ASSEMBLY STANDING COMMITTEE ON MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES

NOTICE OF PUBLIC HEARING

SUBJECT: Access to mental health and developmental disability services and supports

PURPOSE: To determine access to mental health and developmental disability services and supports as well as the need for additional resources or actions necessary to ensure the availability of such services and supports, in the context of the funding provided in the State Fiscal Year (SFY) 2018-19 enacted budget.

Thursday
December 6th, 2018
11am
Legislative Office
Building
Hearing Room C
Albany, New York

New York State and the Office of Mental Health (OMH) are nearly complete with the transition of the mental health service system from Medicaid fee-for-service to a managed care payment model. Similarly, the Office for People with Developmental Disabilities (OPWDD) has initiated the same process for developmental disability programs. Moving forward, it is imperative that the state continues to examine each transition phase and provide sufficient resources to ensure services and supports are available for every individual in need of care.

The New York SFY 2018-2019 enacted budget includes funding to maintain, expand, or develop services and supports for individuals with developmental disabilities or mental health issues. One of these initiatives includes providing OMH $25 million for the expansion of children’s mental health services. Another initiative includes an allocation to OPWDD of $38.9 million to support the establishment of Coordinated Care Organizations (CCO). These new entities will aim to coordinate all services for a person with a developmental disability, including any health, wellness, and mental health services they require.

The purpose of this hearing is to provide an opportunity for the committee to determine whether there is sufficient access to mental health and developmental disability services and supports as well as identify the need for additional resources or actions necessary to ensure the availability of such services and supports, in the context of funding provided in the SFY 2018-19 budget.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Aileen Gunther
Member of Assembly
Chair
Assembly Standing Committee on
Mental Health and Developmental Disabilities
Persons wishing to present testimony at the public hearing on access to mental health and developmental disability services and supports are requested to complete this reply form by Tuesday, December 4th, 2018 and mail, email or fax it to:

Willie Sanchez  
Legislative Analyst  
Assembly Committee on Mental Health and Developmental Disabilities  
Room 422 - Capitol  
Albany, New York 12248  
Email: sanchezw@assembly.state.ny.us  
Phone: (518) 455-4371  
Fax: (518) 455-4693

☐ I plan to attend the following public hearing on access to mental health and developmental disability services on Thursday, December 6th, 11am.

☐ I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

☐ I will address my remarks to the following subjects:

____________________________________________________________________

☐ I do not plan to attend the above hearings.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: ________________________________

NAME: _____________________________________________________________________  
TITLE: _____________________________________________________________________  
ORGANIZATION: ____________________________________________________________  
ADDRESS: _______________________________________________________________  
E-MAIL: ____________________________________________________________________  
TELEPHONE: _______________________________________________________________  
FAX TELEPHONE: