SENATOR SEWARD: That we should set aside a certain amount of money that comes into your agency for preventive services.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: You know, that's something that the federal government, you know, actually mandates to us.

You know, we at OASAS have been very good stewards in terms of dollars. We don't just focus on that. We really focus -- we have a patient-centered approach. And so whether we have set aside dollars or not, we try to address the three areas of our system: Prevention, treatment and recovery.

And I -- you know, I haven't really looked at this set-aside or not. I think, you know, we just focus on where the needs are and use our monies to --

SENATOR SEWARD: Just very, very briefly, and you can give me a one-word answer. Would you be willing, you and your team be willing to sit down with some of my
local agencies that are involved in prevention just to discuss ways that they could access some additional help?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.

More than glad.

SENATOR SEWARD: We'll follow up with you to arrange such a meeting. And I appreciate it.

CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Rosenthal for her -- on seconds.

ASSEMBLYWOMAN ROSENTHAL: Thank you.

You and I have discussed this over the years, sober homes which your agency does not regulate. Yet sober homes runs counter to what OASAS has embraced as a harm-reduction medication-assisted treatment approach.

So I'd be interested in getting OASAS more involved in overseeing and regulating some of these sober homes, because they use something that works on a minuscule percentage of people with opioid or substance use disorder, and there are really no good
results coming out of them.

Would that be something you'd be willing to entertain, perhaps, with some other agency?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.

ASSEMBLYWOMAN ROSENTHAL: Okay.

Because we see that problem more outside the city. We have three-quarter houses in the city, and those are, you know, difficult questions.

So we have 23 New York State waived syringe-exchange programs, which I'm not sure has changed for years. And I know it's mostly the Department of Health. But is there any talk of increasing the number? Especially since SIFs are not proceeding right now.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.

So I think that's really a question for DOH. What I could tell you is that we support the syringe exchange program, and we funnel money to the Department of Health in support of the needle exchange.

But in terms of increasing the
numbers, I think that's discussion for them.

ASSEMBLYWOMAN ROSENTHAL: Okay.

Because, you know, as you know, they provide many more services than just exchange, and they really help people who are struggling at various junctures of their drug use.

How many programs do you license for harm-reduction community-based services?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: So our total licensure program is around 1,600 programs throughout the state.

ASSEMBLYWOMAN ROSENTHAL: And do you have a breakdown on where they're located? Because in some places you hear that there's not enough access. And of course the rural areas, et cetera. But it would be interesting to see where they are.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure. I'll give you a breakdown.

And I just want to remind folks too that if you go on our website, we have a listing of all the programs, a definition of what they do, where they're located, and you could also see where, you know, the vacancies
are. It's on our, you know -- it's called
Find Addiction Treatment Dashboard. So
anyone could access that 24 hours, seven days
a week. But I'll be more than glad to give
you a list.

ASSEMBLYWOMAN ROSENTHAL: Okay. I
mean, I had wanted, through legislation, to
require the insurance that is taken at each
of these facilities, but unfortunately that
bill got the heave-ho. I still think it's a
good idea. Maybe we'll try some more.

In terms of vaping, is that something
that's in your purview or more Department of
Health? Because I've done a lot of the
legislation around e-cigarettes and the huge
increase in the number of adolescents, thanks
to JUUL, whose commercials now say "Make the
Switch." So a switch implies substitute one
practice for another, so switch from smoking
to vaping.

The unfortunate thing is the explosion
of flavors is what entices young kids, and
then they are addicted with no way of
quitting that's not torturous and painful.
COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah.

I think it's suitable for both DOH and OASAS, because it's just like, you know, smoking, drinking. So it's for both.

ASSEMBLYWOMAN ROSENTHAL: Okay.

Because the addiction problem, it's the same problem no matter what the drug or the behavior of choice is. It's all the same in how it changes your brain. And for an adolescent's developing brain, the intake of nicotine is particularly harmful. And so maybe that's something we can also work on together.

Thank you. Thank you very much.

CHAIRWOMAN WEINSTEIN: Thank you.

Senator Savino.

SENATOR SAVINO: Thank you, Assemblywoman.

Good afternoon, commissioner.

First I just want to say publicly that you and your staff have been amazing, not to me when I call, but for everyone. And I want to thank you for that.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Thank
SENATOR SAVINO: But not everybody has access to their State Senator or even thinks to call them when they're trying to get into a program. And I think one of the -- there's a lot of confusion among people if they finally do realize that they need help and they need to get into a residential facility, they get conflicting information from the facilities about what insurance companies will cover them, whether or not they can go in, whether they can't.

And I'm hoping that maybe we can come up with a way to assure patients that if they are in need of treatment and they can get into treatment, that regardless of their insurance, that they're going to be able to go.

So you don't need to answer that. It's an ongoing problem, and I know your agency deals with it if someone reaches out to you. But when you finally get them there and they're in treatment, in residential treatment -- which is hard enough, because a
lot of people are in residential treatment because they're ordered there by a court as alternatives to incarceration.

How do we keep them there? Right? So there's a black market in the addiction treatment programs that is really not drugs, it's cigarettes. Because there's a rule now, I know it was from your predecessor, Karen Carpenter-Palumbo, that made them all smoke-free.

Now, nobody hates cigarettes more than I do. I would ban the sale of tobacco if I could. But the truth is if you have people who are just engaged, they've gone through detox, they're in a residential treatment, they're trying to comply, and they are desperately in need of a cigarette. And what's happening is they go out and they're selling cigarettes in these facilities at $10 a pop, which is just crazy.

Is there a way to rethink this idea of smoke-free facilities to allow for people who are struggling with addiction and trying to get their lives back together a smoke break,
so you don't have this environment that's happening? People have actually been, you know, penalized or forced to leave programs, which is really not helpful to their attaining sobriety. Is there a way we can talk about this?

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah, let's talk about it.

But what is disturbing to me is no one should be forced out of a program because of that.

SENATOR SAVINO: Well, eventually, if you get caught five or six times --

COMMISSIONER GONZÁLEZ-SÁNCHEZ: They should be working with the individual.

SENATOR SAVINO: Right. We know how addictive tobacco is.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah. Yeah. But you know, we should talk about it, because it may be an area that, you know, at some point it worked, maybe, but now maybe we need to revisit it. So we should revisit it.

SENATOR SAVINO: I mean, there's no coffee because that's a stimulant. There's
no chocolate because that's a stimulant.

There's no tobacco because it's a stimulant.

And yes, I understand it from a clinical perspective. But these are people who are just trying to hold their head together in the beginning, and I just think it's somewhat counterproductive.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Yeah, we'll take a look at it.

SENATOR SAVINO: And on the insurance issue, again, some of the providers, they accept clients and the insurance companies then notify them after the fact that they didn't have the coverage, and then they claw back whatever the money was from them.

And it just seems, again, counterproductive. Because I know in conversations you and I have had, every agency gets enough deficit funding so that everyone is made whole. So there seems to be this inconsistent approach with insurance companies first approving it; secondly, then trying to take the money back because they didn't have the coverage for it. And I think
we need to get a better handle on coverage.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay,

maybe we should talk more.

SENATOR SAVINO: Definitely.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

SENATOR SAVINO: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Senator Pete Harckham for a second

rounds.

SENATOR HARCKHAM: Thank you, Madam

Chair. Thank you again, Commissioner.

Just back to the insurance piece

again, and this is actually good news for

patients and consumers, but it's a little

confusing. Could you talk more about the

preauthorization and the concurrent

utilization review that goes from 14 to 21

days, what that means for consumers, what

that means for the insurance company? How is

21 days decided on versus 28, which was kind

of the standard back in the day, you needed

28 uninterrupted days.

So if you could expound upon all of

that.
COMMISSIONER GONZÁLEZ-SÁNCHEZ: Sure.

So we developed in OASAS our own assessment tool, we call it the locator tool, which we mandate, you know, Medicaid, managed care, for companies to use when they are determining levels of care.

We strongly recommend the private insurers to do it. And my understanding is that while we can't force them to do it, they agree, most of them, to use it. And what that does is it gives you a baseline that you're comparing apples to apples and not apples to oranges.

Originally we had insurance companies that an individual would be in treatment for five days, six days, they would automatically then say we're not paying for any more treatment, they have to be reassessed. Now, how do you assess somebody when they've been there for five days? What changes do you --

So in order to avoid that, we introduced the locator. Now everybody is making decisions on the same tool, and we limit the number of days -- or we increase
the number of days that an insurance company
could request for a determination.

And that has helped tremendously,
because there have been some insurance
companies that refuse to pay after five days.
And if there's a dispute, the insurance
comppany will have to pay until the dispute is
finalized.

SENATOR HARCKHAM: All right. And if
you could just talk a little bit more about
this tool. How does it work? Is it legally
binding? You know, all of those kind of
things.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.
It's open to everyone. It's on our website.
Again, we developed it. Anyone and everyone
who wants to use it could use it. It doesn't
cost anyone any monies to use it. We
developed it.

It's a very comprehensive tool, to the
point that now we are thinking of expanding
it to include an assessment tool for children
as well, because it's worked so nicely on the
adult side.
If you like, I'll either, you know, give you a demonstration or --

SENATOR HARCKHAM: Yeah, I think a test drive would be very educational. Thank you.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

SENATOR HARCKHAM: I'm good, Madam Chair, thank you.

Thank you, Commissioner.

CHAIRWOMAN KRUEGER: Thank you.

I think we have finished our questioning of you today. Thank you very much for your testimony. And I think there are a number of follow-up issues that you have committed to.

COMMISSIONER GONZÁLEZ-SÁNCHEZ: Okay.

Sure. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

SENATOR HARCKHAM: Thank you.


EXECUTIVE DIRECTOR MIRANDA: Good
afternoon. Good afternoon, Chairs Krueger, Weinstein, Carlucci and Gunther, as well as other distinguished members of the Senate and Assembly. My name is Denise Miranda, and I am the executive director of the New York State Justice Center for the Protection of People with Special Needs. I would like to thank you for the opportunity to testify today regarding Governor Cuomo's 2019-2020 Executive Budget proposal.

Last year the Justice Center marked five years of protecting people with special needs. The agency was created to address serious concerns that some of our most vulnerable populations were suffering abuse and neglect at the hands of the staff charged with caring for them. Today I can report that these populations are safer than at any other time in the history of New York.

All allegations of abuse or neglect are investigated to conclusion. Those found responsible for committing the most egregious acts are barred for life from service. And the agency's prevention efforts give care
providers the tools they need to stop abuse
and neglect before it occurs.

The Justice Center has spent the past
year focusing on quality enhancements. I am
proud to report this intense focus, funded by
the Governor's budget, has created a better
experience for all stakeholders. And our
goal is to continue to build on this good
work. Collaboration, efficiency, and
consistency have been the three pillars upon
which we have raised the bar and how we
fulfill our mission.

The organization has used its five
years of data to investigate trends and, in
collaboration with state and private
providers, produced more prevention materials
with the goal of stopping abuse and neglect.
With available resources, the agency is also
enhancing investigative techniques and
practices, giving vulnerable New Yorkers
every avenue possible to pursue justice when
abuse or neglect has occurred.

Last year alone the Justice Center
trained nearly 600 investigators and staff
members at state oversight agencies. We also collaborated with OASAS and Office of Mental Health to provide co-training for provider staff. The Justice Center continues to expand outreach efforts to stakeholders at all levels.

In 2018, the agency began enhanced engagement with family organizations, including holding meetings with family groups in many areas of the state. Our goal is to expand the community's understanding of the Justice Center's role in the lives of people with special needs, as well as address community concerns and give stakeholders direct access to Justice Center executive leadership.

The agency is also advancing its partnership with provider agencies and the dedicated workforce that serves individuals with special needs. In the past year, the Justice Center conducted nearly 70 presentations to providers and staff across the state.

The agency understands that the
partnership between the Justice Center and the dedicated individuals who care for people with special needs is vital for our success. In response to common themes noted during the provider and workforce presentations, we produced a three-part video series intended to introduce the agency to the workforce, bring awareness to available prevention materials, and better explain the investigative process. The series has been viewed nearly 500 times since being posted on our agency's website.

The Justice Center also launched an online code of conduct training for the human services workforce. This allows workers to directly access the training, ensuring their understanding of the code to help individuals receiving services live self-directed, meaningful lives.

Efficiency has been another focus of the agency over the past 12 months. We continue to improve case cycle time while enhancing the quality of our investigations. Last year we placed intense focus on
eliminating the backlog of appeals which accumulated over the first five years of operations.

I want to emphasize the agency understands having a timely appeals process is vital to ensuring due process for the subjects of investigations, as well as a final resolution for employers. We continue to evaluate areas where efficiencies can be applied to our appeals process in order to expedite cases for review.

I am happy to report today that the backlog has been eliminated. Additionally, we have made operational changes to ensure appeals are dealt with in a timely fashion going forward.

Efficiency also applies to the geographical availability of resources across the state. With available funds, the Justice Center has created a fifth region for operations. This has allowed resources to be distributed to high-volume areas.

Reallocating resources has allowed investigators and advocates to reduce travel
time to provider facilities, more quickly
respond to reports, and become more
integrated into the communities in which they
serve. All of this contributes to increased
quality of investigations with reduced impact
on providers and the workforce.

Finally, the agency's commitment to
consistency ensures each individual
investigation is subject to the same
standards. The Justice Center has dedicated
resources specifically for quality-assurance
purposes.

The agency has also made significant
investments in training for all staff.
Diversity and inclusion, team building, and
continued professional development have been
the main focus. These trainings allow us to
level-set expectations for how business is
carried out throughout the Justice Center,
allowing all employees to provide consistent
service to stakeholders.

We believe continuing to ensure
collaboration, efficiency and consistency can
enhance the lives of those we serve and our
partners in service.
I now welcome your questions.

CHAIRWOMAN KRUEGER: Thank you very much.

And you should have gotten 10 minutes; it was just a little mistake. The government reps get 10 minutes, and others get five. So thank you for your testimony today.

Our first questioner will be Senator Jim Seward. We're jumping ahead of the chairs because he needs to leave.

SENATOR SEWARD: Thank you, Madam Chair.

And, Ms. Miranda, good to see you again.

I was pleased to hear in your testimony about the -- you know, the backlog of cases has been eliminated and you're going forward. I assume this will be an ongoing process to make sure, as you call it, efficiencies there, to make sure that those investigations are done promptly. Which that had been a chronic complaint that we used to hear, and I'm pleased that we will no longer
be hearing those complaints.

But the other complaints or comments that I hear regarding the Justice Center is that the -- your agency has what I call a law enforcement approach, you know, for all investigations regardless of the nature of the complaint. And has this has led to fear and anger among provider staff who feel like they're on pins and needles, thinking that no matter what they do, they may be called up on an investigation.

So how do you respond to those allegations? And what actions are being taken?

EXECUTIVE DIRECTOR MIRANDA: Sure. So that was one of the concerns that was really brought to my attention when I arrived at the Justice Center approximately two years ago.

And I think the agency has gone to great lengths to address those concerns with providers in a multitude of different ways. There's been an increased level of engagement with providers. I myself have spoken at a host of different provider associations, some
of them sponsored here by some of the members that are present today.

We've also really attempted to change the culture of the agency and how we conduct investigations. And there is a real emphasis in making sure that investigations are done in an appropriate and respectful way.

We've made changes in language. We no longer refer to people as suspects. That was one of the first changes we made when I arrived here at the Justice Center.

All of this speaks to the goal of ensuring that people understand that while we are an oversight agency, we do respect and appreciate the work that providers are doing and recognize it as very challenging work. And the best way for us to eradicate abuse and neglect is to ensure that we have a collaborative relationship with providers.

So making sure that we are moving in that tone, right, and in that direction can be helpful I think for both parties, providers as well as the agency.
SENATOR SEWARD: Okay. Well, thank you for your response. If you're out there speaking, you do put a friendly face on the Justice Center.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

SENATOR SEWARD: That's very good. My final question revolves around the responsibility of the Justice Center to do the background checks for OMH, OPWDD and certain OCFS programs as a condition of employment.

Recent data that's come to my attention relates that of 13,000 applicants with criminal histories, only 380 were disapproved.

How can you explain the small number of disapprovals for employment when compared to the total number of applicants with criminal histories?

EXECUTIVE DIRECTOR MIRANDA: So our data is a bit different. I'm happy to report that we have 440,000 criminal background checks that have been executed in the five
years that the Justice Center has been open.

There have been 1500 denials based on the criminal background check because of serious criminal offenses. These people have actually been barred from employment.

You may also be aware that there's a staff exclusion list that is part of the background check process. Currently we have over 500 individuals who are on the staff exclusion list.

These are people who have been substantiated for the most egregious incidents of abuse and neglect, Category 1 offenses. There have been over 125 times that people who were on that list have actually sought to gain reemployment within a state oversight agency.

So we believe that these measures, whether it's a criminal background check or the staff exclusionary list, have certainly led to a much safer environment for people with special needs.

SENATOR SEWARD: Thank you for your responses.
CHAIRWOMAN KRUEGER: Thank you.

Assembly.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

(Microphone turned off.)

ASSEMBLYWOMAN GUNTHER: What I was going to say is after you came to our community, to Orange County Community College, and I brought all the agencies in, I think that there was a level of comfort. And I haven't heard a word in my community about the Justice Center again.

So I thank you for that. I think sometimes we need to congratulate.

EXECUTIVE DIRECTOR MIRANDA: Thank you. Thank you.

CHAIRWOMAN WEINSTEIN: That's it?

Okay. We're going to go to Senator Carlucci.

SENATOR CARLUCCI: Great, thank you.

Thank you. Great to see you. So just to start, just a few concerns that we've seen. And I know we've talked and we're one of the 70 presentations, you've come down to my district and presented.
SENATOR CARLUCCI: So one of the missions of the Justice Center, as we talked about, is not just to enforce and make sure that justice is served when a crime is committed, but also to try to put ourselves in a position to make sure that we reduce the harm or the potential of harm in any of the facilities which you have jurisdiction over.

And one of my concerns is that we haven't done that to the fullest extent. The example that we've seen at Hawthorne where we had major problems with young girls being entered into the sex trade, and it seemed like it was something that people knew about.

And when we talk about the responsibility of the Justice Center, we're told that these girls were lured off campus and were not actually under the jurisdiction of the Justice Center under OMH, who is responsible for those facilities.

And could you speak to the fact that what are we doing to prevent a situation like that from occurring? When we hear about the
details of that federal case, it's so
disturbing to think that these people that
have been sent to a facility because they
have problems and are supposed to be under
the care of OMH and watched by the Justice
Center, to be put in that position is
extremely disturbing. And I'd just like you
to respond to that.

EXECUTIVE DIRECTOR MIRANDA: Sure. I
couldn't agree with you more, Senator, that
it's extremely disturbing. Human trafficking
is an epidemic and certainly no stranger to
some of the people who are within the
settings and our oversight.

You know, that said, I think it's
worth noting that in that investigation, none
of the people who have been investigated or
arrested were actual custodians of the
facilities. And I think it's important for
us to remember that the role of the Justice
Center is limited to ensuring that abuse and
neglect does not occur at the hands of
custodians. That said, we recognize our
obligation to ensure the safety of people
within those settings. Right?

So there have been extensive efforts placed in the area of prevention. First and foremost, speaking to the issue of sex trafficking, we have started a sex abuse response team at the Justice Center, and that was launched last year. This is a cohort of investigators as well as medical professionals and advocates who are specifically tasked with investigating our sex abuse cases. We recognize that one case of sex abuse is one case too many, and we recognize that this is a pervasive issue that's often underreported.

So the sex abuse response team will not only be investigating these cases, but we will also be engaging in preventive methods. Right? So we will be providing education and outreach to providers so that they can recognize grooming behaviors, so that they can recognize the signs of someone who perhaps is being trafficked.

Additionally within Westchester, we've done significant outreach to many of the
providers there as well as joining a

Trafficking Council that is comprised of

local law enforcement within Westchester

County. Again, these are all efforts to make

sure that we can stop this from happening

before it actually occurs.

We take that commitment very

seriously. We have dedicated resources at

the Justice Center, an entire department that

is dedicated to ensuring that we can, again,

do outreach, perform education, and really

make sure that we are working hand in hand in

identifying trends, whether it's sex

trafficking or any other misconduct that

might be occurring, so that we can address it

proactively.

SENATOR CARLUCCI: In regards to that,

what should anyone that is involved in a

situation that might not be under the direct

jurisdiction of the Justice Center -- what

should they do? How should they play a role

if they see something going on like what we

saw at Hawthorne, that this was something

that had been reported before, that people
had talked about, but no action was ever done?

EXECUTIVE DIRECTOR MIRANDA: So as you may be aware, the statute actually mandates the Justice Center -- we receive a call even if it falls outside of the jurisdiction of the Justice Center. We are obligated by statute to make sure that we make the appropriate referral.

So if we were to receive one of those phone calls, we would actually ensure that that referral is made to the appropriate state oversight agency. In this particular instance, it would be OCFS.

So we recognize our responsibility. Again, the position of the Justice Center is not to say this is not our issue. We want to make sure that to the extent that we can be a conduit and make sure that we're connecting people with the right authorities, that we do that.

SENATOR CARLUCCI: Okay, thank you.

And like my colleagues have talked about, there's been some, you know, dramatic
improvement in terms of relationships with
the employees and helping to settle that, to
say, hey, we're partners working on the same
team.

How has the process of reporting
allegations of abuse and neglect to the
Justice Center evolved, how is it going, and
ways to improve that process?

EXECUTIVE DIRECTOR MIRANDA: So I
think there have been some significant
improvements, especially within the past two
years.

Number one, there's been a
relaxation -- we heard that there were
cconcerns about the burden that was placed on
providers for mandatory reporting. As a
result, we actually issued guidance that now
allows for people to make a report and if
they are able to name the other people who
were witnesses and that third person can
actually receive the information that
confirms that a report was made, they're no
longer a mandatory reporter.

So relaxing the multiple mandated
reporting requirement I think is useful for providers, because we certainly want to ensure that providers and staff are doing what they do best, which is providing exemplary care for individuals, and not spending unnecessary time on the phone with the Justice Center, making multiple reports.

We've also instituted a 72-hour protocol. We've evaluated -- over 2500 cases have gone into our 72-hour or three-business-day protocol, and those cases are classified. They go into our queue. And what we do is we engage in direct communication with the provider. There is an authorizing liaison at these providers who will provide us information so that we can make sure that we're making the best classification possible.

What that allows us to do is to make a determination as to whether this case is appropriately classified as abuse and neglect. And what we've found with that additional period of time, we're able to make more accurate classifications. That's
helpful, in that it doesn't tie up necessary
and important resources in unnecessary
investigations. And approximately -- as I
mentioned, out of those 2500 cases,
50-something percent have been reclassified.

Those are two of the examples. I
think of efficiencies that we've developed.
We continue to address the issue of cycle
time. We recognize it is an important
obligation that we have to ensure that we're
doing thorough investigations, but also
expedient investigations, understanding that
there is an impact on the provider. That
cycle time has improved. We're now close to
50 percent of our other cases are now being
investigated within the 60 days.

We continue to use technology. We've
opened up a fifth region, as I mentioned
earlier, to make sure that we are localizing
resources.

And again, I think the conversation at
the Justice Center is always an evolving one:
How can we ensure that we are doing business
as well as we can and being open to being
flexible?

SENATOR CARLUCCI: Great. And what are some of the challenges that you face right now in trying to prevent neglect and abuse?

EXECUTIVE DIRECTOR MIRANDA: I think the challenges are ongoing. Right? The system is a very complicated one. We have over a million people in care. We have a very diverse set of populations, which is why we've invested significant education in our investigators.

You know, we're talking about individuals who may be in an OASAS facility, OCFS, OMH, OPWDD, SED. So there's a variety of different populations that rely on the services and the oversight of the Justice Center.

One of the things we're doing is ensuring that we can provide adequate training so that our investigators and our staff are really comfortable navigating and pivoting throughout these different settings, recognizing that there are fundamental
differences in how we need to approach these
investigations. That continues to be an area
where, again, we dedicate resources and
energies to make sure that our investigators
are appropriately equipped.

You know, I recognize that the
investigators are the ambassadors of our
agency. They are the front-line staff that
are interacting with providers, with
subjects, with witnesses, and with service
recipients. And so it's extremely important
to us at the agency to ensure that they have
all of the tools and resources so that they
can do their job effectively.

SENATOR CARLUCCI: Are there any
issues in terms of legislative policies that
the Justice Center would be interested in
progressing? Are there things that you've
seen that you can make recommendations to the
Legislature to help improve situations?

EXECUTIVE DIRECTOR MIRANDA: I think
at this particular point the Justice Center
is comfortable with the legislation and the
mandates of the statute as presented.
SENATOR CARLUCCI: Okay. Thank you.

EXECUTIVE DIRECTOR MIRANDA: Sure.

CHAIRWOMAN WEINSTEIN: Assemblyman Barclay.

ASSEMBLYMAN BARCLAY: Thank you, Chair. And thank you, Commissioner.

In your experience -- well, let me just start off with just some questions, because I think I agree with my colleagues that things have improved substantially as far as the investigation and the time it takes and the appeals process on it. How many cases or complaints do you address every year? Or I'll say last year, I guess.

EXECUTIVE DIRECTOR MIRANDA: Sure. So approximately 14,000 cases of abuse and neglect are investigated by the Justice Center. Pursuant to the statute, we're obligated to make sure that each one of those incidents of abuse and neglect is investigated and review all those cases, and they're either substantiated or unsubstantiated.

ASSEMBLYMAN BARCLAY: And you said
50 percent or something was substantiated?

EXECUTIVE DIRECTOR MIRANDA: Out of 14,000 cases per year, approximately one-third of those cases are actually substantiated for abuse and neglect.

ASSEMBLYMAN BARCLAY: Okay. And then they're investigated and then if someone disagrees, a provider disagrees with the outcome, they can appeal?

EXECUTIVE DIRECTOR MIRANDA: Yes. ASSEMBLYMAN BARCLAY: This is all administrative hearings, I suspect, right?

EXECUTIVE DIRECTOR MIRANDA: Correct. So there is an administrative process. The case is substantiated. The person will receive a notification that the case has been substantiated. They have a period of time, 30 days, in which to request an appeal.

That case, if they request an appeal, will then be reviewed by our de novo unit. The de novo unit will do what I can analogize as a desk audit, to ensure that a proper determination has been made.

If the decision is upheld, it will
then move to our ALJ process, where a hearing will occur with an administrative law judge. That's the process, when we were discussing -- I was referencing earlier, we were able to make significant improvement in making sure that we were addressing a backlog that existed previously.

ASSEMBLYMAN BARCLAY: How do you address a backlog? Just more ALJs, or --

EXECUTIVE DIRECTOR MIRANDA: No, reallocating resources within the agency. So we were very fortunate to be able to draw upon some of the other attorneys in the other units.

And also looking at just operational efficiencies and how we were doing our work, how we were calendaring matters, how we were making sure that evidence was being actually disseminated to subjects and witnesses and counsel.

So it was a combination of resources within the agency, attorneys and additional staff, as well as looking at the operational functions.
ASSEMBLYMAN BARCLAY: Well, great. Congratulations and good work in that.

This might not be totally a question for the Justice Center, but what are the biggest -- what's the number-one complaint you hear or get as far as the abuse? And is it something that can be done for training to try to head off the abuse before it happens?

Again, obviously, I don't know a lot about this topic. But is there something we can try to do so you're not getting all the complaints that you're getting, I guess is my question.

EXECUTIVE DIRECTOR MIRANDA:

Absolutely. The overwhelming number of cases that are substantiated at the Justice Center are cases involving neglect, and oftentimes inappropriate supervision.

And so when a case is substantiated at the Justice Center, it provides us with an opportunity to address fundamental issues that perhaps may be systemic to the provider. So there are a host of different options that we have.
A corrective action plan is one option. We will offer suggestions to a provider for ways in which they can remediate the particular issue that is the basis of the neglect. That may be training, that may be additional supervision, that may be a revision of policies or perhaps additional staffing.

So the corrective action plan is one avenue. We will audit those plans to make sure of implementation. Last year we audited over 300 corrective action plans. So that's one very strong tool that we have at the Justice Center.

I think the other way that we're addressing systemic issues and really trying to make sure that we can offer prevention in meaningful ways are Category 4 findings. And so our Category 4 findings are findings that are held against a provider to address systemic issues.

And these are instances where perhaps, again, training or mitigating circumstances, additional staffing might be necessary. And
those are opportunities for us to make sure that another person is not enduring an allegation of neglect.

ASSEMBLYMAN BARCLAY: It sounds like additional staffing is a recurring problem, and maybe that's the genesis for some of these problems?

EXECUTIVE DIRECTOR MIRANDA: I think the staffing issue is a complicated one. And we recognize that there are a host of different challenges. Right? The Justice Center was born, you know, out of a very strong and serious concern about abuse and neglect that was being -- that was really at the hands of custodians, people who are charged for care.

But there was also the Sundram report, and I think there were also a host of different factors that were enumerated in that report that suggested that this was a very complicated situation, whether it was advancement opportunities, mandatory overtime, lack of supervision.

So I believe it's a complicated issue.
Certainly we see our role as the Justice Center to make sure that we're working collaboratively with providers, and to the extent that we can offer prevention tools, highlight trends in education for providers so that we can stop neglect from happening, certainly that's our goal and that is our obligation to do that.

ASSEMBLYMAN BARCLAY: Great. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And I believe that's it for the questioning of you this afternoon. Thank you very much for joining us.

EXECUTIVE DIRECTOR MIRANDA: Thank you.

CHAIRWOMAN KRUEGER: We are now moving to the part of the hearing where it's nongovernmental testifiers, which means everyone goes to five minutes on the clock to testify. No matter how many people you bring with you from your organization, it's a total of five minutes. And then our questions are based on chairs get five minutes to question,
everyone else gets three minutes. Thank you.

And a reminder for those of us up here, turn the mics off if you're not asking questions, because people are still reporting in there's too much noise when they try to watch online, even if you're not hearing it in the audience.

Thank you, and good afternoon.

MS. COLE: Good afternoon. Can you -- is it -- I don't have a green light, but I'm assuming it's on.

CHAIRWOMAN KRUEGER: It's going to start, yes.

MS. COLE: Okay, thank you.

Thank you for being here. You are champions and -- and friends and colleagues who we -- and we deeply appreciate your fidelity to the topics that we're discussing here today.

I'm Lauri Cole, and I'm the executive director of the New York State Council for Community Behavioral Healthcare, and our organization represents about 100 mental health and substance use disorder/addiction
treatment providers across the state, and
that would include community-based
organizations, counties that continue to
operate direct care services, as well as the
behavioral health divisions of hospitals
across the state.

And I want to just say that I know
that behind me there is an army of my
colleagues who are all unified in our
absolute necessity for a COLA for our human
services sector. And, you know, I represent
behavioral health providers, but the need is
all over the state, all over the human
services sector. And I can just say to you
that at this point, unless there is a
different sense of balance in terms of future
funding of the community-based sector, I
think we are in peril. Our agencies -- when
I talk to our members who I've known for
15 years now, the first thing I always hear,
no matter what, I say how are you, and they
say they are inundated and distressed in
terms of the COLA.

So I'm going to let my partners and
colleagues talk more about that, and I'm going to talk to you today about the testimony and the information that's in front of you.

I think that the majority of the needs that have come before you -- that will come before you today that you've already heard about are due to a historic and absolutely unprecedented, as far as I can see, lack of adequate investment in the community-based sector. And by that I mean primary care as well as behavioral health, mental health, substance use disorder, addictions care in the community-based sector. And in some cases that includes hospitals who operate programs and services on the ground in the community, as do their colleagues in freestanding organizations.

But in any case, we don't begrudge what has happened -- the good stuff that has happened for the hospitals to this point. Particularly I mean, most recently, the Centene funding that the hospital and nursing care system workforce receives. And we don't
begrudge them that. But if you look at the charts and information in front of you, you will see a more than 20-year historic story of a failure to invest in the community-based side of care that has resulted in this beg-a-thon that's in front of you today.

Just by way of example, last year the state created -- the enacted budget included a Statewide Healthcare Transformation Fund. It was a new fund that was first seeded with money through taxes on health plans. And it now holds the Centene dollars that are yet to be disbursed, and I expect that it will continue to be funded by future windfalls and other opportunities the state has to come across new money, which is very scarce and very important to all of us.

Had the community-based sector received even a small portion of the Centene funds, as we argued vociferously for, you could have funded that COLA. And I know you, the legislators, did not have jurisdiction over that fund, and you don't currently. But there is money continuing to come into that
Healthcare Transformation Fund. And we must have equal access to it, or at least proportional access to it, in order to begin to make some changes in the community healthcare system.

It seems so strange to me that we can invest in initiative after initiative, both from Washington and in our own state, around healthcare reform in which we put responsibility on the community-based sector for caring for more individuals who we try and divert from hospitals and acute care, and at the same time we starve the system.

We're not grateful for what we've got, but historically, as the charts will show you, it isn't even -- you know, there's no way that you can keep a system of care in the community side healthy, robust, and continuing to exist.

So our testimony and the charts tell the story of what is an over-20-year history of underfunding. And you have been our champions in the past, and will most likely meet with some other very important requests
for funding. But we have proposed, the New York State Council has proposed language that we're going to bring to your office shortly, if we haven't already been there, that would put a set-aside of 20 percent of that Healthcare Transformation Fund money for CBOs. There is precedent for this in other grant initiatives, and we would request that you consider this seriously.

I know my time is up.

CHAIRWOMAN KRUEGER: Thank you.

Any questions? Thank you. Thank you very much for being here.

MS. COLE: Thank you.

CHAIRWOMAN KRUEGER: Our next testifier, Allison Weingarten, Friends of Recovery-New York, along with two other people, Kellie Roe and Sue Martin.

Just a reminder, if there are three of you, you're sharing five minutes.

MS. WEINGARTEN: We know. We've practiced.

CHAIRWOMAN KRUEGER: Okay. Oh, you've practiced, yes.
(Discussion off the record.)

MS. WEINGARTEN: Hi. I'm Allison Weingarten. I'm the interim executive director of Friends of Recovery-New York. We're an organization representing people in recovery all over the state and empowering recovery community organizing around the state.

And I'm a person in recovery, a family member and an ally to people in recovery.

MS. ROE: Good afternoon. First of all, thank you for your public service. You sounded like advocates when you were talking to OASAS, so I appreciate that.

My name is Kellie Roe. I'm a person in long-term recovery. And what that means to me is I haven't had a drink or a drug since February 6, 1995. As a result, I'm executive director of Second Chance Opportunities, and we provide supportive services to people who are recovering. We provide employment and housing. But we'll talk.

MR. REISS: Good afternoon, Senators.
I'd like to thank you for your time today. And Senator Harckham, it's nice to see you again. I saw you yesterday at the Opiate Forum in Suffolk County.

My name is Bennett Reiss. I'm from Long Island, New York. I'm also a person in long-term recovery, and I'm representing LIarra, the Long Island Recovery Association. And we are a grassroots movement of Long Island recovery-based associations that help people with substance use disorder. And I'm also the founder of a nonprofit, Kipu Life, that organizes trips for people in long-term recovery to exotic destinations.

MS. MARTIN: Hi. My name is Sue Martin. I'm a person in long-term recovery. I was a silent member of the recovery community for decades, and then when I found how hard it was to find services for my son, I became a very active member in the recovery community and have begun advocating. I am a member of RAIS, which is Recovery Advocates In Saratoga, and we have been loud and proud for about five years now.
MS. WEINGARTEN: Thank you so much.

And thank you for all of us for having us,
Chair Krueger and Chair Weinstein. And
Assemblywoman Rosenthal, you've been such an
advocate for us. And Senator Harckham, we're
so happy to have you, you know, on our team
now. Welcome.

So we have a lot of services that
we've gotten over the years, I think through
advocacy and through partnerships with the
Legislature, the Governor, Commissioner
Arlene González-Sánchez, and we are fortunate
for those services. These are evidence-based
programs, including -- you'll see in the
testimony -- recovery organizations, recovery
community and outreach centers, youth
clubhouses. We also have a youth movement
through federal dollars where we're
empowering young people to find recovery and
sustain recovery through connection.

And at the same time, there is still a
crisis, as you all know, going on in this
state. So we're here, we have a very long
policy statement, but we're going to talk
about a few of the major points that we
really want to hammer home this session.

Bennett?

MR. REISS: All right. Well, first
and foremost, I believe last year we had
$200 million appropriated for all these
services that are helping save lives. That's
really generous, and we thank you for that.
But we're asking today for $40 million more,
because lives are being lost left and right.

We're hoping this 40 million can go
towards recovery community organizations,
outreach centers, youth programs, peer
specialists, and family support groups. And
all these programs are going to be
evidence-based and will definitely help save
lives.

So we please implore you if you could
help us out with this.

MS. WEINGARTEN: Thank you.

Kellie?

MS. ROE: I'm going to specifically
ask if you would support Bill No. S02681
that's already currently before the
Second Chance Opportunities has been housing people privately, unfunded, unsupplemented, since 2007. We've had three people leave our housing to go buy their own home. We have men and women being reunited with their children. We also have people paying off their child support.

It works, it's not regulated, and we need more of it. We need some help financially to pay the taxes and support services that we provide. And we can replicate this model all over the state, and people are already doing it.

So thank you.

MS. MARTIN: Thank you.

And what I'm here for RAIS to support is the opioid insurance parity legislative package that the Governor presented at his State of the State address, especially that it requires hospitals to make medication-assisted treatment available.

I have been turned away from the emergency room. I have been with loved ones
turned away from the emergency room -- willing patients, not patients who require a hold. And I have a victim of parity when we went to the hospital, St. Peter's Hospital, with our MVP card, and we showed up in the emergency room and the emergency room was covered -- and when he was transferred to the detox side of the hospital, the coverage stopped. The same insurance card covers the hospital stay at St. Peter's but not anything in the behavioral health side of St. Peter's.

That's lack of parity. Parity means equal services. And I also have a picture of where the services are not located that I would love to share with you, because you asked the OASAS person where the services were and were not located.

CHAIRWOMAN KRUEGER: Okay. If you email it to -- let's make sure I get the email right -- financechair@nysenate.gov, we'll attach it to the testimonies that are being put online after this hearing.

MS. WEINGARTEN: Thank you so much. And I know we're over our time. We
want to ask for education around the marijuana legalization and supports for those who cannot use marijuana recreationally and need supports, and also put a plug in for expanded services for medication-assisted treatment in corrections.

Thank you.

CHAIRWOMAN KRUEGER: Thank you all.

Thank you all very much.

MR. REISS: Thank you very much.

MS. MARTIN: Thank you.

CHAIRWOMAN KRUEGER: Very well done.

And just over five minutes, so thank you all so much.

Oh, I'm sorry, Senator Harckham has a question.

SENATOR HARCKHAM: Just for ask number two, what was the Senate bill again?

MS. ROE: It is S02681.

SENATOR HARCKHAM: Thank you very much.

MS. WEINGARTEN: We're happy to email your office with that as well.

SENATOR HARCKHAM: Yeah, please.
Thanks.

CHAIRWOMAN KRUEGER: Thank you. Thank you again.

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

CHAIRWOMAN KRUEGER: Thank you, Senator Harckham.

Next up, Public Employees Federation, Virginia Davey, Statewide OMH Labor Management chair, and Christine Pettit, Statewide Nurses Committee.

And just for people to know to move up front if we're getting closer to them. PEF will be followed by New York State Coalition for Children's Behavioral Health, followed by StateWide Advocacy Network, followed by New York Association of Psychiatric Rehab.

MS. DAVEY: Good afternoon.

CHAIRWOMAN KRUEGER: Good afternoon.

MS. DAVEY: I regret that my colleague Christine is unable to be here today due to illness. Although it does give me more time, so --

(Laughter.)
MS. DAVEY: Good afternoon, esteemed members of the Senate and Assembly. My name is Virginia Davey, and I have been working for the Office of Mental Health for over 28 years, the last four of which I have been the labor management chair for OMH. I am delighted to be here again for testimony for PEF.

The 2020 State Budget, although supportive of many important initiatives, has failed to address the most crucial threat to patient care. The quality of care that we provide to our vulnerable population is truly threatened by this lack of recruitment and retention of our workforce. The budget falls silent, without any mention of the dedicated and strategic approach to addressing the recruitment and retention challenges that OMH faces on a daily basis.

This problem will not go away of its own accord. OMH is the last stop when all others can't or won't bear the challenges of working with patients with significant mental health challenges.
Together we must shore up the state workforce, the backbone structure that ensures the quality mental health care to all those receiving mental health provided services by the State of New York.

OMH is actively identifying people who need mental health treatment, and we must rise to the challenge, providing all of the services that they seek and deserve. This requires a very deliberate and funded recruitment strategy.

Streaming from the unmet recruit and retention challenges has sprung an overtime geyser that continues to spew state dollars, wreaking havoc on the lives of nurses and their families. Investing the money that is currently expended on overtime costs would be a good down payment on a more fully funded workforce.

Another barrier to providing quality care is the ever-increasing caseloads for nurse practitioners, social workers, psychologists, psychiatrists, et cetera. For months the PEF choir has sung a sad song of
diminishing quality of care. With inadequate staffing ratios, PEF members have found it increasingly challenging to keep up with the unrealistic productivity standards being promulgated by those seeking to streamline services.

PEF calls for the hiring of a greater number of PEF healthcare professionals to assist with the ever-increasing numbers of patients being identified as in need of service. Having those in need of mental health care on waiting lists for service is a risky proposition that could and likely has ultimately proven to be disastrous.

The lack of investment in the maintenance of proper staffing levels is undercutting our substantial obligation to provide quality mental health treatment to the citizens of New York State. The budget offers, yet again, to shift money from inpatient bed capacity to fund outpatient opportunities. PEF professionals repeatedly voice concerns about the premature transitioning of some of their patients into
outpatient alternatives, often before
patients have acquired the skills necessary
to benefit from them. We must insist that
patients are set up for success in order to
avoid future failure.

As I know that some of you are aware,
there has been a groundswell of concern
brought to the attention of OMH, PEF, and the
political leaders -- some of you -- due to
fears that mental health services are not
adequate in some of our communities. We have
more to do. With more community outreach at
play, the need for services is constantly,
constantly expanding.

Despite this being the case, OMH is
provided a flat-line budget in order to
accomplish healing miracles. OMH output
clinics must remain fully operational and at
top capacity to meet the current mental
health needs. Whether patients are seeking
inpatient or outpatient services, we hope we
can be able to keep all of our doors open
when people with mental illness come knocking
at our door, inpatient and outpatient.
Lastly, with regard to the proposed jail-based restoration programs, PEF asserts that the care of persons requiring mental health services is best achieved in a hospital setting, versus jail-based treatment pods. Sadly, jails and prisons are already housing far too many individuals who would be better served in a health-focused environment that aims to heal and mitigate the negative consequences stemming from untreated mental illness.

The Olmstead Act informs that the least restrictive environment -- in this case, a hospital setting -- would be far more preferable and ultimately more therapeutic than any jail-based treatment alternative. The money allocated for this additional funding would be better spent on the recruitment and retention of mental health care professionals in our 24 important psychiatric facilities.

On behalf of President Wayne Spence, we thank you so much for the opportunity to speak with you today. If we can be of any
other help to you, please reach out -- not
just at this table, but afterwards as well.

CHAIRWOMAN KRUEGER: Thank you.

Senators Harckham or Carlucci? Any
Assembly members?

ASSEMBLYWOMAN GUNTHER: Me.

CHAIRWOMAN KRUEGER: Hi.

ASSEMBLYWOMAN GUNTHER: Just a comment
on the fact that the sheer -- on the
Middletown Psych grounds we had the employer,
employees, and they were shutting part of our
unit, decreasing the number of people that
could go to the Friendship Club. It's been
so important in our community. And we were
able to save that through the help of PEF and
also through the help of -- we brought down
the commissioner of OMH and we talked to her
and we had people tell the truths of what
positive things came out of it. And it was
great.

So I know how important this work is.

MS. DAVEY: Thank you very much.

ASSEMBLYWOMAN GUNTHER: Thank you.

And thank all of your members, and we
appreciate your being with us today.

MS. DAVEY: Thank you so much.

CHAIRWOMAN KRUEGER: Thank you both.

Thank you.

Okay. Andrea Smyth, New York State Coalition for Children's Behavioral Health.

Again, StateWide Advocacy after that, New York Psychiatric Rehab after that, and The ARC New York after that.

Hello, Andrea.

MS. SMYTH: Hello. I'm the executive director of the New York State Coalition for Children's Behavioral Health. Thank you for your resiliency.

CHAIRWOMAN KRUEGER: Thank you.

MS. SMYTH: I'm going to touch on five issues very quickly; you have my written testimony.

You may not be aware, in all the discussion at the Health hearing about the statewide health facilities capital money, that one of the distinctions about Round 3 was that there were new community-based organizations made eligible. They had not
been eligible to apply for any of the funds before. So if you go forward with the transfer of the 300 million, we ask that you make sure that the percentage of community-based-organization funding that's available in Round 3 be at a much higher level to ensure that the children's residential treatment facilities, the Article 16 OPWDD clinics, who had never been able to apply before, have a fair opportunity to access that capital funding.

Three budgets ago there was $120 million made available to support the transition of the Office of Mental Health's population to Medicaid managed care. Of that 120, 10 million was set aside to help transition children to Medicaid managed care.

The time has come to finally transition children to Medicaid managed care. It happens July 1, 2019. That $10 million is put into the rate to startup rates of the new Child and Family Treatment Support Services that the commissioner described to you. Those services started on January 1st.
The 10 million startup money is not going to be fully spent because of the slow uptake of the implementation of the services. We're asking that you put in authorization language to ensure that the 10 million is fully spent on startup funding, and not swept just because they had put artificial dates around when the money could be spent.

So the first startup rate ends in June. We think it could be easily extended until December, based on how the uptake has been on the new services.

The expanded access to Child and Family Treatment Support Services, these new cutting-edge services which you heard can be provided to families where they are. So a woman in a domestic violence shelter with her children could have the counselor go to the shelter and see the child and help the mother with psychoeducation about child development services. We can follow children to their schools, to their after-school programs.

These new services are cutting-edge. They're only available to Medicaid-eligible
children. We are asking for you to extend that to the Child Health Plus program.

I attached a chart of where children are enrolled to Child Health Plus. It's 386,807 children as of January that could benefit from these new mental health services if you put the benefit into that insurance package. And we think that it could help a number of working families who don't have insurance for their children, low-income family members, and immigrants who don't have a Medicaid number who are eligible for CHIP under uninsured status.

Implementing the human services COLA. So language is always important, and the budget defers the human services COLA. So as you'll see from my chart, the state owes the human services agencies $707 million. We could take the down payment of all the money that's owed because it was deferred, not withstood, either with the 140 due this year, or you could go back to the first year it was deferred, 2009-2010, and pay out 171. We would not mind. That would be fine if you
want to start backwards to all the money that's owed.

And implementing a rapid response to the workforce and access crisis, I urge you to join us in stopping the artificial demarcations between the licensed professionals who work in our field. I understand, lots of anxiety around scope of practice. When we come and ask you to change the scope of practice of our license professions, you're going to know it. We are only asking you to let them practice in our field equally. They are all licensed under SED -- licensed mental health counselors, licensed marriage and family therapists, licensed clinical social workers.

We need every single one of them to work in this field. And when you make artificial barriers about who can do what based on something someone told you about whether people are qualified or not -- SED licensed them. They have a scope of practice. They're qualified.

Recently, on January 23rd, to help our
workforce crisis, OMH issued new regulations for tele-mental health. They only allowed it to apply to licensed mental health counselors, not the other licensed professions who work in the same settings next to those people. We have to stop this. We need everyone to work up to their full scope of practice. We're not trying to change anyone's scope of practice. Thank you.

CHAIRWOMAN KRUEGER: Thank you. Any Assembly? Any Senate?

ASSEMBLYWOMAN GUNTHER: I have one question.

So other licensed professionals -- social workers, nurse practitioners --

MS. SMYTH: Social workers are licensed under Article 154. There are four professions licensed under Article 163. They each have different scopes of practice.

ASSEMBLYWOMAN GUNTHER: Right.

MS. SMYTH: But we don't want them not to be able to do what they're allowed to do.
So an example, there's a bill that would allow some of those that can't currently get a Medicaid number and practice privately -- social workers can get a Medicaid number and take Medicaid patients privately. LMHCs and marriage and family therapists cannot.

If you added them to MMIS, we're not changing which people can get services, we're not changing what those people can do. They can counsel people. But at least we would expand the ability for Medicaid recipients to try to get access to someone for counseling, whether it's gambling addiction, other addictions, or problems related to their child.

ASSEMBLYWOMAN GUNThER: Okay.

MS. SMYTH: Thank you.

CHAIRWOMAN KRUEGER: I do have one more question. Sorry, Andrea.

MS. SMYTH: I'm trying to be quick.

CHAIRWOMAN KRUEGER: I know. We all appreciate that.

So your proposal to add CFTSS to Child
Health Plus --

MS. SMYTH: Yes.

CHAIRWOMAN KRUEGER: So only

$2 million I guess semiannual. So $4 million

annualized to add this service --

MS. SMYTH: I'll explain how I arrived

at that number. The state put $10.5 million

into the budget for 1.2 million

Medicaid-eligible children. If we take a

quarter of that and we assume that it's a

different population and the services would

be slightly less utilized, we think 2 million

state share would cover it.

CHAIRWOMAN KRUEGER: That's sort of

amazing --

MS. SMYTH: It is amazing.

CHAIRWOMAN KRUEGER: -- I have to say,

that we could cover for parity in Child

Health Plus another almost 400,000 children.

MS. SMYTH: And we hope you will do

it.

CHAIRWOMAN KRUEGER: Thank you very

much for the proposal.

MS. SMYTH: Yes, thank you.
CHAIRWOMAN KRUEGER: Thank you.

SENATOR SAVINO: Senator Krueger --

CHAIRWOMAN KRUEGER: Oh, hello, Senator Savino.

SENATOR SAVINO: Thank you. I just have one question.

CHAIRWOMAN KRUEGER: You pop back, and I don't notice.

SENATOR SAVINO: As you can imagine, it's around the issue of the workforce and the human service COLA. What's the -- we know that salaries are particularly low in this field. What's the turnover rate, on average?

MS. SMYTH: So I attached a map to my testimony. The turnover rate in Long Island and New York City exceeds 40 percent, and the vacancy rate is around 20 percent. Statewide, those numbers are 34 percent and 14 percent. The behavioral health associations joined together to do this survey recently, so it would be very fresh and new information.

SENATOR SAVINO: And where do people
go when they leave? Do they stay in the field and they go somewhere else, or do they just leave?

MS. SMYTH: So most of the clinically licensed professionals that leave, leave to go to hospital or nursing home settings where the salaries and benefits are better.

Most of like our caseworkers simply leave the field for a job that would pay the equivalent but isn't in the behavioral health field.

And our direct care workers, as you know, can go and take jobs at fast food places for the equivalent they can get here.

SENATOR SAVINO: Because I heard -- you know, more than one commissioner here today, they talked about how we need to develop strategies to create career paths. But I've asked more than once, well, what's the career path to? If you're not raising the salaries in any of the levels, no one is going to stay in this field.

MS. SMYTH: Right. We need to do
recruitment and -- my rapid response proposal has some suggestions.

        But again, like if we can't give sign-on bonuses or scholarship forgiveness to the people who come and work in the community-based organizations, they're going to go to a hospital or nursing home who have access to the funding to do that.

SENATOR SAVINO: Right. You know, about 10 years ago I worked with some of my colleagues to create the social work loan forgiveness program --

        MS. SMYTH: Fifty thousand dollars.

SENATOR SAVINO: But it applies to the public sector. And I think maybe it's time that we, working with NASW, talk about expanding those types of opportunities into the private sector, particularly since most of the service delivery is now done by the nonprofit sector.

        MS. SMYTH: And I spoke with Senator Carlucci's staff already about a potential roundtable where we identify all of the different scholarship programs and then
change the purposes to make sure that all the
licensed professions and all of the
behavioral health direct care workers are
eligible for them.

So if they're narrow, broaden them.

But let's identify them and make sure
everyone can access them.

SENATOR SAVINO: Right. Thank you.

MS. SMYTH: Thank you.

CHAIRWOMAN KRUEGER: Thank you. Thank
you for your testimony.

Okay, StateWide Advocacy Network,
Patrick Curran, followed by New York
Association of Psychiatric Rehab, followed by
The ARC, followed by the Alliance for
Inclusion and Innovation.

Good afternoon.

MR. CURRAN: Good afternoon, Senator,
members. How are you?

CHAIRWOMAN KRUEGER: All right.

MR. CURRAN: Thank you all for being
here, for sticking it out, for your support
and your advocacy. Some very familiar and
friendly faces up at the table.
My name is Patrick Curran. I'm the father of a 30-year-old woman who was born with profound multiple disabilities. She has a very limited ability to care for herself. She can't walk or speak. She does live in our world, but she needs assistance for just about everything she does.

She came to us during the time that I was serving here as a legislative counsel for the Senate Democratic Conference, where I had the privilege of spending more than half of my career. So you don't have to use a lot of imagination to think about the challenges that that presented at the time.

But I'm here today, and in my retirement, as a representative of the Statewide Advocacy Network, which is a coalition of organizations from around the state that are comprised of the families and friends of the intellectually and developmentally disabled. We're the moms and dads. And the grandmas and grandpas.

These organizations, by the way, are entirely independent. They are all
volunteer. Our activities are self-funded. We take no state or provider money of any kind. Our only stake in the game is our kids, and our only mission is to educate policymakers like yourselves and the media and the public about our kids' interests.

Our membership lists of our combined organizations, and contact lists, currently include thousands of families around the state, hard numbers, and we know that we are fairly representative of tens of thousands more who simply don't have the time or the energy to get out and get involved in advocacy at this stage.

We're going to cut right to the chase. We have a lot of issues we'd love to talk to you about; many of them have been mentioned here today. For us, the overriding arch-issue -- and it was just touched upon -- is the need to provide a living wage for the DSPs. All this other stuff, almost all of it, and all of the other work that you're doing, and all of the other programs that are out there, including the much-vaunted
transition to managed care and, you know, pumping up the Justice Center, all that stuff, it's going to be rearranging deck chairs on the Titanic if we don't deal with this issue and we don't deal with it soon. And that's from the front lines.

I think if we have any value in coming here and giving you guys testimony, it's -- we can say a lot of the things that our friends and structural helpmates in the provider community can't say. We don't have those constraints. We can tell you the unvarnished truth. This is a real crisis. Because we're living it on a daily basis, and I've seen it deteriorate just in the five years that my daughter's been in a residence. And I've seen that while she's in an excellent facility.

We appreciate what you all and the Governor did two years ago. But as you recall, that was just a partial catch-up to over a decade of neglect in which the salaries of these folks went from 45 to 50 percent above minimum wage to less than
minimum wage. So that was just a partial
catch-up. And they continue to lose ground
to the minimum wage, to other fields, and to
a real living wage, however we care to define
that.

So as a family group, part of the
#bFair effort, we support it as far as it
goes. But we said in this room at this table
two years ago, and we've been saying ever
since, and we'll say it today, you don't have
to be real good with math -- you can do it on
the back of an envelope -- it's going to take
at least double that amount of money just to
approach getting these people into the 45 to
50 percent above minimum wage range they were
at 10 or 12 years ago. And whether that
constitutes a living wage today, we don't
even know.

And more particularly, we are willing
to say what everybody else who is involved in
this seems to only want to talk about
privately. Maybe they're just not free to
talk about it. There are responsible studies
out there now that are showing this is going
to take $250 million to $300 million to get this all implemented, to get these folks back to a living wage.

You know, that sounds like a lot of money, but it wasn't that long ago that our own Governor said that in the context of the state budget of $160 billion, it's a rounding error. That's a quote. It seems to me, you know, for the neediest people in the social safety net, you know, this ought to be something that's achievable.

Lots of other folks have talked to you about facts and figures; they're better equipped to do that than we are. What we I think can provide is a real picture of what this means to our kids. Although I feel like, you know, gratefully, I'm preaching to the choir. You all are ahead of us. You get this; we appreciate that. But, you know, for our kids, this is personal. And it's real and it's immediate and it's every day.

When the DSPs are the foundation and cornerstone of every service that is given to them, without them services don't get
provided, medicines don't get administered,
people don't get driven to programs, things
are delayed, things that are promised don't
happen, basic care often just isn't there or
is subpar. The turnover rate, the burnout,
causes the quality of that care to be
diminished, particularly the oversight and
just watching folks. And it is to the point
now where lives are being put at risk.

I mean, it sounds like, you know,
hyperbole, but this isn't just about quality
of life anymore. It's not about the quaint
aspirational historic goals of trying to get
these folks to a point where they're better
off improving their communication skills and
being incorporated into the community. It's
not about that any more.

CHAIRWOMAN KRUEGER: Thank you,
Patrick. I'm sorry, I do have to cut you
off.

MR. CURRAN: I'm sorry?

CHAIRWOMAN KRUEGER: I have to stop
you because the clock went off.

MR. CURRAN: Can I give you another,
like, 30 seconds and cut to the chase?

CHAIRWOMAN KRUEGER: All right.

Thirty seconds.

MR. CURRAN: The bottom line on all this, as you all well know, is -- you agree with this, you're on board. We love you for it. Now the question is, are you willing to spend your political capital to go to the leaders and to go to the Governor -- who probably should have had this in his budget, but he didn't. Even the increment from two years ago, it's not there -- and to say, This needs to be done.

Why? Because if there's any value and any merit in having a social safety net, these are the people that rise to the top. A, they're the most innocent and blameless for their situation. B, they are totally needy in many, many cases. Their lives depend on it. If the social safety net was intended to help anyone, it's intended to help these people. That's why this has to be in the budget.

CHAIRWOMAN KRUEGER: Thank you.
CHAIRWOMAN WEINSTEIN: Thank you.

We were joined by Assemblyman McDonald, and Assemblywoman Gunther has a question.

ASSEMBLYWOMAN GUNTHER: I have a quick comment.

Number one, yes, we're willing to use our political capital --

MR. CURRAN: Thank you.

ASSEMBLYWOMAN GUNTHER: And number two is that we are outsourcing our kids to Massachusetts and other places, paying double the amount that we would pay in New York State, and I think we have to drive that home.

I know that I represent somebody in my area, Patrick Dollard of the Center for Discovery -- and basically, it should be a bring-it-home campaign. And if we brought them home, we would save boatloads of money. They're in Massachusetts, in other states, and it's costing double or more for our children there. So if we brought them home, we'd have that money.
MR. CURRAN: Excellent. Thank you.

CHAIRWOMAN KRUEGER: Thank you very much for your testimony --

MR. CURRAN: Thank you.

CHAIRWOMAN KRUEGER: -- on behalf of the members of your coalition. Your network, excuse me.

Harvey Rosenthal, New York Association of Psychiatric Rehab Services, followed by The Arc, followed by the Alliance for Inclusion and Innovation, followed by the Cerebral Palsy Association.

MR. ROSENTHAL: Good afternoon.

CHAIRWOMAN KRUEGER: Good afternoon, Harvey.

MR. ROSENTHAL: Thank you for this opportunity. I want to welcome the chair, the Finance Committee chair. We're so lucky to have you.

CHAIRWOMAN KRUEGER: Thank you.

MR. ROSENTHAL: And I want to thank Mrs. Gunther for her being a champion for us, and Mr. Carlucci, who's not here right now.

You have my Lobby Day book up there.
It's not just testimony, but the entire book. You're going to see that on the 26th, between 600 and 700 folks with mental illnesses will come from throughout the state -- New York City, Long Island, Rochester, Buffalo, Syracuse, Binghamton, and Plattsburgh -- and they'll be sharing those issues with you. I'll cover a few of them.

So the people that I represent -- well, I'll just say about myself, I was 18 years a provider, and 25 years I've been an advocate. But I've lived with a mental illness for 50 years. And that kind of explains the folks who I represent: the folks with mental illness, folks who support people with mental illness, and people with mental illness who work in the field as well. NYAPRS brings them all together from across the state.

The issues I want to talk about, the first one -- I'm going to offer you the lens of a person with a mental illness. So the issues I'll talk about -- first of all, housing is health. Health is housing. There
is no health without good housing.

There are 44,000 units in the State of New York, but actually 140,000 people in New York with serious mental illness, so it shows you the need that's not being met. But I'm not here to talk about new housing, but the kind of money that existing housing needs.

We need $161 million that is phased in over the next five years. The staff that work in programs are essential. This is a work of relationship; it's about trust and consistency and reliability. And when the staff -- and you'll hear more about this -- are walking through the programs and taking other jobs, it disrupts, you know, the lives and recovery of people.

We must have a 2.9 percent COLA, which will cost, across human services, $140 million. In the budget there are things about access to treatment. We love the things around parity, we love the way that prior authorization and concurrent authorization has been removed as a barrier.
We also believe that access to medication is essential, and we ask that you restore prescriber prevails protections. Recovery services, there's some money in the budget from the closing of state hospital beds and moving into the community. Those services are essential. They have been for years.

But the issue I really want to talk about is criminal justice. We are so overrepresented in the criminal justice system. And we must find a way to keep folks out of that system -- and, if they're in that system, to provide the right kind of treatment and also to help folks leave that system and stay out of it.

So there's a three-part plan here. The first thing is diversion, and crisis intervention teams is essential. We want to keep folks from being arrested and put in jail and prison. And Senator Carlucci has funded that, and Mrs. Gunther has funded that.

In fact, Mrs. Gunther, you have funded
a half a million dollar program in
Westchester that is working very
successfully -- and I'm going to bring them
up to see you -- to go out on the street and
to work with people who don't think they have
an issue or are not able to find the help
that they need. It's folks with mental
illnesses or the staff, they're going out
into the streets, they're coming back again
and again, and they're finding success.

I'm here to really, you know, advocate
for the HALT bill, which is really not on
your table, but it's so essential. We have
to, you know -- right now, folks are in the
box, 900 people right now with mental
illnesses are in a box where they only get
out one hour a day. That's unconscionable.
We have to offer people treatment, not
torture.

The HALT bill will prevent and ban the
use of the box for young people, old people,
for pregnant mothers, and for folks with
mental illnesses and other disabilities. The
Governor's bill does not. They take out the
provision that prevents people with
disabilities from being out of the box.
That's got to be put back in. The Senate and
Assembly have bills that will do that, and we
need that to be the approach.

Finally, when people leave jail and
prison, we have to support them to stay out.
The Governor has a proposal and a waiver he's
going to pursue to be able to start Medicaid
30 days before folks leave the jail and
prison. That's essential too. We want to
keep people out of jail and prison. We want
to, you know, offer rehabilitation and not
torture, and we want folks to leave with
services.

So I'm done.

CHAIRWOMAN WEINSTEIN: Thank you.

MR. ROSENTHAL: Thank you very much.

CHAIRWOMAN WEINSTEIN: Thank you. We
did hear a lot about HALT at the criminal
justice hearing, the HALT campaign. Thank
you.

So Harvey Rosenthal, executive
director -- no, that was just Harvey. Mark
van Voorst, executive director, The Arc New York, to be followed by New York Alliance for Inclusion and Innovation, followed by the Cerebral Palsy Association.

MR. VAN VOORST: Well, if you've done Harvey already, I'm Mark van Voorst from The Arc New York.

CHAIRWOMAN WEINSTEIN: Yeah.

MR. VAN VOORST: I think.

CHAIRWOMAN WEINSTEIN: Yes. Proceed.

MR. VAN VOORST: Okay. I want to thank everybody for staying so late this afternoon.

My name is Mark van Voorst. I am the executive director of The Arc New York, which is the largest provider of services to individuals with I/DD in the State of New York, possibly even the entire country.

The parents who founded our organization were amongst the early advocates for quality and services for opportunities for people with I/DD, and that fight has since ignited federal legislation and national change. Shortly after the core
battle was won, I'm sure that parents never thought that they would see again what they had fought so hard to overcome. But I have to come here today to tell you that I fear we are sliding backwards.

All day you've heard about the workforce crisis. And I know that you funded the first portion of the #bFair2DirectCare campaign money. This is absolutely essential. The current budget has a zero percent increase for the #bFair campaign.

And I have to tell you that I think that the crisis has gotten to the point that we should no longer talk about it as a coming crisis but a current crisis. And in our world, a crisis that gets that bad leads to only one thing, and that is oftentimes death. I don't think any of us want to be sitting here talking about the death of a client that occurred because we did not have the funds to provide staff for oversight. How do I know that? I know it because after 40 years, I have seen my share of deaths occur unnecessarily, and those are in the good
When we talk about the vacancy rates and the turnover rates, we are talking about averages. The problem with the averages is that they do not actually recognize what's happening, and the real situation is far worse than that. The statewide vacancy in 2018 was 14 percent. But in my chapters, over half pierce that number. A third of all of our DSP positions were actually open, and the turnover rates were no different. At one of our chapters, nearly half of their DSPs turned over in a single year.

If you also pierce the veneer of what's happening, you'll find that there are cracks that are very, very disturbing. Some of the providers are experiencing noticeable increases in medication errors. Medical appointments are being missed or rescheduled, sometimes to the grave health risk of the folks that we're supposedly serving. Staff have fallen asleep because they are doing so many hours of overtime that they simply cannot stay awake, and then they're punished.
when they are caught doing so. Individuals are being moved from their normal residences to alternative residences on weekends and holidays because we do not have the staff to provide adequate protection in their current residence. Community outings and social opportunities are being canceled.

And while there is funding in the Executive Budget for new residential development, it means little or nothing to us because providers across the state are unable to open new residential programs because they can't staff their current homes. This is a reality that is not acceptable to me, it is not acceptable to the provider community, it is not acceptable to the parents, and in all likelihood it is not acceptable to you.

But this is what is going to happen.

If a tragedy occurs and there's a death, there's going to be a lot of finger-pointing, a lot of headlines will occur, new regulations will come out, and the provider community will be blamed for something. We have told everybody repeatedly
for years: Unless this issue is dealt with, a tragedy is going to happen. We don't want that on us, we don't want it to happen, and I am sure you do not want it on yourselves.

What worries me when I look over my past 40 years is that I frequently have seen that mistake and a tragedy before something happens. In the '70s, it was the exposure of Willowbrook. In 1999, it was the discovery of large numbers of individuals in New York City who were DD who were homeless. Suddenly we had the New York Cares campaign. Ten years ago, the death of several individuals in a certified site due to a fire resulted in a large number of regulations coming out that made life safer for individuals in certified sites. Six years ago, it was the negative articles in the New York Times about state-operated facilities that resulted in the creation of the Justice Center. Do we need another tragedy before people recognize that this must change?

So as the leader of the largest I/DD provider in the State of New York, I sit here...
today and tell you something needs to happen. You heard it all morning long. I am sick and
tired of hearing about "We're doing God's
work that nobody else would do." If we're
doing God's work, please pay us what we need
to pay our direct support staff, or else this
total system will collapse.

Thank you.

(Applause from audience.)

CHAIRWOMAN WEINSTEIN: Senator Carlucci.

SENATOR CARLUCCI: Yes, thank you.

And I know we've been repeating this
over and over again today, but I think it
really needs to be addressed over and over
again, because it is so important. So I
thank you for your testimony and the work
that you do, and particularly for The Arc of
New York and all the employees and the
clients you serve.

So we talked about it, you said it,
your agency is experiencing almost a crisis
in workforce and attracting and retaining
employees. What do we need in the budget to
make that -- to help alleviate this problem?

MR. VAN VOORST: Honestly, I will take the #bFair2DirectCare money and I will take the COLA. That's not going to get us near where we need to go, but at least it's a start. Because right now, with the minimum wage being $15 in the city, when you add what was given for the #bFair campaign, that amounted to $2 a day. That does not buy you a cup of coffee at Starbucks. That's what we said to people who we also say "thank God you were there, because there's nobody else who could do it."

So as a start, Senator, I would take those two items.

SENATOR CARLUCCI: And then what do we need to do long term? Let's say we got -- you know, we do get to that level of the #bFair2DirectCare this year?

MR. VAN VOORST: I think you have to bring some sort of stability to the system and have a long-term plan. We can't go through this every year. There needs to be a three-year or a five-year plan.
There used to be, in the old days, standard trend factors which you could count on, so you could plan. Right now, you simply can't. Every year you'll see my colleagues who are behind me coming here, spending time begging for money to do what nobody else is prepared to do.

So I'll take what I can get now. But I would certainly also like a two-year, three-year, five-year plan so that there is some stability in the voluntary provider sector.

SENATOR CARLUCCI: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTER: Just really quickly, I think that we should point out and it should be in our testimony that right now providers are spending $90 million in overtime wages and $30 million in administrative and training expenses for new hires. So that's $120 million. And basically, if we were able to pay them a living wage, we wouldn't have such an
incredible turnover. So we're using that money in not a great way at all.

And if we looked at that and added to it, we could have people that would have a stable job, a stable income.

MR. VAN VOORST: Thank you.

ASSEMBLYWOMAN GUNTER: And also continuity of care for our patients and our residents.

CHAIRWOMAN WEINSTEIN: Thank you.

Thank you.

Next, Ann Hardiman, New York Alliance for Inclusion and Innovation, as I said before, followed by Cerebral Palsy Association of New York, followed by National Alliance on Mental Illness-New York State.

MS. HARDIMAN: Hello. Thank you for this opportunity --

CHAIRWOMAN WEINSTEIN: Oh, and Michael Seereiter. I didn't see the second thing.

MS. HARDIMAN: Thank you.

CHAIRWOMAN WEINSTEIN: You have five minutes between the two of you.

MS. HARDIMAN: Yes.
So thank you for the opportunity. We appreciate being here. The New York Alliance is the entity that's arrived after the merger of NYSACRA and NYSRA about a year ago, just to be clear -- 175 not-for-profit statewide organizations.

We're going to focus on workforce and managed-care readiness, but we do like a lot of what is in the OPWDD budget. You know, getting the minimum-wage dollars and some managed-care readiness is really important to us.

Michael will talk a little bit about the workforce needs.

MR. SEEREITER: Yes. Indeed, unfortunately, we have not seen the next two installments in the #bFair2DirectCare living wage campaign that we are seeking. We would like to thank you for your support two years ago for installments 1 and 2 in our six-year campaign, but we need 3 and 4. And that's the next piece of solving this puzzle that Senator Carlucci was starting to talk about.

We also need a cost of living
adjustment. So the #bFair2DirectCare dollars are essentially to make up for years of noninvestment or years of non-COLA in organizations like our members. And to be able to prevent that from happening again, going forward we need to make those investments in these organizations so that they can pay their bills and so that they can pay their providers, their direct support professionals.

MS. HARDIMAN: Yeah, there are a couple of questions. Assemblyman Barclay, you talked to the Justice Center, about what can be done to reduce abuse and neglect. And we really want to talk about a direct support professional credential.

Senator Carlucci and Assemblywoman Gunther have supported in the past -- and currently there's a bill -- a credential would really professionalize the field. There's been a study that you all backed for OPWDD to do a couple of years ago, and it can professionalize the workforce. It improves
quality, the skills and the abilities of the
workers, it empowers them, increases quality.
And we would like to see an allocation of $5
million to start a DSP credential in New York
State. It would really begin that structural
fix, instead of coming back time after time
and asking for #bFair dollars.

We also are working on a high school
pipeline program, and it really has
incredible promise for finding a way to
attract workers sooner in the junior and
senior high school level, some coursework
that's dedicated to working with people with
I/DD and their core competencies. It's been
done in Ohio; it expanded like enormously
after the first year they tried it. We're
working with OPWDD on something along the
same lines in New York, and we could use
$250,000 to really start building that and
making the connections we need to do.

Michael's going to talk about managed
care.

MR. SEEREITER: Yeah, and the other
piece which we'll talk about is managed care.
As folks know, the I/DD field is moving toward managed care. We have actually been successful in starting to provide some technical assistance to that field as they make that transition. It is a gigantic undertaking. These are organizations that have great experience in providing support and services, but in a fee-for-service model. Shifting to that managed-care model is a very different undertaking, and there's quite a bit of technical assistance needed for the entire provider field of I/DD providers. So we are pleased to see an investment in the Governor's budget around this. We encourage you to keep that there. It is the next step, if you will, toward that successful transition towards managed care for the I/DD field.

MS. HARDIMAN: Yeah, it's really important to build in an I/DD ombudsman program. I think, Senator Carlucci, you started to talk about what are some of the protections. If you need to grieve not getting services, it's really important that
there is the building of an I/DD ombudsman program that would help families and people with disabilities understand what services they're supposed to get and, if they don't get them, where to go about that.

The other investment needed is in health information technology. Our sector and provider agencies have not built out their IT structures, and we really need some dollars to do that before we enter managed care.

I'd be happy to take any questions, and Michael. Thank you so much for your time.

CHAIRWOMAN KRUEGER: Sure.

Senator David Carlucci.

SENATOR CARLUCCI: Thank you. So just to quickly -- I know we've spoken a lot about these issues today, but with the credentialing program, in terms of trying to get ahead of this problem that we're always -- in terms of making sure that our DSPs are paid appropriately, and you talk about the $5 million allocation that would
appropriately start this program.

Could you explain a little bit more about what that $5 million would do, what that would look like?

MS. HARDIMAN: So in the research that was done a couple of years ago, it built a credential. And the next thing that needs to be done, it needs to be piloted.

There was a little pilot and a comparative analysis report last year that you might have seen, and it really does show that it improves retention and builds skills. And we just need to do another pilot and start stacking and building those credentialed workers, and more support for it. It really does, you know, professionalize the workforce, which is very necessary.

SENATOR CARLUCCI: And the $5 million that you're talking about, where would that be spent?

MS. HARDIMAN: So it would be spent --

SENATOR CARLUCCI: Is it on actual wages or --
MS. HARDIMAN: -- on the last piece of building that and what the curriculum would be, and also on piloting another set of agencies and DSPs to be credentialed. There could be a pre- and a post- kind of analysis so that we could really make sure it's the best credential it could be for this workforce.

SENATOR CARLUCCI: Thank you.

CHAIRWOMAN KRUEGER: Thank you.

Assemblyman Barclay.

ASSEMBLYMAN BARCLAY: Thank you.

We're having a little debate up here about -- you mentioned about, I guess, two years ago we did the $50 million to #bFair2DirectCare. And you want us to do it -- are you talking about another $50 million? I'm getting confused of what the number, the actual aggregate numbers are.

MR. SEEREITER: We are seeking the next two installments, which would constitute $75 million. So what we're seeking is an installment on 4/1 of this year and 1/1 of next year. So we're looking to make those
next two installments in that six-year plan -- $75 million, roughly $75 million --

ASSEMBLYMAN BARCLAY: And that just kind of gets you back into what the minimum wage is?

MR. SEEREITER: I'm sorry?

ASSEMBLYMAN BARCLAY: That just gets you back to where the minimum wage is?

MR. SEEREITER: This keeps us starting to -- this keeps us moving -- this keeps us starting to move in the direction of getting above that.

The ultimate goal for the wages upstate is about 15.50 an hour, and downstate about 17.75 an hour. So that would be about $2.50 above minimum wage in those respective regions.

ASSEMBLYMAN BARCLAY: Okay, that's very helpful.

And then how many workers -- I guess I could somehow do the math here -- but how many workers is that all told?

MR. SEEREITER: You mean for the entire field?
ASSEMBLYMAN BARCLAY: Yeah.

MR. SEEREITER: Roughly 90,000 to 100,000.

ASSEMBLYMAN BARCLAY: Okay. That's what I thought. Okay, thank you.

CHAIRWOMAN KRUEGER: Thank you.

MS. HARDIMAN: Can I just add that we built that living wage six-year campaign on an M.I.T. living wage calculation for New York State, so it does have a real bearing in New York State on our six-year campaign and what it would take to get to a living wage.

Thank you.

CHAIRWOMAN KRUEGER: Thank you. Thank you both for testifying today.

Next -- excuse me. Assemblywoman Aileen Gunther.

ASSEMBLYWOMAN GUNTER: Can you explain, first of all, the ombudsman program to us?

And also, when you were talking about DSPs coming into the field, have you ever researched BOCES programs and training
in DSP? Because I know they do nurse's aides
at this point in the hospitals, so I was
wondering if --

MS. HARDIMAN: So let me start --

ASSEMBLYWOMAN GUNTHER: Those are two
questions. Then I'll stop.

MS. HARDIMAN: -- with your last
question. We would like to build a
DSP-readiness program within BOCES or in
another way. And there isn't one yet, but
there's lots of potential to do that.

ASSEMBLYWOMAN GUNTHER: You don't have
to create -- you don't have to reinvent the
wheel to -- a lot of them are already there.

MS. HARDIMAN: Right. There's a place
to go with that.

Your other question was?

ASSEMBLYWOMAN GUNTHER: The ombudsman.

MS. HARDIMAN: Oh, the ombudsman.

So, you know, the ombudsman is an
independent body that -- right now it is in
the OMH behavioral health sector. And, you
know, in managed care there's often a
grievance process, and that's what the
ombudsman program would be for: a place to
go to lodge your complaint, grieve if you had
an issue, and someone that knows I/DD is
there to help you thread your way through the
process.

MR. SEEREITER: I think what's unique
about that is that the population moving into
managed care is indeed a unique one in all
the other shifts to managed care. This
really needs to have a really deep
understanding of the needs of people with
I/DD diagnoses, but to help manage that
system shift and helping people navigate that
system shift as well.

And you can indeed model it, I think,
off of what's been done in the behavioral
health sector with substance abuse disorder
and the mental health ombudsman program.

CHAIRWOMAN KRUEGER: Thank you for
testifying.

MS. HARDIMAN: Thank you so much.

CHAIRWOMAN KRUEGER: Next up, Cerebral
Palsy Associations of New York and Coalition
of Provider Associations, then followed by,
for people following, National Alliance on Mental Illness, followed by New York Association of Alcoholism and Substance Abuse Providers.

And you'll introduce yourselves, and you'll share five minutes as you choose.

Thank you.

MS. SCHIFF:  Right.  Good afternoon, Chairs Krueger, Carlucci, and Gunther, and all the members of the committee -- of the various committees that are here today.  I am Winnie Schiff from the Interagency Council of Developmental Disability Agencies, joined by Barbara Crosier of Cerebral Palsy Associations of New York State.  And J.R. Drexelius from DDAWNY was unable to join us today.

We represent the Coalition of Providers Associations, or COPA, and we are a group of five associations across the state. We thank you so much for your support every year, and your great support of our living wage and COLA requests, as was so clear today.
And we just want to make a few points right now from our testimony, which we know you have.

So first of all, we do appreciate the $30 million in development for new services and the $15 million for capital funding of supportive housing that are in the Governor's proposal, although the need out there is far greater than the supports that that money will pay for.

But we also need to point out that midyear adjustments will likely reduce much of those additional funds. In fact, annual midyear adjustments to Aid to Localities spending over the past eight years has led to a cumulative reduction in funding of $44 million, even with the proposed 2020 increase of $97 million.

So regarding the living wage for DSPs -- which you've heard lots of people talk about, and you've all been so supportive of -- we were actually surprised that there was nothing in the Governor's proposal given his previous support of the #bFair2DirectCare
campaign.

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

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

So we all know -- and you've heard this also in other peoples' testimony -- that
overtime leads to exhaustion and burnout and mistakes that can actually be life-threatening. And Barbara will discuss that.

MS. CROSIER: And as Winnie mentioned, one of the reasons we are in the predicament -- and from Michael and a number of other people testifying -- is that we have not received a Medicaid COLA or trend since 2010.

In 2010, both state-operated and non-profits got a 2.08 percent trend or COLA, and since that time we got a small 0.2 percent trend or COLA. But the state-operated continues to get the trend, and the nonprofits have not. So we are urging that -- to include the COLA for all human services agencies.

Another issue that I think is of particular importance is our clinics. The nonprofit DD agencies have sort of stepped up to provide healthcare and other services for people with developmental disabilities who can't otherwise be served in your traditional
health or mental health clinics. But one of
the things with rate reform and the OPWDD/DOH
rate reform is we've now discovered that we
are unable to support the extensive losses in
our clinics, in our Article 28, 16, and 31
clinics.

And if these clinics close, if we're
forced to close the clinics due to the
losses, it means that individuals with
developmental disabilities tend to go to
emergency rooms. When they go to emergency
rooms, they're given lots of tests that are
very expensive and they're often admitted to
the hospital because they are -- the ER
physicians aren't quite sure what to do.

So it would be -- we're asking to
provide sufficient resources to maintain our
clinics, to prevent huge costs on the other
side of Medicaid.

Another next thing is the funding for
individuals with complex needs. I appreciate
that you asked the question of Roger. And
I'm not exactly sure what he meant by "there
isn't a problem because you get paid for it."
We are seeing more and more -- there's always been an issue with providing services for individuals with very complex needs, but it's become far worse in recent years, and there really isn't an ability to get paid for it.

We thank you for your support.

CHAIRWOMAN KRUEGER: Thank you.

Senators? Senator David Carlucci.

SENATOR CARLUCCI: Thank you. Good to see you.

MS. CROSIER: Thank you.

SENATOR CARLUCCI: And just -- you were just talking about an issue that I wanted to address and the relationship it has. We know this is in DOH's budget, and you just started talking about it, but it's going to have a pervasive impact on the people that the Cerebral Palsy Association serves and so many other organizations serve, and we've seen people do so well under this program.

Can you talk a little bit more about what you're worried about, what --
MS. CROSIER: We're very concerned about the cut, the $75 million state-share cut, the $150 million state-share cut to the Consumer Directed Personal Care Program. And I really appreciate that all of you are asking the questions.

These are individuals who the -- actually, consumer-directed was started by agencies that serve people with developmental disabilities. A number of my affiliates did this out of state. These are individuals who have very significant physical disabilities but are intellectually very typical, want to live on their own, want to live independently, and the Consumer-Directed Program allows them to do that. It allows them to hire and fire individuals.

But the fiscal intermediary, the agency -- our agencies -- they act not -- it's not just payroll, it's not just sort of doing the billing. They do fraud and abuse training to make sure that there's no Medicaid fraud and abuse. They do all kinds of other training for the individuals and --
as well as for their caregivers. So it allows individuals to live independently.

I have actually a board member who has significant physical disabilities -- cerebral palsy -- as does his wife. And they are both allowed to -- they live and work in the community because they have consumer-directed personal care.

And the Governor's proposal as we understand it is to -- two pieces -- one, to move to a per-person per-month payment, which does not understand all that is involved and that some people have much more complex situations than others. And also, then, to move to eventually one or two fiscal intermediaries.

And again, that -- their relationships between the individuals and the fiscal intermediaries does far more than just the payroll and the billing. And so we really are very concerned that these individuals then would lose the independence -- the ability to live independently, and would be on OPWDD's doorstep and would require either
nursing home or residential and day programs in OPWDD.

And Roger talked about the self-direction program within OPWDD, which is a very different program. That's a program which is great for families who want to do it, but that program allows families to get a budget, and then they contract for OPWDD programs. It's not personal care the way --

MS. SCHIFF: Not personal assistance.

MS. CROSIER: Right. It's not personal assistance.

SENATOR CARLUCCI: So it's a very different program.

MS. CROSIER: It's a very different program. They're very different services. They're different individuals.

SENATOR CARLUCCI: And just to be clear, the changes we are seeing from DOH, you believe -- even though they're saying, oh, you know, we're just changing some things around -- you believe by changing consumer-directed assistance that it will have a devastating effect on the population
you serve.

MS. CROSIER: We do. We do.

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

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

CHAIRWOMAN KRUEGER: I have to cut you off.

MS. CROSIER: Okay.

CHAIRWOMAN KRUEGER: But I think that
for anyone who's been following the public --
the medical hearings, the medical health
hearings and today's hearing, there seems to
be universal agreement by the Legislature and
the community that this one has to go back to
the drawing board.

MS. CROSIER: Right.

CHAIRWOMAN KRUEGER: We do not need to
ruin this critically important program.

So I'm sorry to cut you off, and I
want to thank you all.

SENATOR CARLUCCI: Thank you.

MS. CROSIER: Thank you.

MS. SCHIFF: Thank you.

(Overtalk.)

CHAIRWOMAN KRUEGER: Senator --
Assemblywoman.

ASSEMBLYWOMAN GUNThER: Oh, you're
going to give me a raise. Never mind,
there's no money involved.

(Laughter.)

ASSEMBLYWOMAN GUNThER: So I just want
to reiterate something about the Article 28
and 31 clinics.
As a nurse for years in the emergency room, I know that people with some disabilities exhibit pain differently. And often when they go to the emergency department, physicians in the emergency department cannot really diagnosis what's going on because of the different way they exhibit pain, so they end up being admitted to the hospital.

So it's not cost-effective to close these clinics. And I think that that has to be heard loud and clear. And it's also the appropriate management of people with disabilities. So I just want to make sure that that's loud and clear.

MS. CROSIER: Thank you.

ASSEMBLYWOMAN GUNTHER: Thank you.

CHAIRWOMAN KRUEGER: Thank you both for your testimony.

Next up, the National Alliance on Mental Illness of New York State, followed by -- for people getting in line -- the Association of Alcoholism and Substance Abuse Providers, followed by the Association of
And good afternoon.

MS. BURCH: Good afternoon.

We'd like to thank Senator Krueger, Assemblywoman Weinstein, Senator Carlucci, and Assemblywoman Gunther for the opportunity to testify before you today.

My name is Wendy Burch, and I'm the executive director for the National Alliance on Mental Illness of New York State. NAMI-NYS is a state chapter of NAMI, the nation's largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness.

With me today is Ariel Coffman, president of the board of NAMI-NYS. As both a caregiver of a loved one with serious mental illness and a mental health professional, Ariel provides a unique perspective to the challenges facing the mental health system.

You have our written testimony, so before I yield to Ariel, I just wanted to
take a moment to highlight a couple of our concerns.

NAMI-NYS's primary goal is ensuring our loved ones receive the tools to pursue a meaningful recovery. It cannot do this without adequate housing and a sustainable mental health workforce to care for them and provide services. Like many of our colleagues here today, we are asking for the budget to include a 2.9 percent cost-of-living adjustment for all nonprofit human services agencies, to prevent the high workforce turnover that so negatively affects the well-being of our loved ones.

To ensure the availability of safe and well-staffed mental health housing for our loved ones, we are asking that mental health housing providers are adequately funded to meet the needs of those they serve. NAMI-NYS stands with the Bring It Home Campaign in urging you to include a $32 million investment each year for the next five years, to ensure that the mental health housing system is able to operate sufficiently.
Finally, we want to ensure that prescriber-prevails language is included in the final version of the budget as well.

And now, Ariel.

MS. COFFMAN: Thank you, Wendy.

Thank you for having us here today to speak. I'm excited and proud to be here representing NAMI-NYS and the individuals and families throughout New York State that live with serious mental illness.

I'm not only a board member of NAMI-NYS, I also work at a certified community behavioral health center on Long Island, so I see these issues very clearly from the ground level. And I am the proud daughter of a father who lives with a serious mental illness. He is the number-one reason that brought me to Albany today.

He lives with several chronic medical conditions as well. We have a small family, and I'm his primary caregiver. He's currently rehabbing after a knee replacement surgery that went very badly several months ago. His mental health has suffered, and my
family suffers along with him. My worries for his health extend in every direction, but
the one thing I haven't historically worried about is whether or not he'll have a home
when he gets out of the rehab or out of the hospital. That's because he lives in one of
the approximately 40,000 beds in New York State that is underfunded at this point.

And that is why we are here advocating, along with the Bring It Home Campaign, to ensure that those rates are raised appropriately to service those individuals. These beds are operated and staffed by the same mental health workers who will not be receiving a COLA in 2019 if the Governor and the Legislature does not act.

In my experience, a lack of properly compensated staff in mental health programs is dangerous to individuals and families living with serious mental illness. It increases potential for a lack of experience and qualified workers which leads to increased accidents, incidents, and unnecessary heartbreak for people living in
these settings.

I'm grateful every day that I don't have to worry about my dad becoming homeless, sleeping in an unsafe shelter or on the streets, or ending up incarcerated without access to the vital mental health treatment he needs.

We implore your help with addressing these very serious problems before more people with serious mental illness lose their housing, their stability, their freedom, or worst of all, their lives. We're advocating so strongly for increased treatment, access to hospital beds, mobile treatment options, investment in the mental health workforce, quality housing and Medicaid for people who are incarcerated who live with mental illness, and community mental health treatment -- because New Yorkers who fall through these gaping holes are dying.

The 30 percent rise in the suicide rate in New York State speaks clearly to this danger, as does the high rate of rehospitalization for those with co-occurring
medical and mental health and substance abuse disorders.

NAMI's list of asks may seem very wide-reaching, it may seem like the ultimate mental health to-do list, but really what it all boils down to is one issue, and that's whether we value the health and welfare of our citizens who are living with mental illness and substance abuse use disorders in this state.

I'm sure each member of the Legislature has a cause that is dear to their hearts, and we implore you to hear our plea for our families and individuals living in this state with mental illness. Without properly funded mental health care that abides by parity laws, there is no functioning family or successful child, there are no healthy communities, and there's little hope for recovery for New Yorkers who are struggling to get better and live fulfilling lives. We urge you to act.

Thank you so much.

CHAIRWOMAN KRUEGER: Thank you.
SENATOR CARLUCCI: Well, thank you for being here. And I know NAMI has worked tirelessly on so many of the issues that we talked about here today.

And one of the things that you have championed for so long is fighting the stigma attached with mental illness. Can you tell me what New York has done well to fight the stigma, and what we still need to do? And anything you'd like to see in this budget to address that particular issue?

MS. BURCH: Well, one thing that New York did was pass the tax-checkoff bill, thanks to some of our mental health colleagues' advocacy, and I know we benefited from that.

We're doing our ribbon campaign during May, as Mental Health Awareness Month, and we've been able to reach a lot of people I know to our organization in using those funds and hanging ribbons throughout May. That's one area. Do you have anything?

MS. COFFMAN: I know the people in
this room especially are committed, you know, to seeing mental health services evolve. And certainly I know every year you go back to the drawing board and try to put a little bit more money in for housing, a little bit more money in for clinical services -- really, we just need more at this point.

We're struggling. I know we talked about it all day today, you know, and at ground level we're seeing really very serious things happening to the people in our programs and to our families.

You know, I count incidents every day, I go through every single one for our agency, and I can tell you it breaks my heart every time I see something happening that I feel could have been prevented by better staffing, that would have been able to be afforded in the event that we were properly funded.

MS. BURCH: I would add, too, that the mental health in schools now that's being taught is changing the way people think about mental illness, our next generation. I think that's great too.
SENATOR CARLUCCI: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblywoman Gunther.

ASSEMBLYWOMAN GUNTER: Mine is not a question, mine is a comment.

I have a very good friend who is very involved in NAMI, and NAMI is so important to so many people's lives and making sure they have appropriate living conditions and the treatment and the socialization that's necessary. So, you know, certainly we're in your corner.

MS. COFFMAN: Thank you.

MS. BURCH: Thank you so much for all of your help.

ASSEMBLYWOMAN GUNTER: Thank you.

CHAIRWOMAN KRUEGER: Thank you. Thank you for testifying today.

MS. BURCH: Take care.

CHAIRWOMAN KRUEGER: Our next testifier, John Coppola, New York Association of Alcoholism and Substance Abuse Providers. Again, followed by the Association for Community Living, followed by Mental Health
Association for New York State.

Thank you.

MR. COPPOLA: You're welcome.

CHAIRWOMAN KRUEGER: A beard has appeared this year.

MR. COPPOLA: Good afternoon.

CHAIRWOMAN KRUEGER: Good afternoon.

MR. COPPOLA: I want to just start by thanking you for being here, staying here, and asking extraordinarily good questions and demonstrating that you really care about this issue. All of our issues.

Last year when I was here I made the following statement. Without the strength of significant new resources -- emphasis on the word "new" -- without the strength of significant new resources and a dedicated commitment to support the substance abuse disorders workforce, the opioid crisis will continue to escalate in New York State, setting new records and impacting more and more families.

In a presentation I heard last week in New York City, Dr. Andrew Kolodny, the
executive director of Physicians for Responsible Opioid Prescribing, said that overdose deaths had increased every year for the past 23 years.

So when we start thinking about the rate of increase slowing down or plateauing, and we can say to ourselves it didn't increase this year, let's not forget that for 23 straight years leading up to 2017, the number went up. And in 2017 -- the numbers aren't all in yet, but we think that it's going to be the 24th year. So I think it's extraordinarily important that we think about all of the decisions that were made during that 24-year period, and to what extent is there some responsibility for where we are now.

A couple of the questions have focused on a number that was mentioned during the State of the State address, the $200 million that will be utilized to address the opioid crisis. A couple of years ago I believe the number was $213 million.

If you look at the chart that I
included in my testimony which shows the amount of funds that go into the local assistance budget -- which essentially is the part of the budget that folks rely on at the local community level for prevention funding, for recovery funding, and for a good part of the treatment funding, particularly for those folks who cannot afford it -- what you'll see this year is a 0.7 percent, one-tenth of 1 percent increase. So one-tenth of 1 percent.

I can't even begin to imagine another state agency that might have a local assistance increase of less than 1 percent. And if it was 2 percent, right, if it was the 2 percent cap that we keep hearing about, it would be an $11 million increase, not a $646,000 increase. Okay? So again, that's indefensible and it's unacceptable.

The trend over the course of the seven years I have on my chart is a local assistance rate that barely keeps pace with inflation. So in all of the years of the increase that we're talking about in overdose
deaths, it's explainable at least in part because we've been struggling to do more with less for an extraordinarily long period of time.

The COLA that everybody's talking about had to be taken out of the budget, which is an incredible thing -- we have to have a conversation, let's take this out of the budget so we can use those dollars for something else. And that's happened year after year after year. So I appreciate that all of you have, you know, raised this as an issue, and it's something that really needs attention.

The workforce needs to be supported. I think it's actually miraculous what OASAS has done with limited resources. When I read the Comptroller's report about gambling -- and Senator Krueger, I appreciate your questions about that earlier -- you think about OASAS is not responsible for the lack of gambling services across the state. They don't have the resources to do that. And if you quiz the commissioner on how many staff
she has dedicated to that issue, I don't think it's too many.

CHAIRWOMAN KRUEGER: Right.

MR. COPPOLA: Workforce is critical.

We're asking for support for prevention, treatment, and recovery. We've got Medicaid rates for our treatment programs that are 14 years old that predate the rates -- those rates predate some of the medications we now have, you know, for medication-assisted treatment, etc.

And I know my time is going to run out momentarily, so I want to leave some time for questions. But it is absolutely unacceptable that we talk about a pandemic of overdoses and addiction, and our response is a flat line of funding that doesn't let us pay our electric bills with the same level of ability that we had 10 years ago. It's not acceptable that our response to a pandemic is flat funding and not supporting our workforce.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: Thank you.
Assemblywoman Rosenthal.

ASSEMBLYWOMAN ROSENTHAL: Hi, John.

We've talked often about the lack of funding. I wonder if you'd describe to the committee what the consequence of this flat funding will be, as you see it, in terms of overdose deaths and other problems.

MR. COPPOLA: Right. So one very concrete consequence is that a mother or a father somewhere in this state who needs treatment for their daughter or their son might go to a program that has an empty bed that their daughter or son could occupy if -- operative word here is "if" -- there were a staff person there to staff that bed.

What has happened over the course of that 24-year period that I talked about is we transitioned from fee-for-service to managed care. The program had to purchase electronic health records, they had to purchase electronic billings, they had to hire billing clerks, they had all kinds of administrative new expenses.

What happened? There was no funding
in the OASAS budget for those things, and so
folks cannibalized existing positions. So
here we are years later. Those positions
have disappeared, folks are not in a position
to hire staff.

And we did a study recently of the
difference between $5,000 and $7,500
statewide, if you take somebody who works in
our field and say they could leave, walk out
the door, go to some other sector of the
healthcare and human service system and get a
job. So it's about waiting lists, it's about
a lack of access to services.

The prevention question earlier about
1700 schools -- we have a workforce of
two-thirds right now of what it was years ago
in the prevention. So it's about lack of
access to services. That's the consequence.

CHAIRWOMAN KRUEGER: Thank you.
Senator Savino.

SENATOR SAVINO: Thank you.

Thank you, Joe. I almost didn't
recognize you. The beard -- it's a totally
different look.
You talked about strengthening the workforce -- he looks totally different -- and I know like this is a field where many people who go into it also have their own experience and they become CASACs, et cetera.

What's the average salary for a CASAC?

MR. COPPOLA: A CASAC's average salary, I think --

SENATOR SAVINO: You know, on average.

MR. COPPOLA: Yeah. I think in downstate, New York City, it's under $40,000. But that includes the fringe benefits.

SENATOR SAVINO: Right.

MR. COPPOLA: And upstate it's worse.

SENATOR SAVINO: And so where would they go -- I mean, so if I, you know, come into this because I have my own addiction background, I decide that I want to become part of the peer support system, I want to become a CASAC -- and then where would I go after that? Would I go to the social work school? Would I maybe go into some other level of the treatment world? Where would I take my experience?
MR. COPPOLA: So a lot of folks who come into the field as peers or as CASACs who are able to stay in the field will get their associate's degree. OASAS has developed a career ladder within the OASAS treatment and prevention system. Unfortunately, as I just mentioned, there's a wage issue that gets in the way.

Very frequently, if people are successful in advancing their education, they leave. They go elsewhere. We've had a number of folks who have left our programs and started to work for the health plans that are now managing our programs. So people who are successful are generally more successful outside the field than they are in, and that's one of the reasons why we have an issue.

SENATOR SAVINO: Right.

MR. COPPOLA: And I think it was mentioned a little bit earlier there's like scope-of-practice issues, like to try to get people to work in our programs to continue to do what they're doing without interference
from State Ed with new regulations. I think that's a huge issue as well.

SENATOR SAVINO: And finally, in the last minute, I spoke earlier this morning with the OMH commissioner. In government, you know, everything is siloed. So you have mental health, you have substance abuse, and then sometimes you'll have another area.

Do you see a problem with mental health professionals, psychiatrists in particular, not recognizing the degree of danger that they're placing their patients in with putting them on medications to help deal with their mental health issues that are also highly addictive?

MR. COPPOLA: So there's a huge amount of education that's necessary, and in part it was caused by the bureaucracy that told physicians that pain medication was not addictive. Right?

So I think that physicians -- you know, requiring physicians to have an education as part of their medical education -- more training hours related to
addiction, understanding what it is,
understanding how to treat it, having
physicians getting their information about
medication from somebody other than
pharmaceutical sales people.

And I would just suggest, frankly,
that one of the things that I neglected to
mention is that when we think about the
pharma fund, I can't imagine that anybody on
this panel would think that it wasn't -- if
we don't have a place to get the money, why
$100 million from pharma? Why not $200
million? And why not money from the people
that are doing the vaping, tobacco, alcohol?
Like somehow we can't go to those folks and
say it's time to have a conversation?

SENATOR SAVINO: Thank you.

CHAIRWOMAN WEINSTEIN: Assemblyman
McDonald.

ASSEMBLYMAN MCDONALD: John, thank you
for being here.

We're going to ask you an unfair
question, so I'm just giving you a heads up
on that. And actually it's a question that
has actually been in all the different types of panels. But you've been very consistent about investment in the workforce. You've been very strong on that for the last three or four years, from my perspective. And at the same token, everyone's been very gracefully saying we appreciate the investment in more beds for treatment, beds for the disabled.

But I guess the question is if we had to make a decision, which one would it be first? What should be our priority? Is it the workforce or is it more beds?

MR. COPPOLA: So we have available beds right now that are empty. And so I would say to you it's workforce. And I would say that seems to resonate with all of the other sectors as well.

ASSEMBLYMAN McDONALD: That's my question, is -- you know, you go back five years ago when I think the Legislature was really grasping the concept, right, that we had a crisis on our hands, and all I heard from people was: There's no place for my kid
to go, there's no place where I can bring
them.

You're out in the field every single
day. You've got to be hearing that call
start to dissipate a little bit, I'm hoping.
Right? That the beds are available more
frequently than ever before.

MR. COPPOLA: Assemblyman,
unfortunately, it's very, very idiosyncratic.
If you're a young woman, 26 years old, and
you want to go to a program that has a
sensitivity to women's treatment, good luck.
You're getting in line -- and I'm not
suggesting that this is not a good
priority -- you're getting in line behind
pregnant women who have an opioid addiction.
Right? That's a priority, and it should be a
priority. But I -- it took me a lot longer
than it should have taken me to help a friend
get a 26-year-old daughter into treatment.

If you're a young person, there are
not a lot of facilities in the state, and
they're not necessarily regionally spaced in
a way that makes it easily accessible. There
are beds, but again, we have to sort of -- I think there's a lot of work to be done.

ASSEMBLYMAN McDONALD: Thank you.

CHAIRWOMAN KRUEGER: Thank you very much.

MR. COPPOLA: You're welcome.

CHAIRWOMAN KRUEGER: Next up to testify is the Association for Community Living, followed by Mental Health Association of New York State -- for those wanting to move up closer -- and then followed by the New York State Conference of Local Mental Hygiene Directors.

MS. LASICKI: Good afternoon, Senator Krueger, Assemblywoman Weinstein, Senator Carlucci, Assemblywoman Gunther, other members of the committee. My name is Antonia Lasicki, and I am the executive director of the Association for Community Living, which is a statewide membership organization of nonprofit organizations that provide housing and rehabilitation services to more than 35,000 New Yorkers who have been diagnosed with serious and persistent mental illnesses
and who are seriously and functionally
impaired by those illnesses and who have
often co-occurring medical conditions,
substance use issues, and many who have mild
DD diagnoses.

My organization is a member of and
helped to launch the Bring It Home Campaign,
a statewide coalition of community-based
mental health providers, mental health
advocates, faith leaders, consumers, and
their families.

I think everybody has talked
extensively about the COLA today. That is
obviously one of our very highest priorities
this year. And just to be clear, the COLA is
not just for workforce, it's for all the
other rising costs in the programs.

So it not only provides increases that
will -- for direct care staff, or DSPs in the
OPWDD world, but also for other staff like
our clerical staff, our HR staff, our finance
staff, our staff who do reporting, who are
entering every single gasoline receipt and
building those reports that we have to do to
the state -- office rent, utilities, 
supplies, telecommunications, software, 
account services, reporting costs, and on and 
on and on.

We are at the point now where my providers are losing money on many of the programs that they operate, and it is a shame that they have to figure out ways to fund raise to plug gaps. I mean, I don't think that the state would buy cars from a car dealership that cost $25,000, tell them, Well, we're willing to pay you 20, you'll have to fundraise for the other 5 per vehicle. I mean, it just doesn't happen.

It doesn't happen anywhere in state procurement, except when they're dealing with human services organizations. We're told: Fundraise. We can't fundraise our way out of this problem. We absolutely need increases.

So -- and I do want to talk about this in the context of housing. So the State Office of Mental Health has five housing models. Three are licensed, and two are unlicensed. And when the commissioner today
testified that there's been $50 million
infused into housing, she doesn't really tell
you the entire story. The licensed housing
has not gotten any of that $50 million
anywhere in the State of New York.

So the licensed housing, which serves
the lowest-functioning clients with the most
needs -- 24/7 supervision, medication
management, ADL skills training, crisis
intervention, all of the things that you have
to do in a community residence -- that
program did not get one dime of that money.

The next level of care is a treatment
apartment, also licensed. Staff go in there
every day, do whatever they need to do to
keep those people -- to keep our clients in
the community. That program got not one dime
of that $50 million.

The vast majority of that $50 million
went to New York City, Long Island, and the
Lower Hudson Valley for supportive housing,
scattered-site supportive housing. That's
one model that was in such big trouble that
it's basically a rent stipend program that
providers were not able to pay -- didn't have

enough money to pay the rent, let alone pay
the staffing and everything else that they
had to pay to meet their obligations.

So they were really trying to figure
out how to solve a crisis that was an
imminent, current crisis. So they put most
of that money there. The first two years it
was scattered-site supportive housing, only
downstate. The third year they extended it
to two other program types in some parts of
the state, and the fourth year they extended
it to the rest of the state.

So the vast majority of the state has
gotten nothing. Two models got nothing.
Only downstate, in three models, got
anything. So that's just to put that into
context. The other thing I -- so what we
really need is we need $163 million infused
into housing that will stabilize all five
models of housing.

We're perfectly willing to think about
this as a plan, not necessarily something
that has to come in the door this year. So
32 million for each of the next five years might work. It is still a current need, 162 million just to stabilize those five models. But we recognize pragmatically how things really work, and so if we need to do a five-year plan, we're willing to do that.

But some of these programs have a Medicaid component. We do not -- they've never been re-based. We cannot do a rate appeal. We have no mechanism to increase those Medicaid rates in any way, shape, or form. The only thing we can do is beg every year.

So I just wanted to point out two charts very quickly. If you look at the charts at the back of my testimony, this green line -- you can see 10 years of our licensed programs, our highest level of care, have not gotten any increases except for that 0.2 percent. And so it's flat funding for 10 years. There's no ability to get any other money into those programs.

And Senator Carlucci, the other thing I wanted to clarify that the commissioners
spoke about -- when, Assemblywoman Gunther, you asked how will the money be distributed, she said, "Well, we're going to look at the fair market rents, and wherever the fair market rents are not quite there, that's where we'll put the money."

But if you look at Rockland County, your fair market rent is $19,188 a year. A client will pay us a little over 3,000. The provider is responsible for 16,092 of the rent. They're paid 15,786. They're not even paid enough to cover the rent of the apartment, and they still have to staff it, administer it, and do everything else that is required. It is not tenable.

ASSEMBLYWOMAN GUNTHER: -- 22,174 --

MS. LASICKI: I'm sorry?

ASSEMBLYWOMAN GUNTHER: 15,786?

MS. LASICKI: Yup.

ASSEMBLYWOMAN GUNTHER: Yeah.

MS. LASICKI: But the fair market rent, after the client pays their portion, is over that, is more than that.

So if you look at this chart, I mean,
this is -- we built a rate where every county
in the state -- and you'll see where the
biggest gaps are. One of the biggest gaps is
Rockland County --

CHAIRWOMAN KRUEGER: Since you've gone
over a minute 33, I have to stop you.

MS. LASICKI: Sorry. Thank you.

CHAIRWOMAN KRUEGER: But I will let
people ask you questions, and that might
elicit the answers.

Senator Carlucci? Any questions?

SENATOR CARLUCCI: Come back.

CHAIRWOMAN KRUEGER: Come back to you.

CHAIRWOMAN WEINSTEIN: Assemblymember
Gunther.

ASSEMBLYWOMAN GUNTER: Yeah, I'm
looking -- so 22,174, the current supportive
housing rate, 15,000 -- so the shortfall of
6,388 -- I just want to make sure I'm reading
it right.

MS. LASICKI: Yes. So the formula is
also in there, how we come to -- each one of
those columns has an explanation in the
packet as well.
ASSEMBLYWOMAN GUNTHER: Okay.

MS. LASICKI: So you can actually follow it through.

ASSEMBLYWOMAN GUNTHER: Okay.

MS. LASICKI: For every county in the entire state.

ASSEMBLYWOMAN GUNTHER: Okay. I got it.

MS. LASICKI: And you can see the shortfall for the entire state is about $74 million. And that's just factual, it's not -- it's just factual. It's just building in a rate, which OMH requires us to do under guidelines and contracts. That's all that's in this rate. And these are a lot of very modest assumptions.

ASSEMBLYWOMAN GUNTHER: And so you're asking for a five-year commitment at what per year?

MS. LASICKI: So about 32 million a year.

So this is one program type. This is only one program type. You have four others. So we did calculations to fill in the
testimony, and in total, for all five models, it would be about 162 million in addition to what the Governor put in of 10. But going forward, it would be 32 million a year for five years would do it; 74 of that would go to this one program type.

ASSEMBLYWOMAN GUNTHER: From your mouth to God's ear.

MS. LASICKI: Hmm?

ASSEMBLYWOMAN GUNTHER: From your mouth to God's ear.

MS. LASICKI: Yes, exactly. From my mouth to God's -- from my mouth to all of your ears.

(Laughter.)

CHAIRWOMAN KRUEGER: Thank you.

Oh, sorry. Senator Carlucci.

SENATOR CARLUCCI: So just to follow up -- thank you -- I know we've spoken about these issues before, and so when we talk -- when we look at this chart that you gave us and we look at Rockland County as an outlier here -- they're all in bad shape, obviously, but Rockland's a little higher -- and we see
that the fair market value in Rockland is,

you know, on par with what we're giving the

same in Staten Island.

MS. LASICKI: Right. New York City, Rockland are the same fair market rents. HUD just determined -- HUD determines those rents.

SENATOR CARLUCCI: Right. And then so what is the current supported housing rate? What is the lag in the formula there? What would we really be looking at in terms of, okay, well, fair market rate is the same in these counties, but yet our rate that we're reimbursing is different.

MS. LASICKI: Right. So OMH does not peg -- OMH doesn't really have a formula. And that's been one of my issues for years and years and years. What formula are you using to create your rate that you're paying people?

So they don't really have one. They started the program in 1991, and for 10 years they didn't give them any increases at all. Then I fought, we got a little bit, so you
can look at -- so it just builds on what went
in the past. There's been no -- nobody has
looked at it from an objective point of view,
created a formula and said, This is what we
require the providers to do, this is how many
staff we require them to have, so this is
what it comes out to.

It's very simple to do. We did it.
And OMH could do it as well, but they don't.
What they do is they just give us a little
bit over what they gave us the year before.
And eventually we're falling so far behind --
because in many years we got nothing -- that
it's untenable now. Providers are giving
back beds, providers are saying, I am not
going to do this anymore.

And the new beds -- there's a new
initiative called ESSHI that is all funded at
a much higher rate. It's all new, and it's a
higher rate, but they're chipping away at the
problem of the 40,000 units of existing units
of housing. And they're not going to get
there fast enough before the whole thing
collapses. It's going over a cliff.
Providers are going to give them back, they'll take the new ones -- they'll develop the new ones and they'll give back the old ones. It doesn't really make sense. It's two steps forward, one step back.

SENATOR CARLUCCI: Thank you.

CHAIRWOMAN KRUEGER: I've actually told providers that's what they should do.

MS. LASICKI: I'm sorry?

CHAIRWOMAN KRUEGER: I've actually told providers that's exactly what they should do. Give back the old ones and get the new ones at more reasonable rates. Because this is a crazy system.

MS. LASICKI: Yeah.

CHAIRWOMAN KRUEGER: So thank you very much for testifying today.

Next up, Mental Health Association in New York State. I guess as opposed to "of New York State."

(Laughter.)

MR. LIEBMAN: I've only been getting that for 16 years.

CHAIRWOMAN KRUEGER: And for people
tracking at home, followed by New York State
Conference of Local Mental Hygiene Directors,
followed by Families Together in New York
State.

Hi.

MR. LIEBMAN: Good afternoon. Hi.

CHAIRWOMAN KRUEGER: Didn't we just
see you the other day?

MR. LIEBMAN: I'm everywhere. I try
to be.

(Laughter.)

MR. LIEBMAN: But thank you very much.
I appreciate this opportunity. My name is
Glenn Liebman. I'm the CEO of the Mental
Health Association in New York State. As I
said, I've been here for 16 years. We have
26 affiliates in 52 counties throughout
New York State. Many of our members provide
community-based mental health services.
We're involved in housing, we're involved in
a diversity of services. We also provide a
lot of education, training, and advocacy in
the community as well. Our organization is
very mission-driven.
So our mission is specifically around public awareness about mental health and ending the stigma of mental illness. And as Wendy referred to earlier, we were very involved with the mental health tax checkoff. First in the nation, Mental Health First Aid funding. We are one of the most highly funded states in the country around Mental Health First Aid, which is greatly appreciated. We have a license plate bill in New York State -- no other state has a license plate bill for mental health public awareness. And the most important one of all, from our perspective, is now New York is the first state in the country to mandate having mental health education in schools.

So we thank you for all that. We really needed your support, and it meant a lot to us.

So because of our mission, we actually cover a lot of issues. We're covering 13 issues today, but I'm not going to talk about 13 issues today, I'm only going to focus on two specifically. And you can see from my
testimony we do talk a lot about a lot of
different issues that were brought up by my
colleagues as well. But the focus is on two
issues. One thing that I don't think you've
heard about today at all is a COLA.

(Laughter.)

MR. LIEBMAN: A little late in the
day, a little humor. But I think you have a
universal message from people across the
state, from providers across the state, from
advocates across the state, all of us are
speaking with one voice on the need for a
cost of living adjustment, the 2.9 percent
human service COLA based on the CPI.

You know, this has been -- and I like
what John Coppola said, this was a conscious
action to take this -- this language was in
the budget around the COLA, it's language in
the budget every year. So this was a
conscious action to take that language out of
the budget. And what that means is for most
of the last 10 years, this has been not
withstood.

So I envision, as a mental health
advocate, what -- again, it's human service,
but as a mental health advocate, had we had
this funded, had we had this over
$700 million funded, what would it have
helped in terms of our mental health crisis
in New York State? Think about what it would
do for homelessness, suicide prevention, the
opioid epidemic, the incarceration of
individuals with mental health issues,
housing, and so much more.

Our members and our colleagues are
innovative and nimble. They will do whatever
it takes to help someone in a mental health
crisis to provide safety, support, and
recovery. We can only imagine what funding
would have done to enhance our workforce and
help defray the costs of running an agency.
And I think Tony did a great job of talking
about all the administrative components of
running an agency.

But we can't look back. We're not
looking back, we're looking ahead and urging
your support for the COLA to help stop this
mental health crisis in New York State. I
think people articulated it well all day.
You all articulated it very well also.
And one thing I just want to point out
about the COLA is this is also a social
justice issue. Because if you look at the
breakdown of the nonprofits, of the human
service nonprofits, 81 percent of them are
women, 41 percent are people of color, so
it's clearly a social justice issue as well.
And if you look at the last page --
and I think Andrea did a great job around
this when she was asked about the survey that
we did around behavioral health, community
measuring turnover. And I think, Senator
Savino, you said it -- you saw this, that we
have -- when we did a survey of all the
nonprofit workforce in the behavioral health
sector, we have 34 percent turnover on a
yearly basis. Thirty-four percent turnover.
How can you develop collaborative
care, coordinated care for individuals, when
one-third of the people they're working with
on a daily basis are leaving for another job?
So that is something that we have
great issues with. But again, like everybody else, I'm just echoing what everybody said about the 2.9 percent. We really hope that you can help us make that happen this year.

The second thing I want to talk about, and just briefly, is around mental health education. This is a huge piece for us and I think for the entire community. The Governor signed this law two years ago and started implementation in July, but really it started in September when the school year started.

New York is the first state in the country to mandate mental health education in schools. We have received inquiries from across the country about this, and across the world as well. And I really want to acknowledge a lot of great folks, but specifically Assemblymember Gunther, who was able to work with us in terms of funding to create a school mental health training and resource center. We really appreciate it.

Our folks have done, I think, a great job with it. What the resource center does is it goes out there, it provides mental
health education resources, curriculums, lesson plans, and technical assistance to schools across New York State. Since September when it started, we have engaged with over 50 percent of schools in New York State from K-12.

Our folks have done a fabulous job, and we've received the support of the education community leaders. I know the Education hearing, which was yesterday -- and I know that mental health was a key issue from all the major groups around the state. They recognize this is a major issue --

CHAIRWOMAN KRUEGER: No, don't turn the page over. I'm cutting you off. I'm sorry.

MR. LIEBMAN: What's that?

CHAIRWOMAN KRUEGER: I'm cutting you off. So don't turn your page over.

MR. LIEBMAN: Oh, I've got one great sound bite.

(Laughter.)

CHAIRWOMAN KRUEGER: A sound bite.

MR. LIEBMAN: A sound bite. Quickly.
We spent $22,000 per year per student in New York public schools, $22,000. If we included the resource center, which our ask is $1 million, it would add an additional 33 cents a year. That's it, 33 cents for all the things I just talked about in terms of what it would do in terms of lesson plans, resources --

CHAIRWOMAN KRUEGER: Thank you --


CHAIRWOMAN KRUEGER: Thank you.

MR. LIEBMAN: Right.

CHAIRWOMAN KRUEGER: Thank you.

Any questions? David Carlucci.

SENATOR CARLUCCI: Well, thank you, Glenn --

MR. LIEBMAN: Hey, Senator.

SENATOR CARLUCCI: -- and good sound bite.

MR. LIEBMAN: Thank you.

SENATOR CARLUCCI: So I was going to ask in regards to the work that the Legislature and the Governor has done last
year in being the first state in the nation
to mandate mental health education in
schools, and wanted to ask you the next
steps. What do we need to do to build upon
that?

MR. LIEBMAN: Well, I think that
that's a good question. I think that there
are a few different things. I think that
what we've noted is that teachers themselves
have -- because we have an instructional
piece within our resource center where
teachers are striving to try to get more
information about mental health.

A lot of teachers don't know a lot
about mental health, and we don't want
teachers to become clinicians. They already
have so much to do. But I think what we want
to see is we want teachers to have a basic
knowledge -- like at least a Mental Health
First Aid-type knowledge about mental health.

And when they're dealing with the
students, we're dealing with a lot of
students in crisis -- 22 percent of our
students in the schools have a mental health
crisis; I mean, a need for mental health
services on a daily basis -- so we have to
really ramp up and try to make sure that
teachers get better instructions. And
frankly, we also need more clinical people in
school. We need more social workers, we need
more clinicians, we need more psychologists
in school as well.

SENATOR CARLUCCI: And I really
appreciate your written testimony, I know you
don't have time to go through it all today.
You mentioned some of these programs --
Mental Health First Aid, you mentioned the
Dwyer program, that's a PTSD peer-to-Peer
veterans program that's been eliminated from
the budget that we've got to make sure we
restore --

MR. LIEBMAN: Yup. Yup.

SENATOR CARLUCCI: -- and you also
talk about crisis intervention teams.

And maybe you could talk about, in
your experience, how important this is and
maybe your concern about, you know, we've
talked about the need to make this
universal --

MR. LIEBMAN: Right.

SENATOR CARLUCCI: -- that this would be something we should have statewide.

MR. LIEBMAN: Absolutely.

SENATOR CARLUCCI: Yet we're fighting just to get the small portion of it back in the budget. Can you just talk to us a little bit about what that means --

MR. LIEBMAN: Sure.

SENATOR CARLUCCI: -- and what you think?

MR. LIEBMAN: Sure, and I appreciate that.

I think, you know, thankfully, you know, the Senate -- and I know it started with you, when you were initially chair, that you were able to fund CIT, and that was greatly appreciated. I know the Assembly has as well, and I think that really helps us a lot. But again, as you said, it's a great program, it's evidence-based, around the country. But what's happening is because it's coming from the Legislature, it becomes
more piecemeal.

We'd love to get it in the budget, annualized, because I think that we're all recognizing how it helps in terms of responding to crises, how it engages families, how it engages peers, and how frankly law enforcement embraces it.

So I think any way we can get more resources out there for it, you know -- again, ideally I'd love for it to be in the budget, and then if there was an additional add from the Legislature, that's great. But I'd love to see it.

SENATOR CARLUCCI: Right. I'd love to work with you and other advocates and make this a more solid, normalized program --

MR. LIEBMAN: Sure.

SENATOR CARLUCCI: -- and not -- you know, it's a pilot program from -- it's been piloting for years --

MR. LIEBMAN: Right.

SENATOR CARLUCCI: -- and we know it works.

MR. LIEBMAN: Right. It absolutely
SENATOR CARLUCCI: So let's expand it.

MR. LIEBMAN: As a matter of fact, they have their meeting today, today and yesterday, and they're talking about how it's working around the state.

SENATOR CARLUCCI: Okay. Thank you.

CHAIRWOMAN KRUEGER: Thank you.

CHAIRWOMAN WEINSTEIN: John McDonald.

ASSEMBLYMAN MCDONALD: Glenn, thank you for your testimony.

And again, you know, you mentioned the four-letter word COLA, which has been a constant theme. And I have a question because, as you know, I'm a provider, so I work closely with the direct services professionals.

MR. LIEBMAN: Right.

ASSEMBLYMAN MCDONALD: They're phenomenal people doing God's work. And as much as we're focusing on the COLA, which is critical, I have to ask you this question I should have asked the other 22 that came
before you -- or, excuse me, 15.

A lot of times when I talk to the folks, I say, Well, why do you work there? Well, I love the job, I love the mission, I love the people and the consumers. And I need health insurance.

And if you were able to just pick a number out of the air -- a lot of these individuals do work full-time. And I imagine the agency is responsible for providing the health insurance.

MR. LIEBMAN: In most cases, yeah.

ASSEMBLYMAN McDONALD: And that's a huge cost that -- that's a huge cost that drags down the agency.

MR. LIEBMAN: Mm-hmm.

ASSEMBLYMAN McDONALD: You know, some people tend to try to make the agency executives and leaders the problem, but the reality is -- and somebody else was mentioning earlier -- Toni, I think it was you, yeah -- you know, we've got to -- you know, whatever -- coordinate the care, this and that. Well, the health insurance is no
small cheap thing. That's got to be 40 --
you know, as a former mayor, it used to be
30 percent of an employee's salary --

MR. LIEBMAN: Sure.

ASSEMBLYMAN MCDONALD: With the
salaries they're paying here, it's got to be
40, 50 of the salary.

MR. LIEBMAN: Oh yeah. Yeah.

ASSEMBLYMAN MCDONALD: And I don't
think that should be lost in this overall
discussion, is my point.

MR. LIEBMAN: And so well said,
Assemblyman. Because what we were talking
about with the 2.9 percent is, again, it's
not just for workforce, it is for the
administrative fee, it is for those costs.
You know, again, my members are always
talking about, God, what are we going to do?
We've got to pay increased health costs,
insurance costs for a myriad of different
things.

So I think it's really important what
you're saying in the context of this
2.9 percent -- again, this is a step forward.
It's hardly a panacea, but it's a step forward. But I think you're absolutely right.

ASSEMBLYMAN McDONALD: Thank you.

MR. LIEBMAN: Thank you.

CHAIRWOMAN KRUEGER: Thank you for your time.

MR. LIEBMAN: Sure.

CHAIRWOMAN KRUEGER: And our next testifier is New York State Conference of Local Mental Hygiene Directors, Kelly Hansen, followed by Families Together in New York State, followed by Heritage Christian Services.

Good afternoon.

MS. HANSEN: Good afternoon. Thank you, distinguished members of the Legislature -- saved 20 seconds there. My name is Kelly Hansen, and I am executive director of the New York State Conference of Local Mental Hygiene Directors, "mental hygiene" meaning we oversee all three of the disability services under the Mental Hygiene Law. My members are county officials, and
they are responsible for development,
oversight, planning and implementation of
integrated local services for adults and
children in the community affected by mental
illness, substance use disorder, and
developmental disabilities.

I'll talk to you about two things
today in the budget. I also want to clarify
some of the information provided before in
terms of the status of the funding to provide
jail-based SUD services.

We as county officials are very
supportive of the Bring It Home Campaign that
Toni Lasicki spoke about in terms of being
able to stabilize and make sure that there's
long-term viability of the housing stock
right now.

Our members, the county officials,
locally operate the AOT program, the assisted
outpatient treatment. It's court-ordered
outpatient treatment. Housing is a critical
component of that. And these are individuals
who are very high-need -- discharged from
prison, discharged from psychiatric centers,
a very high, long history -- that need a lot of supports.

The people we care about never need one service, and their conditions, physical and behaviorally, have become much more complex. And the rate that is reimbursed -- under-reimbursed -- of costs is just unacceptable, and it's extremely difficult for our members trying to place someone who's on an AOT in housing that is sufficiently staffed and helpful and safe for the individuals and for the staff as well.

We also support the COLA. That's all I'll say about that.

The last piece that I want to talk to you about is an initiative that the conference initiated last year to request funding to be able to provide substance use disorder treatment and transition services in the county jails. We did this with the New York State Sheriffs Association. But, you know, as part of the oversight of an integrated community, my members have linkages to housing, linkages to DSS and
social services, linkages to criminal justice
and forensics, and routine ongoing and daily
communication with the jail, with the county
jail and jail administrators. And we knew
that we were seeing the same people coming in
and out, in and out, screening positive for
substance when they arrived and seeing them
coming back in again.

So we looked at this and said, Well,
there's three problems with this. Number
one, we're not offering treatment at a time
that is -- where someone is experiencing
abstinence and might be most receptive to
treatment. We're missing a huge opportunity
here. And we know too that the -- you know,
with your support, the state has put a
tremendous amount of services in the
community, and that's fantastic. There's
services there now that weren't there four
years ago. Never enough, but there's
services in the community.

But we know that individuals with
substance use disorder come in contact with
the criminal justice system. We know that.
And so the donut hole in the middle was the jail. So when we did our survey and our study with the Sheriffs Association, we asked them: On this particular day, of the number of individuals who screened positive upon processing who are in your jail, what percentage have been in your jail before? And it was 68 percent. Not any jail, their jail. Sixty-eight percent.

So what we also found is when you're looking at all the jails across the state, over half of them had no funding -- nothing -- and no services to provide any treatment services other than maybe AA and NA. No treatment services and no transition services. That time, upon reentry, is an extremely critical time. The risk of overdose is -- we've seen numbers anywhere from 12 percent up to 40 percent of risk of death by overdose in the first two weeks after reentry.

This warm handoff cannot be stressed enough. But over half of the jails had nothing.
So we lobbied heavily. We have a white paper that provides a lot more detail. And we were able to secure 3.75 million in the enacted budget last year for the money to go through the counties, county mental health commissioners, and to provide a variety of services based on where you are in developing your treatment. You could bring in a CASAC, you could bring in a peer.

You know, I visit a lot of jails as part of this project. And every time you go in there, the most important person is the peer. And, you know, we just can't stress enough how important that is.

But this funding could be used for peers, CASACs, it could be used for group counseling, individual therapy, relapse prevention. It could be used for medication-assisted treatment. Any of those services.

But we're asking for a total of 12.8 million to be able to fund the rest of the counties. This is outside New York City.

So what you have in front of you is
our full budget ask, because we're asking to
phase into 12.8 million. So this first year
of funding -- and it's based on average daily
population of a jail -- you can see Nassau
County, 1100 inmates, $60,000. That's not
going to buy much in Nassau County.

So you can see these here. Senator
Seward referred to it before; there was a lot
of discussion around how that money would be
distributed. We are glad to see it started.
This was -- the 3.75 is included in the
Executive. What we're asking you to do is
put another 3.45 on the mental hygiene table
to bring us to 7.2 million next year, and
we're going to come back to you again to be
able to bring it to 12.8 the year after.

So I see I have the red light already.

That went really quickly. So at this point
I'm happy to answer any questions you may
have. And thank you for your time.

CHAIRWOMAN KRUEGER: Thank you.

David?

SENATOR CARLUCCI: Well, thank you for
your presentation. And I know we've spoken,
and look forward to working with you on this initiative. I think it's very important. So
thank you.

MS. HANSEN: Thank you. We'll have
good things to report.

ASSEMBLYWOMAN GUNTER: So, Kelly,
some of the counties -- and one that I'm involved in, I'm in Sullivan County -- are working on a new program. I think it was
created in upstate New York where somebody that is being arrested for drugs, that they have either a go-to-jail ticket or a
go-to-rehab ticket, and instead of these police officers bringing them to jail, we are now bringing them to a safe place where they can get rehab.

And I think that we're going to save boatloads of money. And I think that we should do this throughout the State of New York.

MS. HANSEN: I did not plant that question, but I'm so glad you mentioned it.

It's --

ASSEMBLYWOMAN GUNTER: Well, we have
an interdisciplinary group in Sullivan County --

MS. HANSEN: Right, the Stabilization Center.

ASSEMBLYWOMAN GUNTHER: -- and we sit on a weekly basis that -- from Catholic Charities down the road. And we're making it known to the community, if you don't want to go to the jail and you want to get help, we're here. And they'll take them within a certain radius. We have Catholic Charities and, you know, it's working out very well.

And I think if we work together, we save money and keep people out of jail.

MS. HANSEN: Exactly. And Dutchess was the first county that did this. In fact, they used somebody --

ASSEMBLYWOMAN GUNTHER: No, it wasn't. No, there was someone -- no, it wasn't. There was somebody in way upstate New York.

MS. HANSEN: Jefferson is doing it. Suffolk is putting together a stabilization center. The point is diversion.

ASSEMBLYWOMAN GUNTHER: Yeah, and
that's what we're doing. And I just think that's an important thing, and putting more money into that too.

MS. HANSEN: Absolutely.

CHAIRWOMAN KRUEGER: Thank you very much for your testimony today.

MS. HANSEN: Thank you.

CHAIRWOMAN KRUEGER: Appreciate it.

Next we have Paige Pierce, Families Together in New York, followed by Heritage Christian, followed by Research for a Safer New York, and followed then by Self-Advocacy Association.

Hi.

MS. PIERCE: Good evening. Hi, I'm Page Pierce. I'm the CEO of Families Together in New York State.

Families Together is a family-run organization that represents families of children with social, emotional, behavioral and cross-systems needs. We represent thousands of families across the state whose children have been involved in many systems, including mental health, substance abuse,
special education, child welfare and juvenile justice.

Our board and staff are made up primarily of family members and youths who have been involved in these systems, including myself. As those who know me know, I have a son who's almost 28, and so for 25 years I've been advocating for him. He's on the autism spectrum; he was diagnosed when he was three. And our philosophy is "nothing about us without us," meaning that families and the young people that we're talking about have a voice that can be really helpful as you guys develop policies and budgets that are going to affect our kids and families. So we want to be a resource to you and, you know, partner with you.

Over the years I've talked to you about funding for redesigning the children's Medicaid system, and I have participated in the Medicaid Redesign Team for Children's Behavioral Health, in which we spent many, many years developing a set of services that the commissioner, Commissioner Sullivan,
talked about earlier, the Child and Family Treatment and Supports services. It's a mouthful.

But that is the set of six services that are new that just are coming online this year, in 2019, that the commissioner talked about. They include things like family peer support and youth peer support. They're provided in the home and in the community. And they're up to age 21. I forget who asked that question of the commissioner, but that's the answer, is up to age 21.

So while these are wonderful services, the workforce and infrastructure to provide these services is at risk. While our children themselves are experiencing a behavioral health crisis, with increasing numbers of anxiety, depression and suicide and an addiction crisis that shows no signs of slowing, the system that's meant to meet these needs is experiencing a crisis of its own.

You've heard a lot today about the COLA, and that's why we stand with the entire
behavioral health community in support of the 2.9 percent COLA for the human services sector. The not-for-profits in the behavioral health community are on the front lines every day. And as Glenn pointed out, over 80 percent of the human service workforce is comprised of women, and over 40 percent are individuals of color. Many of these individuals are working one or two additional jobs.

I want to talk quickly about mental health services in schools, because that's been brought up several times today. We are always, always supportive of that and have wanted -- have spent a lot of time advocating for that. That's where our children are for most of their waking hours. It's important.

It's also important -- and is not done very much right now in New York State -- it's important to include families in that, because the rest of their waking hours are spent with us. And if we don't have the support and the kind of -- not only the mental health services that the kids might
get in schools, but the information about
tools to navigate our world today, we won't
be able to be partners in helping our kids,
you know, reduce the rate of suicide attempts
and the rate of anxiety and depression in our
teens.

So if there's one message that we want
to make sure is clear, it's that mental
health services in schools should incorporate
family involvement and family participation
so that it can be carried over into the home.

And lastly, I just want to reiterate
what Andrea Smith talked about with
incorporating the Children and Families
Treatment and Supports into Child Health
Plus. This is also a really vulnerable
population. They're right on the cusp of
poverty and shouldn't be left out of those
important services that we worked so hard to
incorporate into Medicaid.

And as Senator Krueger pointed out,
you know, the evidence is clear that exposure
to childhood trauma, known as Adverse
Childhood Experiences, ACEs, can lead to poor
health, mental health and socioeconomic outcomes later in life. We must put our children first. We must invest in services that strengthen families and help young people reach their potential. What we do now will impact entire generations moving forward.

CHAIRWOMAN KRUEGER: Thank you very much, Paige.

Any questions?

Thank you for your testimony.

MS. PIERCE: Thank you.

CHAIRWOMAN KRUEGER: And I'm quickly changing the order of testifiers. Please bear with me. We're moving up the Self-Advocacy Association because there's some transportation time frame. So Shameka Andrews and Arnold Ackerley.

And then we will be following them by Heritage Christian and Research for a Safer New York. Thank you.

ASSEMBLYWOMAN GUNTER: Shameka, you have been so patient. Unbelievable.

(Laughter.)
MS. ANDREWS: Well, I appreciate your
time today, members of the Assembly and
Senate. My name is Shameka Andrews. I am
the community outreach coordinator for the
Self-Advocacy Association. And I am joined
today by Arnold Ackerley, our administrative
director.

The Self-Advocacy Association is an
organization that is run for and founded by
people with developmental disabilities. Our
board of directors is made up of 18 members
which all have developmental disabilities.

Since the day we were founded in 1986,
we have advocated for what we call inclusive
communities. And today, as part of my
testimony, I'm going to highlight some of the
elements that we think are important to have
a successful inclusive community.

Number one -- that you've heard many
times today -- is housing. Affordable,
accessible housing -- not only for people
with disabilities, but for all -- is so
important to be successful in the community.
Lack of affordable, accessible housing leads
to homelessness, leads to people being sent into nursing homes unnecessarily, which leads to higher costs for the state and poorer health outcomes for individuals.

The next thing that we've heard time and time again is the importance of our direct support professionals. Direct support professionals play such an important part in the lives of people with developmental disabilities, including myself. Without my direct support professional, who helped me get out of bed today, who helped me get ready today, I would not be here to sit here since 9:30 this morning.

(Laughter.)

MS. ANDREWS: So that is -- they play an important, vital role in every member of the population.

So in order -- if we care about the quality of life for people with developmental disabilities, we need to care about the quality of life for the direct support professionals, and we need to put our money where our mouth is.
Next I wanted to talk to you about transportation. Another -- you know why I had to be moved up today? Because I have to get home. I always say -- I have said this for years and years when it comes to transportation for people with disabilities, and I'm sick of saying it personally. When it comes to transportation for people with disabilities, you are in one of two categories: Either you have lousy transportation or you have none.

That is unacceptable. And it needs to be -- something needs to be done about it now.

The next thing is cuts to Medicaid. For people with developmental disabilities -- I'll tell you a personal story of my own. For years I have had issues getting the services and the equipment that I need from Medicaid. Last summer I was house-ridden. And those of you who know me know that that is torture. I was bedridden for the entire summer because my wheelchair -- the repairs to my wheelchair would not get funded. The
entire summer.

I remember the very first time that I did a testimony like this, I was in an elevator with Assemblyman Bob Reilly. And at that time I was waiting for six months for new batteries for my new chair. Six months. This is unacceptable. Again.

So vitally important, Medicaid, to the success of people living in the community.

Finally, the importance of individuals with disabilities being seen and being accepted and being recognized as vital members of their community. We ask that the Legislature support a disability awareness campaign that recognizes the accomplishments of those with developmental disabilities.

I've saved one final thing. I'm going to leave you with this. As I was preparing for this testimony today, I realized that I have been an advocate for 20 years. And for 20 years I have asked for accessible housing, for accessible transportation, for money to support direct support professionals. And I'm going to leave you with a saying from
Larry the Cable Guy: "It's time to get 'er done."

Thank you for your time.

(Laughter; applause.)

ASSEMBLYWOMAN GUNTHER: I will say --

John McDonald's here, and I think you're his constituent. And if you have a problem again like that, you should call the Assembly office.

Because you know what, we kind of -- I have a very large disabled community in our area. I have the ARC, I have The Center for Discovery, New Hope, I've got a -- so we're used to bugging people. You know? And we're horrible human beings when it comes to bugging people. My friends up there will tell you that.

MS. ANDREWS: Yes. John and I have had lots of conversations.

ASSEMBLYWOMAN GUNTHER: Yeah. Well, sometimes it does help. And it shouldn't be that way. They should service each and every person with a disability as soon as they need it. But sometimes people need encouragement,
and that's what we're here for.

MS. ANDREWS: Absolutely.

Thank you.

CHAIRWOMAN KRUEGER: David Carlucci.

MS. ANDREWS: Oh, I'm so sorry.

SENATOR CARLUCCI: No, no. Shameka, thank you. And Arnold, thank you. And thank you for your testimony here today.

And I would just echo what Assemblywoman Gunther said. Of course, that's an absurd situation that you were put through. And knowing you and your advocacy, if it's happening to you, it's going to happen to anyone.

MS. ANDREWS: Absolutely.

SENATOR CARLUCCI: And I just don't even know what to say to that. I mean, six months waiting for batteries. I mean, we've got to look further into that and see what we can do to make sure that that's not happening in the future. Which we know, unfortunately, so many cases are happening that we just never hear about.

MS. ANDREWS: Absolutely.
SENATOR CARLUCCI: And I'd love to
work with you further on the developmental
disabilities awareness campaign that you
speak of. Is there something maybe you could
tell us a little further about how you
envision that program to work?

MS. ANDREWS: Yes. Actually, I can
share with you actually a plan similar. In
the New York City area, they recently
developed the Disability Pride Day. I have
talked -- I personally would like to see
something similar up here. And we can
definitely talk about that, you know, at
another time.

SENATOR CARLUCCI: Okay. Thank you.
Appreciate it.

MS. ANDREWS: You're welcome.

CHAIRWOMAN KRUEGER: Thank you very
much. Thank you. Good luck with your trip
home.

MS. ANDREWS: Thank you.

CHAIRWOMAN KRUEGER: Heritage
Christian Services, followed by Research for
a Safer New York.
MR. BIELEMEIER: Good afternoon. To
the chairs and the committee, thank you for
offering me a little bit of time to share.

My name is Drew Bielemeier, and
24 years ago I started as a direct support
professional in an organization called
Heritage Christian Services. I found the
work to be very meaningful, purposeful and
important, and I've dedicated the next
25 years to that work.

Today I work as a senior vice
president there, and we serve thousands of
individuals with intellectual and
developmental disabilities in the Rochester,
Finger Lakes, and Buffalo areas of our state.

My first real job was when I was
17 years old, at Newark Developmental Center
in upstate New York. And I was fortunate to
have that experience, because I'm able to
firsthand see the transformation that
New York has gone from institutional care to
community programs to truly empowering
individuals like Shameka to have
self-directed programs in their lives.
And we should all take credit for those accomplishments and celebrate. But we know that that progress is in jeopardy. Right? It really is, and you know it, because of the workforce crisis. That crisis is going to hold us back from achieving the equality we want for all citizens of New York State.

And I was bewildered to come up here to think about the lives that I try to change, that I actually have to come and advocate that in New York, in 2019, that we pay people that support other people a living wage. And today we pay people who pick up our garbage or people who flip our burgers more money.

I will say I was a bit cheered up, though, by this group. Senator Savino, we have never met, but keep those lectures coming.

(Laughter.)

MR. BIELEMEIER: To feel the support, to hear your good questions, to know you're knowledge-based -- I'm going to take clips of
this hearing and show it to our direct
support staff so they know that they've got
support from some people. Now, how, how do
we take that support and create real change
with it?

I'm only going to reinforce a few
other points that have already been made, but
we have compounding factors. The care gap.
The number of people who need care keeps
growing. The number of people to provide it
has flat-lined. It's only going to get
worse. So if we don't invest now, we've got
bigger challenges down the road in the
future. Right?

Demographics. We know the
demographics. More people are leaving
New York and leaving New York. So that is a
factor in all of this. And of course
unemployment is at all-time lows.

And then we've talked about it today
the minimum wage and the minimum wage for
fast food. Right?

So jeez. And then we look at the
social justice. We've got an agenda on
social justice. And as a few other of my
colleagues mentioned before, 80 percent of
the people doing this work are women? And 40
to 50 percent are African-American or Latino?
And many live in poverty? Thirty-eight
percent of single moms in New York today live
in poverty. And we know the starting wage
for a direct support professional is below
the poverty line for a single parent. Where
are we going with that? Right?

So I ask you and implore you to
continue your journey, because I can feel it
within all of you today: The support of the
COLA and the support of a living wage for the
direct support workforce -- not just today,
but into the future. It's also a wise
business decision. And I believe you already
know that. You've quoted overtime rates.
You've quoted turnover statistics. Those are
money that's nonvalue money. It's not being
used appropriately.

So let me just share a story, because
you can read the testimony. Five years ago I
was at the high point of my career. We had
really opened up services so that people
could have customized supports and services.
And when I'd see an individual with an
intellectual disability, they'd share to me
what their goals are and what they're working
on in life. I might be moving into my own
apartment. I might be sharing a home. I'm
looking for employment. What a menu of
options.

I'd see the direct support staff, and
they'd be excited about the difference they
were making, and they could see not
necessarily a career ladder, but a ladder. I
think a career ladder needs a real living
wage. But there were choices and
opportunities for promotion.

And you'd talk to families, and they'd
be struggling with their family member having
a little bit more freedom in the world, but
they were genuinely excited.

Today I see those same people, and the
individuals receiving services say "I can't
get that community hab today. I can't find
the staff." Or the person I formed a really
I run into family members today -- and this was the worst one. It was six months ago, and it was a mom I've known for 20 years. And she was in the hospital on her last days. And she grabbed my hand, and with tears in her eyes she explained the fear that she had for her son. Because she thought his future was more uncertain now than ever before.

So with that, I know we have your support, so I am preaching to the choir. But please, I implore you to continue to work with all your colleagues to see if we can have some real outcomes out of this.

And the last side point, we are also a fiscal intermediary within the CDPAP
provider. So we provide all those --

self-directed, OPW and CDPAP.

And I would support the other concerns
you've heard from the community and others
regarding the changes to CDPAP. We do see,
if those changes happen as what's in the
budget today, that they would have a negative
impact on the quality of life for people.

Thank you.

CHAIRWOMAN KRUEGER: Thank you very
much.

Any follow-up questions? No. You
were very inclusive, so thank you very much.

MR. BIELEMEIER: Thank you.

ASSEMBLYWOMAN GUNThER: Thank you so
much.

CHAIRWOMAN KRUEGER: And now for the
last, but don't take it personally, presenter
for this -- it's still afternoon, not
evening -- Research for a Safer New York,
Inc.

Ken Robinson?

MR. ROBINSON: Good afternoon.

CHAIRWOMAN KRUEGER: Good afternoon.
MR. ROBINSON: My name is Ken Robinson, and I am the executive director of Research for a Safer New York.

Research for a Safer New York is a consortium of harm reduction providers and has been established to oversee a pilot research study in the form of operation of overdose prevention centers in New York State.

Overdose prevention centers, or OPCs, are facilities that allow people to consume pre-obtained drugs under the supervision of trained staff. They are designed to reduce the health and public disorder issues associated with public drug consumption. OPCs are also called supervised consumption sites, safe or supervised injection sites, and drug consumption sites.

Overdose prevention centers first emerged in the Netherlands in the '70s. Today, there are approximately 120 OPCs operating in at least 10 countries around the world, including Australia, Canada, Denmark, France, Germany, Luxembourg, the Netherlands,
Norway, Spain and Switzerland -- but none in
the United States.

OPCs can play a vital role as part of
a larger public health approach to drug
policy. They are intended to complement, not
replace, existing prevention, harm reduction
and treatment interventions.

Some of the benefits of OPCs are
successfully managing on-site overdoses and
reducing drug-related overdose deaths; saving
costs due to reduction in disease, deaths,
and need for emergency medical services;
reducing public disorder and public injecting
while increasing public safety; increasing
entry into substance use treatment; reducing
the amount and frequency that clients use
drugs; reducing HIV and hepatitis C risk
behavior, such as syringe sharing and unsafe
sex; and increasing the delivery of
lifesaving medical and social services.

I am here to ask both the Senate and
the Assembly to authorize this two-year
overdose prevention center pilot study and to
include $3 million for the first year of
fun

ding. As you all know, and as we've heard repeatedly today, we are in the throes of an opioid-induced public health emergency. Over 70,000 Americans died of opioid overdoses in 2017. This is more than car crashes, HIV, and gun deaths combined.

Despite increased spending on drug treatment, deaths from overdoses increased 71 percent in New York State between 2010 and 2015. That annual death toll continues to rise. With 3,894 preventable deaths from opioid overdoses in New York State in 2016, a 29 percent increase over the prior year. This is 3,894 funerals, 3,894 New York families permanently torn apart. Why would we not be willing to authorize this tried and true evidence-based practice?

Esteemed Senators and Assemblymembers,

I implore you to authorize and fund this vital two-year pilot study, including 3 million for the first year of operation. As you know, 3 million is a tiny percentage of New York's budget. Ultimately, the bottom line is that this is about saving human
lives. I am here asking you not only as a 
compassionate and concerned New Yorker, but 
also as a former IV drug user that has been 
clean for 20 years. This is an issue near 
and dear to my heart, and I am absolutely 
committed to seeing this progressive public 
health policy implemented in New York State. 

Thank you.

CHAIRWOMAN KRUEGER: Thank you.

And I think Assemblywomen Rosenthal 
has some questions.

ASSEMBLYWOMAN ROSENTHAL: Hi, Ken.

Thank you for your great testimony. You'll 
get no argument from me --

MR. ROBINSON: Thank you.

ASSEMBLYWOMAN ROSENTHAL: -- about the 
need for -- what more do you think has to be 
done to convince people that something that 
has been tried and true and very successful 
across the world for decades should be 
implemented here in New York?

MR. ROBINSON: You know, I was 
thinking about that very question today. And 
to be honest with you, it's kind of like
people that -- you know, like the
flat-earthers and the anti-vaxx people.
There's so much evidence that supports this.

I mean, you know, from my perspective
it's a -- it seems to be a moralistic
position that people are taking. And I think
that that's -- you know, I just don't get it
when the evidence is so clear.

I loved what Chairwoman Krueger said
earlier when she suggested people learn to
Google for the data. It's there, and that's
all it takes, is a two-minute Google search
and the data is there.

ASSEMBLYWOMAN ROSENTHAL: Does this
remind you of the tremendous opposition to
syringe exchange programs? Which are very
successful. Most people don't even know
where they are sited unless they need to
know.

MR. ROBINSON: Right.

ASSEMBLYWOMAN ROSENTHAL: So do you
use some of that when you try to explain to
people who have a wall down?

MR. ROBINSON: Yeah. As a matter of
fact, yesterday I met with Dan O'Connell --
you guys probably know him, the former
director of the AIDS Institute. And he said
he thought back in the day that it would be
kind of a noncontroversial adjunct to the
syringe exchange programs, because it just
seems to fit with it so nicely.

Yeah, that's absolutely right. And
that's where we're going to start this.
We're going to pair these OPCs with existing,
very well established syringe exchange
programs, which just makes so much sense.

ASSEMBLYWOMAN ROSENTHAL: Thank you.
Thank you for all of your advocacy. You
know, we'll keep working together till we
open them in New York State. Thank you.

MR. ROBINSON: You're welcome. Thank
you for your support.

CHAIRWOMAN KRUEGER: Anyone else?
And thank you very much for your
testimony today and waiting till the end.
Appreciate it.

MR. ROBINSON: Thank you.

CHAIRWOMAN KRUEGER: And this
concludes the hearing on Substance Abuse and Mental Health and Hygiene. I think the order is backwards, but you get the gist.

    Thank you all for being with us and staying the whole day.

    And the next hearing -- don't come back tomorrow, we actually won't be back until Monday at 11 a.m. for the Local Government hearing.

    Thank you all very much.

    (Whereupon, the budget hearing concluded at 5:19 p.m.)