1 BEFORE THE NEW YORK STATE SENATE FINANCE
AND ASSEMBLY WAYS AND MEANS COMMITTEES
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3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
2016-2017 EXECUTIVE BUDGET ON
5 MENTAL HYGIENE

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

10 February 3, 2016
9:43 a.m.

11

12 PRESIDING:

13 Senator Catharine M. Young
Chair, Senate Finance Committee

14
Assemblyman Herman D. Farrell, Jr.
15 Chair, Assembly Ways & Means Committee

16 PRESENT:

17 Senator Liz Krueger
Senate Finance Committee (RM)

18
Assemblyman Robert Oaks
19 Assembly Ways & Means Committee (RM)

20 Senator Robert G. Ortt
Chair, Senate Committee on Mental Health
21 and Developmental Disabilities

22 Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health

23

24

1 2016-2017 Executive Budget
Mental Hygiene
2 2-3-16

3 PRESENT: (Continued)

4 Assemblywoman Linda B. Rosenthal
Chair, Assembly Committee on Alcoholism
5 and Drug Abuse

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

8 Assemblywoman Ellen C. Jaffee

9 Senator Diane Savino

10 Assemblywoman Rodneyse Bichotte

11 Senator Gustavo Rivera

12 Assemblyman Clifford Crouch

13 Assemblyman Daniel O'Donnell

14 Assemblywoman Didi Barrett

15 Senator Frederick J. Akshar II

16 Assemblywoman Nicole Malliotakis

17 Assemblyman David I. Weprin

18 Senator Timothy Kennedy

19 Assemblyman Jeffrion L. Aubry

20 Senator Kathleen A. Marchione

21 Assemblyman John T. McDonald, III

22 Assemblyman Thomas Abinanti

23 Senator Jack Martins

24 Assemblyman Felix Ortiz

1 2016-2017 Executive Budget
Mental Hygiene
2 2-3-16

3 PRESENT: (Continued)

4 Senator Terrence P. Murphy

5 Assemblyman Harry B. Bronson

6 Senator John J. Bonacic

7 Assemblywoman Vivian E. Cook

8 Senator Phil M. Boyle

9 Assemblyman J. Gary Pretlow

10 Senator Velmanette Montgomery

11 Assemblywoman Shelley Mayer

12 Senator Leroy Comrie

13

14

15 LIST OF SPEAKERS


| 16 | STATEMENT | QUESTIONS |
| --- | --- | --- |
| 17 Ann Marie T. Sullivan, M.D. Commissioner 18 NYS Office of Mental Health | 9 | 15 |
| 19 Kerry Delaney Acting Commissioner 20 NYS Office for People With Developmental Disabilities | 116 | 122 |
| 21 Arlene González-Sánchez 22 Commissioner NYS Office of Alcoholism 23 and Substance Abuse Services | 222 | 227 |


24

1 2016-2017 Executive Budget
Mental Hygiene
2 2-3-16

3 LIST OF SPEAKERS


| | | STATEMENT | QUESTIONS |
|---|---|---|---|
| 4 | | | |
| 5-9 | Michael Seereiter<br>President and CEO<br>New York State Rehabilitation Association<br>-and-<br>Ann M. Hardiman<br>Executive Director<br>NYS Association of Community & Residential Agencies | 285 | 290 |
| 10-11 | Harvey Rosenthal<br>Executive Director<br>NY Association of Psychiatric Rehabilitation Services | 293 | 299 |
| 12-13 | Steven Kroll<br>Executive Director<br>NYSARC | 303 | 310 |
| 14-16 | Glenn Liebman<br>CEO<br>Mental Health Association in New York State | 321 | 328 |
| 17-18 | Wendy Burch<br>Executive Director<br>National Alliance on Mental Illness of New York State | 331 | |
| 19-21 | John J. Coppola<br>Executive Director<br>NY Association of Alcoholism & Substance Abuse Providers | 337 | 345 |
| 22-23 | Stephanie McLean-Beathley<br>OPWDD Transition Coordinator<br>Save Our Western New York Children's Psychiatric Center | 353 | |
| 24 | | | |

1 2016-2017 Executive Budget
Mental Hygiene
2 2-3-16

3 LIST OF SPEAKERS


| 4 | STATEMENT | QUESTIONS |
|---|---|---|
| 5 Barbara Crosier<br>VP, Government Relations<br>6 Cerebral Palsy Associations<br>of New York State<br>7 -and-<br>Winifred Schiff<br>8 Associate Executive Director<br>for Legislative Affairs<br>9 Interagency Council of<br>Developmental Disabilities<br>10 Agencies, Inc.<br>-for-<br>11 Coalition of Provider<br>Associations (COPA) | 357 | 363 |
| 12<br>Andrea Smyth<br>13 Executive Director<br>New York State Coalition for<br>14 Children's Behavioral Health | 364 | 368 |
| 15 Ed Snow<br>Statewide PEF/OPWDD Labor<br>16 Mgt. Committee Labor Chair<br>-and-<br>17 Virginia Davey<br>Statewide PEF/OMH Labor<br>18 Mgt. Committee Cochair<br>Public Employees Federation | 369 | 376 |
| 19<br>Antonia Lasicki<br>20 Executive Director<br>Association for Community<br>21 Living | 400 | 409 |
| 22 Shaun D. Francois I<br>President<br>23 Local 372-NYC Board of<br>Education Employees<br>24 District Council 37 | 415 | 423 |

1 2016-2017 Executive Budget
Mental Hygiene
2 2-3-16

3 LIST OF SPEAKERS


| | STATEMENT | QUESTIONS |
|---|---|---|
| Kelly A. Hansen<br>Executive Director<br>NYS Conference of Local<br>Mental Hygiene Directors | 425 | 432 |
| Robert J. Lindsey<br>Chief Executive Officer<br>Friends of Recovery New York | 435 | |


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14
15
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1 CHAIRMAN FARRELL: Good morning.
2 Today we begin the ninth in a series
3 of hearings conducted by the joint fiscal
4 committees of the Legislature regarding the
5 Governor's proposed budget for the fiscal
6 year 2016-2017. The hearings are conducted
7 pursuant to Article 7, Section 3 of the
8 Constitution and Article 2, Sections 31 and
9 32A of the Legislative Law.
10 Today the Assembly Ways and Means
11 Committee and the Senate Finance Committee
12 will hear testimony concerning the budget
13 proposal for mental hygiene.
14 I will now introduce members from the
15 Assembly, and Senator Young, chair of the
16 Senate Finance Committee, will introduce
17 members from the Senate.
18 I have been joined by Assemblywoman
19 Aileen Gunther, Assemblywoman Jaffee,
20 Assemblyman McDonald, Assemblywoman
21 Malliotakis -- okay, I chewed in up again --
22 Assemblywoman Rosenthal, Assemblyman Weprin.
23 And Assemblyman Oaks.
24 ASSEMBLYMAN OAKS: You got

1 Ms. Malliotakis.
2 CHAIRMAN FARRELL: No, get it so it
3 will be right.
4 And Assemblywoman Didi Barrett.
5 ASSEMBLYMAN OAKS: Yes. And
6 Assemblywoman Malliotakis is here, yes.
7 CHAIRWOMAN YOUNG: Good morning. I'm
8 Senator Catharine Young, and I've been joined
9 by my colleague Senator Liz Krueger, who is
10 ranking member on the Senate Finance
11 Committee. We're also joined by Senator
12 Robert Ortt, who is chair of the Mental
13 Health and Developmental Disabilities
14 Committee; Senator Fred Akshar, Senator
15 Gustavo Rivera, Senator Terrence Murphy, and
16 Senator John Bonacic.
17 CHAIRMAN FARRELL: Thank you, Senator.
18 And also Assemblyman Jeff Aubry is
19 with us.
20 Before introduction, though, of the
21 first witness, I would like to remind all of
22 the witnesses testifying today to keep your
23 statements within your allotted time limit so
24 that everyone can be afforded the opportunity

1 to speak.
2 And we're going to put in a special
3 rule today. Each commissioner will do one
4 hour, after they have made their
5 presentation, with members talking. So to
6 the members, I would ask them to please stay
7 to your five minutes. Chairpeople have the
8 responsibility of 10 minutes.
9 I would also remind the people who are
10 listening to us in their rooms upstairs,
11 don't wait for the last minute to come down
12 and get on line. We will have closed you out
13 by that time.
14 So to begin with, Ann Marie T.
15 Sullivan, M.D., commissioner of the New York
16 State Office of Mental Health.
17 COMMISSIONER SULLIVAN: Thank you.
18 Good morning, Senator Young,
19 Assemblyman Farrell, and members of the
20 committee. Thank you for this opportunity to
21 discuss the State Office of Mental Health
22 Executive Budget proposal.
23 The 2016-2017 Executive Budget
24 continues to take significant steps to

1 address the needs of people with mental
2 illness in New York. The main areas of focus
3 of the Executive Budget proposals for OMH
4 will focus on the transition to integrated
5 Medicaid managed care for adult and child
6 behavioral health services, the Office of
7 Mental Health Transformation Plan for our
8 state and community-operated service systems,
9 and our continuing commitment to the
10 development of housing for individuals with
11 mental illness.
12 Funding for the Children's State Plan
13 Amendment services. The 2016-2017 Executive
14 Budget includes $7.5 million, annualizing to
15 $30 million, to support an array of new
16 Medicaid State Plan Amendment services to
17 expand the behavioral health services for
18 individuals under 21 years of age, including
19 crisis intervention; community psychiatric
20 support and treatment; psychosocial rehab
21 services; family peer support services; youth
22 peer support services; and other licensed
23 practitioner services.
24 The funding of these state plan

1 options will now allow New York State to fill
2 the gaps across the current children's system
3 of care, and will produce better long-term
4 outcomes for children and their families.
5 This children's system redesign will truly be
6 a game-changer, by recognizing the broad
7 range of supports required to prevent,
8 intervene, and treat children with or at risk
9 for serious emotional disturbance.
10 Managed Care Transition Funding. For
11 both adults and children, the 2016-2017
12 Medicaid budget also continues funding to
13 support the transition of providers into a
14 managed-care environment by supporting
15 extensive technical assistance, including
16 development of infrastructure and capacity
17 for the integration of children's services
18 into mainstream plans; collaborative care to
19 integrate behavioral and physical health;
20 establishment of Health Home Plus for
21 high-need populations; targeted Vital Access
22 Provider funds to preserve critical access;
23 and expansion of cost-effective home and
24 community-based services.

1 We are well into the second quarter of
2 adult integrated managed care and HARP
3 implementation in New York City. These
4 investments have been critical in preparing
5 our consumers, providers, and managed plans
6 for transition, especially as we roll out the
7 managed care expansion and HARPs roll out in
8 the rest of the state in July 2016, and for
9 children in January 2017.
10 The OMH Transformation Plan for state
11 and community-operated services. For
12 decades, New York State has sustained a
13 system of mental health care for its citizens
14 which relied heavily on state-operated
15 hospitals. We exceed both the national
16 inpatient utilization rate for state psych
17 centers, as well as the per-capita census
18 levels in state psychiatric centers compared
19 to other states.
20 This is a costly arrangement that has
21 prevented the investment of dollars in needed
22 community services which can prevent the need
23 for inpatient hospitalization. Accordingly,
24 the 2016-2017 Executive Budget includes full

1 funding of the previous two years
2 reinvestment -- $59 million annualized -- and
3 an additional $16.5 million annualized to
4 support this year's reinvestment. These
5 funds will further develop the critical
6 community services and supports needed to
7 prevent inpatient hospitalization and
8 transition individuals from inpatient
9 settings.
10 The results so far from our community
11 preinvestments during the last and current
12 year have been very promising. The new and
13 expanded services have already reached over
14 8,000 new individuals across the state. This
15 includes 246 additional Home and Community-
16 Based Waiver slots; 12 state-operated Mobile
17 Integration Teams, seven of which are
18 currently up and running and five of which
19 are in development and just getting ready to
20 get started; 16 new and expanded crisis
21 intervention programs; new advocacy outreach
22 and bridger programs; five new Assertive
23 Community Treatment Teams, and three new
24 state-operated child and adolescent crisis

1 respite houses.
2 These services put us firmly on the
3 path toward balancing our institutional
4 resources more equitably and serving more
5 people in clinically-appropriate, effective
6 community treatment and support programs.
7 Housing is a cornerstone to recovery
8 and successful community tenure for the
9 people we serve. The 2016-2017 Executive
10 Budget includes $50 million to support
11 approximately 1,200 new beds opening in
12 2016-2017, and to cover the ongoing
13 operational costs of 800 beds from the
14 2015-2016 state fiscal year that will be
15 online this March. Once these are open, we
16 will bring our bed total to over 44,000, more
17 than any other state in the nation.
18 As you know, the Governor has
19 announced in the State of the State an
20 extraordinary commitment to homeless housing.
21 The Office of Mental Health will be working
22 very closely with the Division for Housing
23 and Community Renewal to secure a portion of
24 this funding for housing for individuals who

1 are both homeless and mentally ill.
2 Finally, I would like to thank you,
3 the Governor, and members of the advocacy
4 community for the enactment of legislation
5 that allows a tax checkoff for mental health
6 public awareness. Citizens of New York now
7 filling out their income tax forms or
8 e-filing will see a tax checkoff for mental
9 health public awareness.
10 Again, thank you for this opportunity
11 to address you on the 2016-2017 OMH budget,
12 which supports and continues the work we have
13 begun to transform New York's mental health
14 system. Thank you.
15 CHAIRMAN FARRELL: Thank you very
16 much.
17 The first to question, Assemblywoman
18 Aileen Gunther.
19 ASSEMBLYWOMAN GUNTHER: Good morning,
20 Commissioner Sullivan, and thank you for
21 attending the meeting today.
22 I've done a little basic math that I'm
23 happy to share with you after the hearing,
24 but what it looks like to me is that the

1 110,000 that is supposed to be reinvested in
2 the community for bed reduction is actually
3 41,250. If you multiply that by 200 beds
4 that we're losing, it comes up to over
5 $13 million.
6 And I'd like to know where that money
7 is going. And I looked through all of our
8 budget books and I looked at the closures
9 versus where the money is going, and the math
10 doesn't add up to me.
11 COMMISSIONER SULLIVAN: Thank you.
12 The reinvestment dollars for this year
13 total $16.5 million. That's what's going to
14 be put into reinvestment for the closure of
15 200 beds. Now, 100 of those beds will be
16 getting the full reinvestment of $110,000
17 into community-based services, so that's
18 approximately about $11 million.
19 The other 100 beds are individuals who
20 have been in our state hospital system but
21 who truly need nursing home care. And they
22 really should be in a less restricted
23 environment than a hospital and really in a
24 nursing home.

1 In terms of transitioning our
2 population to those nursing homes, we will
3 need to establish with the nursing homes
4 policies and procedures and additional staff
5 to work with them. That staff is included in
6 half of the reinvestment dollars. So that
7 would be $55,000 will go towards those teams
8 working with our 100 individuals in the
9 nursing homes.
10 So to be absolutely transparent, we
11 want it to be clear that we didn't consider
12 that to be community-based services. So of
13 those 100 beds, the other $55,000 does go to
14 direct community-based services. That's
15 about $5 million.
16 So for the 200 beds, there is a
17 reinvestment allocated of $16.5 million. You
18 are correct that a portion of that, about
19 $55,000 per 100 beds going to the nursing
20 homes, will be for teams to work with the
21 nursing homes. So that's the way the money
22 is being allocated.
23 ASSEMBLYWOMAN GUNTHER: Now, do you
24 have buy-in from nursing homes? Are these

1 going to be county nursing homes or just
2 non-for-profits?
3 COMMISSIONER SULLIVAN: No, whatever
4 nursing homes are local and in the areas
5 where our patients want to be and where their
6 families are. So we'll be working with a
7 variety of nursing homes across the state.
8 ASSEMBLYWOMAN GUNTHER: My other
9 question is about the training. These are
10 folks that have been in facilities for a
11 very, very long time. And this is a
12 geriatric community. Sometimes we talk about
13 placement of people with disabilities in
14 long-term care. How do we feel that this
15 placement is appropriate for somebody with a
16 long history of mental health that
17 probably -- I don't know whether the staffing
18 is very specialized to be specialized in
19 mental health issues, anxiety disorders and
20 all of those kinds of things, how are we
21 going to train the staff to give appropriate
22 care to these aging individuals?
23 And are they really geriatric patients
24 or are they young people that have just spent

1 a lot of time in a mental health facility?
2 COMMISSIONER SULLIVAN: No, by and
3 large they are aging individuals who now have
4 considerably complex medical problems which
5 really can be well-served in a nursing home
6 population. And that's why we have these
7 teams. They will not just work with the
8 clients, they will work with the nursing
9 homes to provide the training, just as you
10 said, quite appropriately, for nursing home
11 staff to be able to understand how to work
12 with our clients.
13 I think that often that training isn't
14 there in the nursing homes, and that's why
15 these teams will be very tightly wound around
16 these individuals going to the nursing homes
17 and doing that training.
18 ASSEMBLYWOMAN GUNTHER: So how is
19 moving a person from one place to another
20 reinvesting? Like in other words, if you
21 have a person moving as an inpatient from a
22 psychiatric center to a long-term facility,
23 what is the benefit and where is the savings,
24 or is there savings, or what is the intention

1 of it?
2 COMMISSIONER SULLIVAN: The intention
3 is to really provide a better setting for
4 these individuals. We really feel that
5 because of the medical issues that they have
6 and the kind of care that's in a nursing
7 home, that they would be better served
8 clinically. That's number one.
9 Number two, that's why we're not
10 assigning the full community reinvestment to
11 these beds. But we are setting up these
12 teams to work with the clients in the nursing
13 homes.
14 When we also downsize these beds, by
15 eliminating a bed, for example, that is
16 occupied all year long with one person, we
17 then open up the availability for other
18 community-based individuals to come into the
19 state psychiatric centers, because of the
20 turnover phenomenon, the number of admissions
21 you can actually have. So we will be able to
22 even better serve some of the acute needs of
23 the communities with fewer beds.
24 ASSEMBLYWOMAN GUNTHER: So another

1 commitment that was made to the Legislature
2 and the provider community was a $120 million
3 commitment to a BHO HARP investment. Almost
4 immediately, that commitment was reduced to
5 $115 million. Why is that?
6 COMMISSIONER SULLIVAN: That was
7 reduced as a budget accommodation, I believe
8 last year. So this year we have been working
9 with the number of 115 million. That
10 5 million was decreased last year.
11 ASSEMBLYWOMAN GUNTHER: Okay, I'm
12 going to come back again.
13 CHAIRMAN FARRELL: You can go to
14 10 minutes. Keep going.
15 ASSEMBLYWOMAN GUNTHER: Okay. You
16 look at $40 million for community service,
17 $20 million for BHO -- okay, I'm just
18 talking. I think that's it for now.
19 COMMISSIONER SULLIVAN: Thank you.
20 CHAIRMAN FARRELL: Thank you.
21 I've been joined by Assemblyman Danny
22 O'Donnell.
23 ASSEMBLYMAN OAKS: And we've also
24 been joined by Assemblyman Cliff Crouch.

1 CHAIRMAN FARRELL: Senator?
2 CHAIRWOMAN YOUNG: We've also been
3 joined on the Senate side by Senator Diane
4 Savino, Senator Kathy Marchione, and Senator
5 Tim Kennedy.
6 And our next speaker is Senator Robert
7 Ortt.
8 SENATOR ORTT: Good morning,
9 Commissioner.
10 COMMISSIONER SULLIVAN: Good morning.
11 SENATOR ORTT: Thank you for being
12 here.
13 Is there any new funding for community
14 services in the OMH budget beyond the 0.2
15 percent COLA, which by most estimates will
16 increase the salary of a staff member who
17 makes $50,000 annually by an estimated $100
18 annually, or about $1.50 per week after
19 taxes.
20 COMMISSIONER SULLIVAN: No, that's the
21 amount that is in the current budget. Last
22 year there was a COLA of 4 percent for direct
23 care workers, cumulative, and 2 for clinical
24 workers. But that is the number,

1 0.2 percent, in this year's budget.
2 SENATOR ORTT: Obviously you're
3 familiar with the Governor's proposal to
4 increase the minimum wage. You know, there's
5 a lot of non-for-profits and service
6 providers who do not pay that currently. The
7 impact is of great concern financially to a
8 lot of these providers -- if they can
9 financially sustain that kind of an impact,
10 of course, which is not in the budget
11 whatsoever.
12 Have you talked to the service
13 providers, and has the Executive, when they
14 were rolling that proposal out, did they
15 communicate with you on that proposal and the
16 potential impact it would have on mental
17 health providers?
18 COMMISSIONER SULLIVAN: Yes, thank
19 you. We've been working with the Executive
20 on those issues.
21 I think the good thing about the
22 minimum wage is that it will really lift
23 110,000 families, hopefully, out of poverty.
24 That's critical for mental health as well. I

1 think poverty is one of the biggest traumatic
2 factors in mental health.
3 It will be a gradual process, so that
4 I think will help. But I know there are
5 going to be ongoing discussions about the
6 impact of the minimum wage on various parts
7 of the health system and on our service
8 providers as the budget negotiations go on.
9 SENATOR ORTT: But clinically, it's
10 your position that the increase in the
11 minimum wage will actually improve mental
12 health?
13 COMMISSIONER SULLIVAN: Yes. Yes.
14 SENATOR ORTT: Is there any new
15 funding in the budget -- I did not see any,
16 but is there any new funding or will there be
17 any new funding as some of the appropriations
18 have been outlined for mental health first
19 aid?
20 COMMISSIONER SULLIVAN: The mental
21 health first aid is being reappropriated into
22 this budget, but there is no new funding for
23 mental health first aid in this budget.
24 SENATOR ORTT: The budget calls for

1 the reduction of 400 beds, Commissioner.
2 Which facilities will see a reduction in
3 beds, and what type of beds will be reduced?
4 COMMISSIONER SULLIVAN: The 400 number
5 was really put in as a way-outside number.
6 What we are truly planning on reducing is
7 200 beds.
8 And which facilities will really
9 depend upon the tracking of the need in
10 various communities. We've followed very
11 closely the legislative side letter, and we
12 will not close a bed that isn't 90 days
13 vacant, and 90 days vacant because that there
14 hasn't been a need for that bed.
15 So we are looking across the state.
16 Some areas where we thought perhaps we could
17 close beds, we haven't, because we have not
18 had 90 days of a bed vacancy.
19 So I wouldn't want to say exactly
20 where. We monitor very closely and then
21 close beds where there is no longer a need.
22 SENATOR ORTT: Okay, two questions,
23 then. So the 400 bed is not accurate, that
24 was put in to scare people or it was --

1 COMMISSIONER SULLIVAN: That was put
2 in in the -- no, I don't think to scare
3 people. I think it's an outlier number in
4 the event that for some reason it will be
5 possible.
6 But looking at the way our system has
7 been working so far, and our ability, it
8 looks like it will probably be really 200.
9 And that's why the allocation for
10 reinvestment is based on the 200 beds.
11 SENATOR ORTT: And when you talked
12 about the 90 days for beds that are closed
13 and there's not a -- in your opinion, or
14 maybe there's metrics to quantify as to why
15 that is, is it a lack of demand? Is it that,
16 you know, the state's not allowing new
17 patients to enter the facility? You know, is
18 there lack of ability to manage the beds, is
19 it a staff issue? Why are those beds vacant
20 for 90 days in a lot of cases? Why is there
21 beds going unfilled?
22 COMMISSIONER SULLIVAN: They really
23 are vacant because there's not the demand.
24 We watch very carefully if there are

1 individuals who are waiting to come into our
2 facilities. And when we drop those 90 -- the
3 90 days, there is not a demand and there is
4 not a waiting list.
5 SENATOR ORTT: You are, of course,
6 familiar with Western New York Children's
7 Psychiatric Center --
8 COMMISSIONER SULLIVAN: Yes. Yes.
9 SENATOR ORTT: I know you are. I
10 do -- certainly you know my position. I have
11 been opposed to the proposed closing of
12 Western New York Children's Psychiatric
13 Center.
14 You know, several years ago -- or more
15 than several years ago, a long time ago,
16 there were clinical reasons as to why a place
17 like Western New York Children's came online.
18 Clinically being, there was research, there
19 was studies that had shown that children were
20 better served, had better outcomes when they
21 were served in a separate setting from adult
22 populations or other populations.
23 Has something changed clinically that
24 would justify or warrant or show a benefit to

1 closing Western New York Children's and
2 moving it to an adult campus, BPC?
3 COMMISSIONER SULLIVAN: The one study
4 that's referenced is a very -- that study was
5 done in the 1960s when state hospitals were
6 very different places on both the adult side
7 and the children's side. I think, when you
8 look at the current literature, the major
9 emphasis in the current literature is on
10 community-based services and in fact on
11 downsizing children's inpatient services.
12 So the goal of the movement of Western
13 Children's to Buffalo is really to free up
14 the dollars to provide what we hope will be
15 upwards -- currently, 500 families are
16 getting more services with our preinvestment,
17 another 500 families are getting
18 community-based services. So that basically
19 we provide those terribly needed
20 community-based services with the savings
21 that will occur because we have moved it onto
22 the Buffalo campus.
23 There are many facilities that there
24 are -- children's services can be close to

1 adult services. The quality does not have to
2 be decreased. We are moving the same number
3 of beds, we are moving the same number of
4 staff. We will be monitoring it with the
5 same high level of quality which we're
6 currently very proud of at Western
7 Children's.
8 So I think it's a win/win situation
9 where we have the opportunity to still
10 provide quality inpatient services but also
11 significantly infuse community-based services
12 for families and children, to help avoid
13 hospitalizations and all the distress that
14 families can feel when their children don't
15 get the services they need.
16 SENATOR ORTT: And these savings that
17 would result from this move is -- what is the
18 dollar value of those savings, or projected
19 savings?
20 COMMISSIONER SULLIVAN: The dollar
21 value total will be $3.5 million. Which we
22 are reinvesting into community-based -- all
23 of which is going into community-based
24 services.

1 SENATOR ORTT: All going into
2 community-based services in the area
3 currently serviced by Western Children's?
4 COMMISSIONER SULLIVAN: Yes. Yes. In
5 Western New York.
6 SENATOR ORTT: A FOIL request sent in
7 2015 revealed there had been 56 incidences of
8 missing or escaped persons from BPC. What
9 precautions or what stipulations are in place
10 to prevent or certainly protect against
11 elopements with the children moving over to
12 BPC?
13 COMMISSIONER SULLIVAN: When the
14 children are on the Buffalo campus they are
15 always under supervision, so there will not
16 be any opportunity for the children to
17 really -- we have very low elopement rates
18 from children's services.
19 At BPC, some of those are
20 individuals -- when you say 50, they include
21 individuals who are in housing on the campus,
22 and a few have been individuals who are in
23 the inpatient service. We have doubled our
24 security at all of our psychiatric centers in

1 terms of how you enter the center, on the
2 procedures that are done, because we want to
3 make sure that individuals don't leave until
4 they're ready to leave.
5 And we have also looked at the grounds
6 requirements at all our psychiatric centers.
7 So I think that -- I could not say that
8 something might never happen, but I think
9 that the number of individuals who have left
10 before they should leave our psychiatric
11 facilities is going to much decrease.
12 SENATOR ORTT: I just wanted to bring
13 attention to -- I know there was -- when I
14 had spoken to you before, there was a -- the
15 contention was that there was very little
16 public push-back or opposition, or we had
17 seen very little public push-back to this
18 potential closing. I think there were --
19 someone said there were seven comments in
20 opposition.
21 I have received 6,000 postcards in
22 opposition from people in the Western New
23 York community, which I will gladly deliver
24 to you after this hearing. But I just wanted

1 to show you a small sample, that there are a
2 lot of folks, obviously, who are very
3 concerned about this move. Some of them are
4 alumni, some of them are families, some of
5 them are people that have been serviced.
6 So I wanted you to have that, because
7 I think it's important that you see what
8 folks in the community are saying.
9 COMMISSIONER SULLIVAN: Absolutely.
10 Thank you.
11 SENATOR ORTT: And just one last
12 thing, Commissioner. You're familiar with
13 the O'Toole settlement?
14 COMMISSIONER SULLIVAN: Yes.
15 SENATOR ORTT: There's $38 million
16 appropriated this year, in this year's
17 budget, towards the O'Toole settlement.
18 Where is that money going? How much of that
19 will actually be spent this fiscal year?
20 COMMISSIONER SULLIVAN: The O'Toole
21 settlement is the relocation of individuals
22 who are in nursing homes into the community.
23 And there is still a process going on, since
24 the settlement, to evaluate which individuals

1 can move. I think to date it's been about
2 170 who have moved. So there's still an
3 evaluation process going on --
4 SENATOR ORTT: One hundred seventy
5 since when?
6 COMMISSIONER SULLIVAN: Since -- over
7 the past two years or so, have moved.
8 And there's still an evaluation
9 process going on, so some of those dollars
10 are placeholders in terms of being able to
11 know exactly the number for the nursing
12 homes. There was a relatively large group,
13 but that assessment -- I'm working very
14 closely with DOH, which is involved in this.
15 That number has lessened largely because of
16 the medical conditions of the individuals in
17 the nursing homes.
18 So I think it truly is there to make
19 sure that if we need those dollars for this
20 important transition, it will happen. But
21 the process is still being evaluated and in
22 process. So that's why the money is there in
23 the budget.
24 SENATOR ORTT: We don't know actually,

1 then, how much of that 38 million --
2 COMMISSIONER SULLIVAN: Not yet, we
3 don't know. No, we don't know.
4 SENATOR ORTT: Is there a projected
5 cost of the total relocation of the O'Toole
6 settlement?
7 COMMISSIONER SULLIVAN: Well, when the
8 first -- that was the projected amount at
9 that point in time.
10 SENATOR ORTT: Thirty-eight million?
11 COMMISSIONER SULLIVAN: No, it was
12 going to be -- I believe it was broken out
13 between adult home and nursing home. But I
14 think it's close to 12 -- I'm going to have
15 to get back to you on that, whether it's 12
16 of the 38 or the full 38. I'll have to get
17 back to you.
18 SENATOR ORTT: Okay. Thank you very
19 much, Commissioner.
20 COMMISSIONER SULLIVAN: Thank you.
21 CHAIRWOMAN YOUNG: Thank you, Senator.
22 CHAIRMAN FARRELL: Thank you.
23 We've been joined by Mr. Abinanti.
24 And next to question, Assemblyman

1 Aubry.
2 ASSEMBLYMAN AUBRY: Good morning,
3 Commissioner. How are you?
4 COMMISSIONER SULLIVAN: Good morning.
5 ASSEMBLYMAN AUBRY: I noticed in the
6 budget that you are claiming a $2.7 million
7 savings related to the development of
8 specialized units in local jails to restore
9 felony-level defendants to competency.
10 Who ends up paying that cost for them
11 to remain at the county level?
12 COMMISSIONER SULLIVAN: If the
13 felony-level competency were at the county
14 level, it would be paid for by the county.
15 Now, currently -- let me just explain.
16 But currently they are moving those
17 individuals to the state facilities and they
18 are paying half of the cost to the state
19 facility. In the state facility, the average
20 cost for restoring to competency is in the
21 range of $120,000 to $140,000. They're
22 paying $70,000 towards that.
23 If they did jail-based restoration, if
24 the county is interested in doing it -- it's

1 totally voluntary -- those costs for the
2 county would be reduced by a third. So
3 actually the cost to the county is less,
4 which is why some of the counties might be
5 interested and have suggested they're
6 interested. But it's totally on a voluntary
7 basis if the counties want to do this.
8 ASSEMBLYMAN AUBRY: So the projected
9 savings is somewhat speculative.
10 COMMISSIONER SULLIVAN: Well, I
11 actually don't think so. Because the
12 individual -- they're paying about $70,000
13 per individual now for these individuals
14 being in our beds, which are very costly, and
15 for the length of time they stay.
16 It is true that we are estimating the
17 cost of the jail-based restoration, and that
18 we're estimating at about $40,000 to $44,000.
19 So the different between that and the 70
20 would be saved, which is why some of the
21 counties might be interested.
22 ASSEMBLYMAN AUBRY: And in the
23 services that are provided through the
24 department in correctional facilities, how

1 important is cultural competency for your
2 staff?
3 COMMISSIONER SULLIVAN: It's very
4 important to have cultural competency for the
5 staff, and I think we -- quite frankly, I
6 think we need to do even more training.
7 However, with some of the dollars that
8 we got for the Violence Initiative last year,
9 part of those dollars in training include
10 training in cultural competency for the
11 individuals, both our staff and some of the
12 DOCCS staff who are working with the prison
13 population. But we can always use more for
14 that. That's a critical issue.
15 ASSEMBLYMAN AUBRY: And is there a --
16 obviously many of the prisoners are far north
17 from metropolitan areas. And the question of
18 how you provide that and how you support that
19 in those far distant places where it may be
20 more difficult to get staff.
21 COMMISSIONER SULLIVAN: What we have
22 to do often, if we can't get staff who are of
23 the same culture or -- we work with the staff
24 who are not, to have what we call a

1 combination of cultural sensitivity and
2 cultural understanding. So that there's a --
3 there are training modules to help people do
4 that. Obviously the best is to have someone
5 who is of the same culture and of the same
6 background. But unfortunately, we can't have
7 that throughout the system.
8 ASSEMBLYMAN AUBRY: And how often do
9 staff get trained or retrained relative to
10 that?
11 COMMISSIONER SULLIVAN: At this point
12 in time, this one was starting -- this
13 training is new, so it has been this year.
14 So I think we will -- I can get back to you
15 on how often we're considering the
16 retraining.
17 ASSEMBLYMAN AUBRY: Thank you.
18 COMMISSIONER SULLIVAN: Thank you.
19 CHAIRMAN FARRELL: Thank you.
20 Senator?
21 CHAIRWOMAN YOUNG: Thank you.
22 Our next speaker is Senator John
23 Bonacic.
24 SENATOR BONACIC: Good morning,

1 Commissioner. Thank you for the work that
2 you do. (Adjusting mic.) Maybe if you
3 didn't hear me, I wanted to thank you again
4 for the work that you do.
5 COMMISSIONER SULLIVAN: Well, thank
6 you.
7 (Laughter.)
8 SENATOR BONACIC: I'm here basically
9 to highlight two things that are on my mind.
10 We all have a concern with the growing heroin
11 epidemic that we're seeing across the
12 country. And yesterday many constituents
13 came to Albany to lobby. Their number was
14 $50 million for recovery centers in each
15 county. I know we did one in Yonkers for the
16 mid-Hudson, but I don't see many drug addicts
17 traveling to Yonkers for a continuation of
18 care.
19 So I would suggest to you that this is
20 an area where we probably have to do more
21 investment to try to help those that are
22 seriously addicted. I'm told by people in
23 the profession that addictions amount to
24 about 8 percent of our population. And it

1 hasn't changed much.
2 So -- but the point is when they have
3 addictions, it affects the whole family. I
4 don't have to tell you about it. So that's
5 one thing I want to highlight, if we can do
6 more in that area. And there's an
7 organization in our district called OASAS
8 that works very hard in this area.
9 The second thing I'd like to talk to
10 you about, three years ago Senator Larkin,
11 O'Mara and myself provided a $300,000 grant
12 for what we called the Research and
13 Recognition Project. It was to help veterans
14 with post-traumatic stress. And with that
15 small amount of money, they treated maybe
16 27 veterans, and they had a cure rate of
17 94 percent.
18 And we got excited about that, and
19 last year we gave them $800,000 so their
20 sampling could be larger. And again, those
21 statistics were similar for the larger
22 sampling of curing veterans with
23 post-traumatic stress.
24 Now, it's pretty much geared to

1 veterans, but it could be a firefighter or a
2 police officer who is involved in a shooting,
3 et cetera, et cetera.
4 Now, this organization has people
5 naturally that come from veterans, that are
6 retired military people. And this year
7 they're coming to try to get $2 million to
8 have larger sampling so they can get the
9 federal government interested in this. For
10 the last 30 years, we treated this problem
11 with counseling and drugs -- and now we have
12 a breakthrough process that's being
13 substantiated of cures. And you can say,
14 well, what is this, a miracle? And what they
15 do is retrain a part of the back of the
16 brain. And it's amazing results.
17 So I don't know how much you know
18 about this project, but I'd like you to
19 become more familiar with it. We're excited
20 about it. And many of us in the Senate are
21 pushing for more money for this successful
22 project.
23 Thank you for being here, Commissioner
24 Sullivan.

1 COMMISSIONER SULLIVAN: Thank you.
2 Just to clarify, Commissioner Sanchez,
3 who will be speaking shortly after me, is the
4 commissioner for OASAS. So they are actually
5 responsible for setting up the treatment
6 centers, et cetera, of the opioid. But we
7 work closely, OMH, with OASAS for our
8 patients who kind of overlap between the two
9 systems. So we're well aware of the problems
10 with the opioid epidemic. It affects those
11 who have mental illness as well. The K2
12 affects those who have mental illness. We
13 work very closely with OASAS. But I'm sure
14 Commissioner Sanchez can answer more about
15 what the plans are for the development of the
16 kinds of clinical programs.
17 On the PTSD research, I'm not
18 extremely familiar but I do know of what's
19 happening, and I'd be very glad to speak with
20 them and look at what they're doing. You
21 know, getting evidence-based research out
22 there in so many fields is so important. In
23 mental health now, we often have the skills
24 and the ability to really be able to test and

1 know that something's effective.
2 So we would be glad to understand and
3 learn more about it for sure. Thank you.
4 SENATOR BONACIC: Thank you,
5 Commissioner.
6 CHAIRMAN FARRELL: Thank you, Senator.
7 Assemblyman Weprin.
8 ASSEMBLYMAN WEPRIN: Thank you,
9 Mr. Chairman.
10 Welcome, Commissioner. And I want to
11 thank you in a previous lifetime for all the
12 work you've done in the area of cancer and
13 working with, in particular, the Queens
14 Hospital Center, which as you know is in my
15 district and it does marvelous work with the
16 New York City Health and Hospitals
17 Corporation.
18 I also, as you probably know, have
19 Creedmoor in my district as well.
20 COMMISSIONER SULLIVAN: Yes. Yes.
21 ASSEMBLYMAN WEPRIN: And I know I've
22 written to you on a few occasions as to some
23 of the complaints now, even with some of the
24 downsizing and transfer of beds with certain

1 patients loitering in the street and, you
2 know, being a nuisance, et cetera,
3 particularly on Winchester Boulevard,
4 Hillside Avenue and Union Turnpike,
5 surrounding, you know, the Creedmoor campus.
6 What is the status of security, you
7 know, there? And what are the -- I know
8 you're transferring a number of beds. What
9 is the status of the beds now, and what's
10 anticipated as far as transferring some of
11 the beds, et cetera? Do you have a plan or a
12 timetable as far as how many patients you'll
13 have at any given time?
14 COMMISSIONER SULLIVAN: Thank you.
15 At this point in time, Creedmoor has a
16 census of about 320 patients. And at this
17 point we're not really planning to either
18 move patients out of Creedmoor or increase
19 that census. We're really planning on
20 holding that census the same for Creedmoor.
21 On the campus there are another
22 probably a hundred individuals who are in our
23 residential programs on the campus, which are
24 not often run by OMH but are contracted with

1 a number of community-based providers. And
2 those individuals are not in the hospital but
3 live on the campus.
4 We're well aware of the community.
5 It's a wonderful community. We want to be
6 good neighbors involved with the community.
7 And I think we have been talking extensively
8 both with those residences that are on the
9 campus, which sometimes are also individuals
10 who perhaps stand too long on street corners
11 or -- to help get them into the programming
12 that they need to be in to ensure that
13 they're getting the services they need, which
14 is important also from the community
15 perspective.
16 So we're working very hard with that.
17 We're hoping that that will get better. We
18 have also increased, as I said earlier, the
19 security around Creedmoor. There had been
20 some issues there with the fencing at
21 Creedmoor and with security in terms of
22 individuals coming into the inpatient
23 service.
24 So it really is a combined effort of

1 us working with the community-based providers
2 who are on our campus. And we have regular
3 meetings with the community we've set up,
4 which we're going to have ongoing, to talk
5 about these issues and try to be effective
6 good neighbors.
7 You know, it's so important that we
8 are able to house individuals with mental
9 illness. That community has been good to us
10 in terms of accepting much of the housing in
11 that area, and we want to continue to have
12 even better relationships. So we are working
13 on it. Some of our patients sometimes do
14 perhaps loiter a little too long in the
15 neighborhood, but we're working very closely
16 with them for their programming to make sure
17 that they get the services they need, because
18 we ultimately want them to get jobs and move
19 out of residential places and be really
20 vibrant members of the community.
21 ASSEMBLYMAN WEPRIN: Yes, thank you.
22 I appreciate that.
23 On the Creedmoor topic, as you know,
24 there have been many, many discussions, I

1 think being led by the Empire State
2 Development Corporation, but in conjunction
3 with the city, as to developing the Creedmoor
4 property that's currently not being used.
5 And there are quite a few acres. And there's
6 a development proposal that's been going on
7 for a couple of years already involving
8 potential retail, potential housing.
9 Can you give me an update on a
10 timetable, what's happening with that
11 development and, you know, what the status
12 is?
13 COMMISSIONER SULLIVAN: That I think
14 you would have to get from the Empire State
15 Development Corporation. We really are not,
16 as the Office of Mental Health, involved in
17 what happens once the land is released for
18 development. And I think that they -- I know
19 that there are ongoing discussions and -- but
20 I'm not really aware of the timetable. I
21 think Empire State Development really kind of
22 takes care of that.
23 Our concern is just that whatever
24 comes there is good for the community and

1 good for Creedmoor and the other residential
2 services we have on the campus. But we don't
3 do the timetable for the development.
4 ASSEMBLYMAN WEPRIN: Yeah, I know
5 there was a lot of activity a year ago and
6 then it kind of seems to have died down. We
7 haven't had any meetings that I know of
8 recently. So, you know --
9 COMMISSIONER SULLIVAN: But I can -- I
10 will definitely ask them to get back to you,
11 Senator {sic}, and give you the status of
12 where the redevelopment is.
13 ASSEMBLYMAN WEPRIN: Okay. Thank you,
14 Commissioner.
15 Thank you, Mr. Chairman.
16 CHAIRWOMAN YOUNG: Thank you. We've
17 been joined by Senator Phil Boyle.
18 And our next speaker is Senator Diane
19 Savino.
20 SENATOR SAVINO: Thank you, Senator
21 Young.
22 Good morning, Dr. Sullivan. I want to
23 follow up on a point that was raised by
24 Senator Ortt and another point that was

1 raised by Assemblyman Aubry, so I'll try to
2 be brief, because I know a lot of people want
3 to speak.
4 With respect to the O'Toole settlement
5 in the adult homes, has there been any
6 analysis or tracking of the number of people
7 that have been moved out of adult homes and
8 into either supportive housing or independent
9 living?
10 COMMISSIONER SULLIVAN: Yes, as of
11 this year, there are two hundred -- in the
12 past year, 207 individuals have moved from
13 adult homes into independent living. Three
14 thousand from adult homes have been screened;
15 about 1300 have said they want to leave. And
16 of that 1300, 207 have been moved into
17 apartments.
18 And we're working to increase that --
19 with the Department of Health, to increase
20 that movement even faster. I think we have
21 now gotten into the process better. But we
22 also want to be very careful that when
23 individuals move, they are where they want to
24 be and that it's successful. And so far

1 we've been successful, so we want to keep
2 that track record.
3 But 207 have moved this year from
4 adult homes into permanent housing.
5 SENATOR SAVINO: And with respect to
6 those who remain behind -- the adult home
7 operators, many of them have expressed some
8 concern about the fact that there has not
9 been an SSI increase, which helps them
10 provide, you know, the services necessary for
11 those who are going to remain in the adult
12 homes.
13 Is there any consideration to raising
14 the SSI rate?
15 COMMISSIONER SULLIVAN: Actually the
16 rate for the adult home, that's DOH. DOH is
17 responsible for the --
18 SENATOR SAVINO: That's quite a task
19 to coordinate with --
20 COMMISSIONER SULLIVAN: I'm not sure.
21 I'm just saying I'm not sure, so I can't
22 answer.
23 SENATOR SAVINO: If you don't know,
24 that's fine.

1 COMMISSIONER SULLIVAN: Yeah.
2 SENATOR SAVINO: On Assemblyman
3 Aubry's concern about this voluntary
4 restoration to competency at the local level,
5 one of the big concerns that exists at places
6 like Rikers Island and some of the other
7 jails is that you have a large number of
8 mentally ill inmates now, and you have staff
9 that are completely incapable of dealing with
10 them. Corrections officers are not mental
11 health professionals.
12 So my concern, if we move to this
13 voluntary restoration to competency at the
14 local level, is that there must be an
15 investment by OMH to provide professionals to
16 help make this restoration to competency at
17 the local level. If not, I would be very
18 concerned about both the staff and the
19 inmates who would be attempting to be
20 restored to mental competency at the local
21 level.
22 COMMISSIONER SULLIVAN: Yes, this
23 would have to be in special units at the
24 local level, with the staffing, the

1 appropriate level of clinical staffing to
2 make sure that -- it would still, with that
3 included in the cost, would still be a
4 savings, at least as far as we can tell,
5 significant savings to the counties.
6 So what's built into the cost of the
7 jail restoration is that clinical staffing to
8 be able to really provide -- and it would be
9 in a -- and again, it's going to depend on
10 the county, whether they even have the space
11 to do this or are interested in doing it.
12 But if they did have the space and were
13 interested, they could now do it with the
14 appropriate clinical staffing, which we would
15 look at and make sure was evidence-based
16 practice.
17 This has been done in other states, so
18 we have a track record of knowing the kinds
19 of clinical staffing that would need to be
20 there.
21 SENATOR SAVINO: All right. And
22 finally, in the last two minutes, one of the
23 big problems that the City of New York is
24 facing, and in fact all around the state, is

1 the rise of homelessness. Now, there's
2 always been problems with people who are
3 underdomiciled or they're suffering from
4 income inequality or they're paying too much
5 money in rent. But we have a core problem
6 that's always existed, and that is the
7 chronically homeless, who tend to live in the
8 street. Many of them are mentally ill.
9 So I'm questioning the need to close
10 mental health beds when we're trying to get
11 people off the street into appropriate
12 service, because these are less likely to be
13 engaged in community-based services. First,
14 we have to stabilize them. So if we're
15 closing mental health beds, how will that
16 help us achieve the goal of providing direct
17 assistance to the chronic homeless who are
18 really suffering from mental illness and need
19 to have that issue dealt with before we can
20 stabilize them and secure housing?
21 COMMISSIONER SULLIVAN: Yeah, it's
22 interesting, there's been a lot of new work
23 done with the chronically homeless mentally
24 ill, the individuals that you see, you know,

1 kind of on street corners, et cetera.
2 Housing First is a very interesting
3 evidence-based practice where you really work
4 to get the housing for these individuals and
5 then engage them in the services that they
6 need.
7 I used to work with Project Help in
8 the city, which worked with the homeless, and
9 it's a matter of gaining their trust, their
10 believing that you were really there to help
11 them. They can sometimes be resistant to
12 services. But when you kind of offer them
13 really -- very quickly -- good housing, they
14 have a very high success rate in keeping
15 people off the streets.
16 So there are other ways to do it
17 besides putting people in institutional beds,
18 and they are more successful in retaining
19 people in housing than putting them in a
20 hospital and then trying to move them quickly
21 into some housing.
22 So you have to have both things going
23 on. When an individual truly needs
24 hospitalization, they should be in a

1 hospital. But there are other individuals
2 who don't really need acute hospitalization,
3 they need stable services in the community, a
4 stable place to live, and the kinds of
5 intensive wraparound services which are not
6 our traditional services. And when those are
7 there for individuals, intensive wraparound
8 services, you can get individuals -- and
9 housing -- you can get them off the streets.
10 But it does take time. It's not a quick --
11 SENATOR SAVINO: I would just say
12 while it sounds wonderful, I do think,
13 though, the problem you have is engaging
14 people on the street corner, and outreach
15 workers are not going to be able to do that
16 as quickly as if you had a person in a safe
17 environment where their mental health issues
18 and their medical needs -- and many of them,
19 as you know, are self-medicating to deal with
20 some of the terrors of the mental illness
21 that they suffer.
22 So I don't think it's as simple as
23 just inviting them in and giving them a
24 secure place. I think we need to have that

1 initial interaction or intervention with that
2 person, stabilize them medically and
3 mentally, and then begin the rest of this
4 process that you raised.
5 COMMISSIONER SULLIVAN: I think it's
6 individual. I think for some, what you said
7 is appropriate, but I think for others it can
8 be done in another way.
9 SENATOR SAVINO: Thank you.
10 COMMISSIONER SULLIVAN: Thank you.
11 ASSEMBLYMAN OAKS: Assemblyman Crouch.
12 ASSEMBLYMAN CROUCH: Yes, good
13 morning, Commissioner. Thank you.
14 COMMISSIONER SULLIVAN: Good morning.
15 ASSEMBLYMAN CROUCH: Could you --
16 well, let me back up here. As I talk to my
17 school superintendents across the district,
18 one of the things that they've brought to my
19 attention in the last three years now,
20 specifically -- outside of the funding for
21 the GEA, and that's not here -- but is the
22 need for more mental health services in the
23 schools.
24 And do you have programs that are

1 currently there that they could draw from?
2 Or are you developing programs? I think it's
3 important that we address this situation.
4 Because as we have young people that are
5 bullied, they're coming from dysfunctional
6 families, physical abuse, sexual abuse, and
7 we bring them into school and expect them to
8 learn and now we're going to grade the
9 teacher on whether or not we've successfully
10 taught that person -- but there's other
11 underlying issues. And I think this is
12 something that we have to look at and try to
13 address the mental health needs for our young
14 children.
15 Can you respond to that, please?
16 COMMISSIONER SULLIVAN: Yes. We do
17 have -- we have certainly -- perhaps not
18 enough, but we do have mental health clinics
19 across the state, I think it's about 370
20 mental health clinics in schools across the
21 state, mental health services. And those do
22 provide really very valuable services
23 in-house in the schools.
24 We also do trainings for school

1 personnel on recognizing problems and issues.
2 We've gone into schools who have asked us to
3 do that, and we've offered to do that for
4 schools, and then helped them develop and
5 connect with the services in the community.
6 There's something called Promise
7 Zones, which are in certain environments,
8 that we have one in Buffalo, Syracuse and
9 three other places in the state, which are
10 very promising because they include getting
11 the schools up to par with understanding what
12 mental health issues are and being able to
13 refer, then working with communication with
14 community-based agencies so they can be
15 available to the schools, and then also
16 having within the school a team that is an
17 ongoing mental health team.
18 So there are models out there. We
19 have them in some of the schools. Quite
20 honestly, we don't have them in as many,
21 probably, as are needed, but we do have those
22 models. And we will be working over time to
23 expand those throughout the school system.
24 It's a very important issue.

1 ASSEMBLYMAN CROUCH: Is it in your
2 budget to expand those --
3 COMMISSIONER SULLIVAN: Not this year,
4 no.
5 ASSEMBLYMAN CROUCH: Okay. All right.
6 Speaking specifically about the Southern
7 Tier, there was an effort a couple of years
8 ago to close the Greater Binghamton Health
9 Center, and we were able to speak with the
10 Governor's office and negotiate 90 beds down
11 to 60, with a promise that they were going to
12 be developing more community-based services.
13 Because, you know, prove to us that these
14 beds are now obsolete, they're empty. And I
15 said you've got the cart before the horse
16 here, because you need to show us we've got
17 empty beds and we can close down, when in
18 fact I keep hearing that there's not enough
19 beds, not enough beds.
20 What community-based services have
21 been established in the Southern Tier at this
22 point in time?
23 COMMISSIONER SULLIVAN: We have
24 invested in housing, and we've invested in

1 crisis intervention teams, and we have
2 invested in home-based crisis waivers for
3 kids.
4 So basically it's -- I think it comes
5 to about -- at this point, $500,000 we've
6 invested in the Southern Tier. In
7 particular, the crisis intervention teams
8 have helped divert admissions.
9 And I'm sorry, I don't know the exact
10 number of beds we put up, but I know we put
11 up a considerable number of supportive
12 housing as well out of reinvestment dollars.
13 And I think in time, hopefully, that
14 will also help us with the bed census on the
15 Southern Tier.
16 ASSEMBLYMAN CROUCH: Are you seeing
17 any empty beds typically at this point in
18 time at the Greater Binghamton Health Center?
19 COMMISSIONER SULLIVAN: Slowly, a few.
20 But not a lot. Because we want to make sure
21 that these services are pretty much up and
22 running before -- as I say, before we lower
23 those beds for the 90 days.
24 ASSEMBLYMAN CROUCH: We still have a

1 little ways to go, then.
2 COMMISSIONER SULLIVAN: Yeah, and the
3 children's -- we have not lowered any
4 children's beds.
5 ASSEMBLYMAN CROUCH: In regard to the
6 jail-based services, I think I know the
7 answer to this, but if we have a state
8 prisoner that's put out on parole, if he's
9 got some mental issues and violates parole
10 for one reason or another, he ends up back at
11 the county jail, isn't it the county's cost
12 at that point in time to provide mental
13 health services for that individual? Or is
14 it -- would the state step up and cover that
15 cost?
16 COMMISSIONER SULLIVAN: I believe it's
17 the county -- I believe, I'm not -- but I
18 believe that's the county's cost.
19 I think when it comes to restoration,
20 as I was talking about before, the state is
21 sharing some of that when those
22 individuals are transferred to us. But it's
23 the county cost, I believe, that pays for the
24 mental health services.

1 Now, we do give some state aid to some
2 counties who have set up some services out of
3 that state aid. But that is up to the county
4 with the state aid that we give them. But I
5 do know that some of the counties have used
6 the mental health state aid to provide some
7 services in the jails.
8 ASSEMBLYMAN CROUCH: Talking to a
9 couple of my local sheriffs, they've
10 estimated between 30 and 35 percent of the
11 jail population is in need of mental health
12 services. So -- and I know some of them are
13 state prisoners that violated parole and now
14 the county's got the entire cost of housing
15 and mental health services.
16 So I'd ask that you look at that as a
17 way -- you know, I'm very sensitive about
18 pushing the cost down to the counties from
19 the state. I came from county government and
20 I think we need to be very much aware of
21 where the costs are really being paid.
22 COMMISSIONER SULLIVAN: Yes. Thank
23 you. And also I know we're trying to work on
24 the crisis intervention training and

1 diversion, because what we would like to do
2 is also help the counties with that to avoid
3 people even getting into the jails. And with
4 our crisis intervention teams, we're hopeful
5 that will also help divert out of the jails.
6 But we will look into that. Thank you.
7 ASSEMBLYMAN CROUCH: Thank you.
8 CHAIRWOMAN YOUNG: Thank you. Our
9 next speaker is Senator Tim Kennedy.
10 SENATOR KENNEDY: Thank you,
11 Commissioner. And thank you for your
12 responsiveness when we have reached out to
13 your office.
14 Some of our colleagues have already
15 brought this topic up; it's the Western
16 New York Children's Psych center
17 consolidation. You made it too clear that
18 the state continues to move forward with the
19 plan to consolidate the children's psych
20 center at the adult facility. It's extremely
21 concerning. We've talked about this numerous
22 times. I know you've been out in the
23 district to see the facility.
24 You know, there are thousands of

1 individuals that have been positively
2 impacted by the Children's Psych Center that
3 are really galvanized in opposition behind
4 this. And it baffles me that the state
5 continues to drive this agenda forward. I
6 think it's counterproductive, and I truly
7 think that we need to take another look at
8 it.
9 That being said, has the state
10 explored any other ways to achieve the
11 savings that -- you know, I had heard
12 $4 million; I know you mentioned the number
13 $3.5 million earlier in your testimony, to
14 save that money without this consolidation.
15 COMMISSIONER SULLIVAN: I think the --
16 well, the purpose of this is to really spend,
17 I think, our healthcare dollars in a way that
18 is really serving the community best. And I
19 realize that -- in fact, I'm very pleased
20 that the community feels as positively about
21 the services we've provided in Western
22 Children's. But we are truly going to be
23 providing the same level of quality. We will
24 be providing the same number of beds, the

1 same staff, the same good service on the
2 Buffalo campus.
3 And I think this is what
4 transformation healthcare is all about -- how
5 do you spend your dollars wisely, how do you
6 make sure that we're really converting
7 dollars that sit in institutions into
8 community-based. So that's why we're doing
9 it.
10 SENATOR KENNEDY: So any time there's
11 a consolidation of services to save money,
12 the question is also at what expense. And
13 the question that continues to come up is
14 whether or not the expense is to our children
15 in the community, those individuals that we
16 know go to the Western New York Children's
17 Psych Center, we know have a very positive
18 impact, there are very positive outcomes that
19 come out of there. The old saying, if it's
20 not broke, don't fix it, that continues to
21 come forward. There is an enormous amount of
22 push-back. And I'm deeply concerned that the
23 question in mind here is whether or not this
24 consolidation is going to impact our children

1 negatively.
2 And I will stand opposed and I know my
3 colleagues from the Western New York region
4 are opposed to this consolidation if in fact
5 the expense is going to be to our children
6 and their futures. And, you know, it's very
7 concerning.
8 COMMISSIONER SULLIVAN: Thank you.
9 But I truly think that this is something that
10 offers an opportunity for our children and
11 families. I know we're disagreeing, but I'm
12 saying basically that there will be almost a
13 thousand more families served -- we are
14 serving 500 more families now with the
15 preinvestment, another million and a half
16 going into the community, another 500
17 families -- these families are not getting
18 services now. We'll have the opportunity to
19 provide it. And we will be providing the
20 same -- I believe, and I know that this is
21 where we're disagreeing -- the same high
22 quality of care on the Buffalo campus. I do
23 not think at all that we will be
24 shortchanging the children in Western

1 New York.

2 SENATOR KENNEDY: So can you speak to
3 the services that would be provided with
4 these savings and how those services will be
5 provided?

6 COMMISSIONER SULLIVAN: Yeah. What we
7 have so far, we just put up 24 home-based
8 crisis waivers, which provides community-
9 based services. We have a mobile integration
10 team that we have put up which is working
11 with families at home in community-based
12 services, crisis intervention services.
13 We've added clinic slots in Western New York,
14 in the Empire Clinic and in some other
15 clinics in Western New York. We've put
16 workers into schools in Western New York.

17 And when we add the additional
18 savings, which would be another 1.5 million,
19 we will be setting up crisis respite beds for
20 children and another mobile intervention team
21 and additional clinic slots. So this is
22 really going to serve, I think when we're
23 finished, anywhere from 800 to a thousand
24 additional children and families in Western

1 New York. And I just think that's really
2 good for the community, and we'll be serving
3 those families.
4 At the same time, this high-quality
5 care that we are providing, the same
6 clinicians will be at Buffalo. Buffalo is
7 being redesigned to be extremely
8 child-friendly, to provide high-quality care.
9 We've had excellent architects. We've worked
10 very closely with the community on their
11 suggestion about what it should look like,
12 how the space should be redesigned. We will
13 continue to work with them.
14 And I would hope if this happens and
15 this move occurs, that a year after they're
16 there we will have families who will come
17 forward and say, you know, my child is
18 getting excellent care on this campus.
19 SENATOR KENNEDY: Are there other
20 state facilities or stand-alone facilities,
21 are there other locations that the state has
22 looked at other than this consolidation on
23 the adult campus for the Children's Psych
24 Center?

1 COMMISSIONER SULLIVAN: Well, this is
2 the way it would serve to be able to actually
3 save the dollars. I mean, I think that other
4 options would probably -- if we were to just
5 move it to another space, it would cost the
6 same amount as it's costing now.
7 SENATOR KENNEDY: Is that something
8 that you would explore?
9 COMMISSIONER SULLIVAN: I think at
10 this point we are really hoping to be able to
11 move forward with the Buffalo plan.
12 SENATOR KENNEDY: I would urge you to
13 consider other locations.
14 COMMISSIONER SULLIVAN: Thank you.
15 SENATOR KENNEDY: Thank you.
16 CHAIRMAN FARRELL: Thank you.
17 Assemblywoman Jaffee.
18 ASSEMBLYWOMAN JAFFEE: Thank you,
19 Commissioner. Appreciate the opportunity to
20 have this conversation.
21 I know that there has been significant
22 downsizing in the last number of -- in the
23 last few years, we've closed about 449 beds.
24 And the proposal now is for another hundred

1 beds. I represent Rockland County, areas in
2 Rockland County, and I've been hearing from
3 local community organizations and so many
4 involved in the community, a real concern
5 about how we are moving forward in responding
6 to the availability of mental health services
7 for our children.
8 There are concerns about staffing,
9 concerns about psychiatric support, concerns
10 about even transportation for these youth who
11 are now being transferred to local sites.
12 So what is in place and what is being
13 provided as we move forward to assure that we
14 have the sufficient staffing and psychiatric
15 services and everything that really is needed
16 that can be provided to these -- our children
17 and our youth that are being transferred from
18 the psychiatric sites to local homes, houses,
19 local areas?
20 COMMISSIONER SULLIVAN: The support
21 services that we're putting in place are
22 really very much home-based and
23 community-based. So it includes things like
24 home-based crisis waiver services, home-based

1 crisis intervention systems, where workers go
2 in and work with families in the home as
3 opposed to just having -- although clinic
4 services can certainly be effective -- just
5 having individuals and families come to the
6 clinic.
7 So the dollars that we are investing
8 in the community are really services that
9 bring the services to the home. And the new
10 Medicaid expansion, which is going to happen
11 as of 2017, is really exciting in this area
12 because it's going to really provide, through
13 Medicaid, dollars to do home-based work, peer
14 advocacy work, family advocacy work, and
15 really move the services to the families.
16 That doesn't mean we won't still have
17 clinic services, but those in-home services,
18 evidence-based services have been shown to be
19 so much more effective with families that are
20 in distress, and especially if you're working
21 with seriously emotionally distressed
22 children.
23 So the movement into children's
24 managed care, the $30 million that is going

1 to be there to literally expand those
2 services across the state, I think will
3 definitely help.
4 I also think that there's an issue
5 with psychiatrists for sure. One of the
6 things that we have done in the state is we
7 have something called Project Teach, where we
8 have telepsychiatry with child psychiatrists
9 who are available to consult with clinics or
10 pediatricians or others through telemedicine.
11 We've been quite successful with using that,
12 and we're going to be expanding that so that
13 we can really reach out even to more
14 communities. Because I think the shortage of
15 child psychiatrists is not going to go away
16 quickly, and it's very important that we use
17 whatever -- including technology -- is in our
18 armamentarium to be able to work with it.
19 And then in our psych centers, in the
20 budget, we are having a loan forgiveness
21 program to be able to try to recruit more
22 physicians into -- who have just graduated --
23 into our system by helping to pay off their
24 student loans in the New York Loan

1 Forgiveness Program.
2 So we're making efforts to expand
3 child psychiatry availability across the
4 state. But it's difficult. It's a national
5 shortage at this point.
6 ASSEMBLYWOMAN JAFFEE: The concern
7 also with these residential sites is whether
8 there's sufficient staffing in place. And
9 the ability to be able to connect to
10 community and then also provide the services
11 that we were just discussing in terms of
12 psychiatric assistance -- even jobs, for
13 those who are older youth -- and the ability
14 to be able to have the transportation from
15 that residential site to the job, for
16 assistants and a variety of entities. So
17 those are very real concerns, and it's being
18 suggested that, very honestly, it's not being
19 provided. And there is a challenge, clearly,
20 with assuring that that is something that is
21 in place.
22 COMMISSIONER SULLIVAN: And we're
23 hopeful that some of the transportation
24 issues can be helped by some of the dollars

1 that are available in both the HARP program
2 and managed care, but we have to work on
3 that. The changes in the rules about
4 transportation have had a significant
5 impact -- federal rules on transportation,
6 reimbursement from Medicaid, have had an
7 impact. And I think we are still working to
8 figure out how to best get those dollars.
9 Because transportation is an absolutely
10 critical part. If you can't get there, you
11 know, you're not going to get the service.
12 So we are working with that. In some
13 places we have used state aid to actually
14 provide that transportation, but we're
15 working very hard on that issue. It's very
16 important.
17 ASSEMBLYWOMAN JAFFEE: Thank you very
18 much, Commissioner.
19 CHAIRMAN FARRELL: Thank you.
20 Senator?
21 CHAIRWOMAN YOUNG: Thank you.
22 Our next speaker is Senator Gustavo
23 Rivera.
24 SENATOR RIVERA: Thank you, Madam

1 Chairwoman.
2 Good morning, Commissioner. I want to
3 focus on something we haven't spoken about
4 yet. It is Part L of the budget as it
5 relates to temporary operators. And the fact
6 that it seems that both for your agency as
7 well as OPWDD that there's a change in the
8 way the process works.
9 So in particular, I just want to note
10 how currently the process works, if there is
11 an agency that, either through malfeasance or
12 through inept management or what have you,
13 still serves a population that has high needs
14 but needs to be taken over. What is the
15 process currently, the changes that are
16 proposed here, and what is the necessity of
17 changing the process to what is in Part L of
18 the budget proposal?
19 COMMISSIONER SULLIVAN: The current
20 process is that we can learn about issues by
21 reviewing the financial plans, which we get
22 every year from agencies. And usually it's a
23 financial issue with an agency. Sometimes
24 it's a clinical issue, but most often it's a

1 financial issue. So in those reviews we work
2 with agencies. Other times, agencies come to
3 us even in the middle of the year or before
4 those reports, just saying they're having
5 difficulties.
6 Once they come to us, we have a large
7 amount of technical assistance that we work
8 with them to try to help them become solvent,
9 to help them be able to deal with the
10 problems that they're facing. We work with
11 consultants if we have to, we work with our
12 financial individuals, we have sometimes
13 helped them do consolidations, mergers,
14 technical assistance on how to redesign. So
15 that's all in place at the current time.
16 What the temporary operator does is
17 give you a little bit faster way to move in
18 and assist if you have to. We don't expect
19 you would use it very often, but every now
20 and then an agency gets into trouble fairly
21 quickly, and we need to be able to move in to
22 make sure that we can assign a temporary
23 operator that can then take over the main
24 operations of what's happening while still

1 trying to get the agency back on its feet.
2 Our main concern through all this is
3 always to make sure that the services are
4 provided appropriately to the individuals who
5 are being seen by the agency, and to make
6 sure that their care is safe and make sure
7 that they get the care that they need.
8 So this would just be another tool in
9 the armamentarium. I think that we have
10 lived through a few major issues -- one was
11 with FEGS last year -- and there might be
12 times when this would be useful. Other times
13 we would continue to use the current way that
14 we work with agencies.
15 SENATOR RIVERA: And by the way, FEGS
16 in the -- they obviously were in the City of
17 New York. They were right on the fifth floor
18 and the fourth floor in my office building.
19 So I was -- a lot of the folks there lost
20 their jobs, et cetera. I was kind of witness
21 to it firsthand.
22 But my question really is so the
23 current process requires -- because this
24 would expand, if I'm not mistaken, it would

1 expand the authority of the agency to assign
2 a temporary operator --
3 COMMISSIONER SULLIVAN: Yes.
4 SENATOR RIVERA: -- without the
5 involvement of a court proceeding?
6 COMMISSIONER SULLIVAN: Yes.
7 SENATOR RIVERA: So it would kind of
8 sidestep that.
9 And so on the face of it, the need
10 would be so that it would be done more
11 efficiently and more effectively.
12 COMMISSIONER SULLIVAN: Yes. Yes.
13 SENATOR RIVERA: Ultimately the
14 decision would be made by you and your staff
15 about -- if this is approved and you get the
16 authority to do this, then the trigger would
17 be -- I mean, there's obviously a lot of
18 definitions here about extraordinary
19 financial assistance, serious financial
20 instability, et cetera.
21 COMMISSIONER SULLIVAN: Right.
22 SENATOR RIVERA: Outside of that, the
23 details as far as what would trigger your
24 decision to take over an agency would be

1 really done by your staff, it would be
2 internal?
3 COMMISSIONER SULLIVAN: Yes.
4 SENATOR RIVERA: And currently you do
5 not have that authority?
6 COMMISSIONER SULLIVAN: No, we do not.
7 SENATOR RIVERA: Okay. I might come
8 back later for more questions, but I wanted
9 to clarify that that's what was here.
10 COMMISSIONER SULLIVAN: Yes.
11 SENATOR RIVERA: Thank you so much,
12 Commissioner.
13 COMMISSIONER SULLIVAN: Thank you.
14 CHAIRMAN FARRELL: Thank you.
15 Mr. O'Donnell.
16 ASSEMBLYMAN O'DONNELL: Good morning.
17 I'm going to confine my questions to
18 people in the criminal justice pipeline, so
19 with people at the end. I'll get back to the
20 ones at the beginning in a minute.
21 As you know, a few years ago we passed
22 a bill requiring mental health discharge
23 planning. The Governor was gracious enough
24 to sign it on December 31st, and included

1 $20 million in last year's budget to do that,
2 including $7.8 million for supportive
3 housing --
4 CHAIRMAN FARRELL: Is your mic on,
5 Dan?
6 ASSEMBLYMAN O'DONNELL: My mic is on
7 now, yes.
8 -- $7.8 million for supportive
9 housing. So my first question for you is,
10 have you spent the $20 million? And if you
11 have, what have you done with it?
12 COMMISSIONER SULLIVAN: Yes. Well,
13 we're spending it. We spent most of it.
14 So just so you know, there have been
15 different pieces to the $20 million. One
16 piece has been to establish, in the prison
17 system -- so this was in the prison system --
18 we are screening all individuals who have had
19 any contact with the mental health system in
20 prisons for the three years before, so we
21 have implemented that and that's ongoing.
22 We have also set up three units in
23 prisons, in different prisons, for working
24 very closely with individuals who have been

1 screened and assessed to have a high
2 propensity for violence. That's in three
3 different prisons.
4 And we have also established in two
5 prisons units for those individuals who are
6 going to have difficulty transitioning into
7 the community who also have a history of
8 violence. And those two -- I think one is at
9 Sing Sing; I forget where the other one is.
10 And prisoners will be in those units between
11 nine and 12 months before being discharged
12 from prison, so they will have the
13 opportunity to really gain the skills needed.
14 Then once in the community, we have
15 set up an additional 150 supportive housing
16 beds. And around those supportive housing
17 beds we have wrapped -- these are again the
18 high-risk patients -- we have wrapped
19 ACT-like services, not specifically ACT
20 teams, but -- that's Assertive Community
21 Treatment. These are teams that work with --
22 they have psychiatric backup, they have
23 social work backup. And those teams work
24 with those individuals for up to a year to a

1 year and a half, depending on the need,
2 ensuring that they have a successful
3 transition into the community.
4 And there's also work with the parole
5 system for those individuals. Many of these
6 individuals are on parole. So those teams
7 then work with the parole individuals to wrap
8 these services around.
9 So the $20 million is being spent on
10 community-based services, it's being spent on
11 in-house services. There's another piece of
12 the dollars which have been spent on the
13 individuals in prison who leave to come to
14 the state psychiatric centers. Those
15 individuals, we have set up a special unit in
16 the state psychiatric system to work with
17 them, partly because that group of
18 individuals -- and this training is for the
19 prison system as well as our state psych
20 centers -- in addition to their mental
21 illness have what we call criminogenic
22 issues. And staff have to be up for dealing
23 with that. And there are evidence-based
24 practices that work, so we've done an

1 extensive training. So that is also ongoing.
2 And then there's one more piece, which
3 is a transitional living unit for individuals
4 which will be staffed by OMH for individuals
5 who maybe can't move directly into community
6 apartments but may need a transitional living
7 unit with OMH staff.
8 So we are spending the money.
9 ASSEMBLYMAN O'DONNELL: Excellent.
10 You have proposed a reduction of beds
11 or there's going to be a reduction of beds at
12 the Central New York Psychiatric Center,
13 which is the one that is used by the prison
14 system?
15 COMMISSIONER SULLIVAN: No. No.
16 ASSEMBLYMAN O'DONNELL: Okay. I'd
17 like to move back to the 730 exam process.
18 It took me a long time to read this, the
19 mental capacity restoration. I've never
20 heard that word before. So you understand, I
21 was a full-time public defender from 1987 to
22 1995. I'm very well versed on how that
23 process works.
24 In 2012 we amended the law to allow

1 individuals to be released and have the 730
2 exam while not incarcerated. My information
3 is that in the last three years, only three
4 people have been provided with that
5 opportunity.
6 Do you have any explanation for why
7 that is?
8 COMMISSIONER SULLIVAN: You know, I --
9 quite frankly, I'd have to check. I do know
10 that we have been looking to have -- I think
11 what you're talking about is community-based
12 restoration?
13 ASSEMBLYMAN O'DONNELL: Right. So
14 they're not in a facility at the time.
15 COMMISSIONER SULLIVAN: One of the
16 issues with that -- but I'm not saying it's
17 the whole issue by any means -- is the
18 ability of the district attorneys in the
19 various areas, because we have started to
20 talk to them about doing this. And we get a
21 fair amount of push-back. I think they have
22 a high degree of concern about doing
23 ambulatory restoration. I believe there are
24 a few places in the state where they've

1 started to do it, but it's very small. Other
2 states do this a lot --
3 ASSEMBLYMAN O'DONNELL: Yes, they do.
4 So the DAs are the impediment to saving the
5 money for the localities to not require them
6 to be inpatient?
7 COMMISSIONER SULLIVAN: To some
8 extent, yes.
9 ASSEMBLYMAN O'DONNELL: My last
10 question about the 730 exams, I'm very
11 concerned about your proposal to do these in
12 jails. Hospitals allegedly are therapeutic
13 environments. Jails and prisons are never
14 therapeutic environments. The vast majority
15 of the people who were mentally ill enough to
16 warrant a 730 exam in the New York City
17 criminal justice system are clearly people
18 who need to be in a therapeutic environment
19 and not in a jail environment.
20 And so as much as I understand your
21 need for savings, I think that Mr. Aubry and
22 Ms. Savino both raised very important points.
23 The people in the jails are not sufficiently
24 trained to deal with people with these kind

1 of severe mental illnesses. And, you know, I
2 would ask you to seriously reconsider whether
3 or not that's the right way to deal with it.
4 What has happened, in my years -- I think the
5 total is four years now, Jeff -- four years
6 as Corrections chair are prisons have become
7 the mental institutions of the 1960s. And
8 we're not yet up to speed with getting both
9 services and an acknowledgement that we need
10 to change those environments because of the
11 nature of who they are.
12 The people who get 730ed are the crème
13 de la crème of the mentally ill, and they
14 really do not and should not be held in
15 non-therapeutic environments while they're
16 trying to see if they could be made healthy
17 enough to even just stand trial.
18 COMMISSIONER SULLIVAN: Now, I
19 understand your concerns. I think if we --
20 if we do go forward with trying this in a few
21 counties, we would clearly -- these would
22 have to be separate units -- so again, a
23 county may not want to do this -- it would
24 have to be separate units in jails, there

1 would have to be the clinical support. And
2 we would have to also pick and choose who
3 would get these services, because obviously
4 some would absolutely still have to come to
5 mental hospitals. I mean, there's no
6 question about that.
7 It's whether if we were to look at
8 this almost as -- with a couple of counties,
9 whether there were some individuals who could
10 be safely and appropriately treated with the
11 necessary clinical supports in a jail, in a
12 separate unit in a jail. And that's
13 something that I think, you know, we might
14 explore. But I agree with you, it has to be
15 done carefully and we have to be sure that
16 individuals who need to be in hospitals get
17 to hospital competency restoration.
18 ASSEMBLYMAN O'DONNELL: Right. But
19 there's very little experience where creating
20 a separate unit actually changes the
21 environment, from the environment of
22 incarceration to one that is actually
23 designed and working to be therapeutic. If
24 that's going to happen, good luck to you;

1 it's never happened yet.
2 Thank you very much.
3 COMMISSIONER SULLIVAN: Thank you.
4 CHAIRMAN FARRELL: Thank you.
5 Senator?
6 CHAIRWOMAN YOUNG: Thank you.
7 Senator Terrence Murphy.
8 SENATOR MURPHY: Thank you, Senator
9 Young.
10 Thank you, Commissioner, for being
11 here this morning. I'll try and be as brief
12 as I can.
13 In the O'Toole settlement, supposedly
14 we're supposed to have 4200 residents moved
15 by 2018. Approximately how many have been
16 moved so far?
17 COMMISSIONER SULLIVAN: Two hundred
18 and seven have been moved from adult homes
19 into housing; 1300 have expressed -- of the
20 3,000 screened, 1300 have currently expressed
21 an interest in moving. So 1300 we are
22 working with, 3,000 have been screened, and
23 207 have moved.
24 SENATOR MURPHY: So 3,000 have been

1 screened?
2 COMMISSIONER SULLIVAN: Screened. And
3 they've been approached, they've been
4 approached and said are you interested --
5 sorry, they've been approached and said, Are
6 you interested in leaving? And on first
7 approach of those 3,000, 1300 have said yes,
8 we are interested in leaving adult homes.
9 And we are in the process of working with
10 them to move them from the adult home.
11 It ultimately is the individual's
12 choice. I mean, we try to encourage them to
13 want to do it, but some have decided that
14 they haven't wanted to go. So we're working
15 with a pool of 1300. It might be a little
16 bit bigger when the outreach is done to the
17 full 4,000.
18 SENATOR MURPHY: Thank you.
19 And in 2013 you have approximately
20 $84 million that has been appropriated here.
21 And in 2013-2014, the appropriation was
22 $16.8 million. In 2014-2015 the
23 appropriation was $30 million. And this year
24 it was $38 million.

1 How much of that money in 2013-2014,
2 out of the 16.8, has been spent?
3 COMMISSIONER SULLIVAN: I'd have to
4 get you those numbers in terms of the
5 dollars. I mean, there's money spent
6 obviously on the assessments, on working on
7 the planning, there's been contracts let.
8 But I don't know the exact amount that is
9 spent, and I'll have to get back to you on
10 that.
11 SENATOR MURPHY: No problem. No
12 problem.
13 The second question here, in the
14 Executive's Article 7 bill, in Part K dealing
15 with the jail-based restoration, a little
16 concern I have is what the potential costs
17 are going to be to our counties. Do we have
18 any idea what that is going to entail and how
19 we're going to get there and --
20 COMMISSIONER SULLIVAN: The reason
21 that some of the counties might be interested
22 is because currently the jail-based
23 restoration is done in our psychiatric
24 facilities, and the cost for the average

1 jail-based restoration is over -- about
2 $130,000 to $140,000.
3 So the -- per jail based -- it's
4 expensive. So the counties pay half of that
5 at the current time, so they are paying about
6 $70,000.
7 The counties are -- the few counties
8 that expressed interest are interested
9 because the projections again are -- if you
10 do it right, with clinical assistance and a
11 separate unit, et cetera, would be about
12 $40,000, $45,000. So it would actually save
13 money to the counties. And that's why
14 there's some interest in doing it. So it's
15 actually the counties who have an interest.
16 If they're not interested, we won't do
17 it. This is totally voluntary, and it would
18 have to be a county that really had a desire
19 to do it and would want to do it in a way, as
20 was mentioned before, that it's clinically
21 appropriate for these individuals.
22 SENATOR MURPHY: Would there be any
23 reimbursement to the county for that roughly
24 $40,000?

1 COMMISSIONER SULLIVAN: No, there
2 isn't now. No, there wouldn't be. No.
3 SENATOR MURPHY: Okay. And my last
4 question -- I know Senator Savino had brought
5 this up -- the rate increase in SSI. I know,
6 you -- DOH -- but it is terribly important
7 that that gets addressed because we have got
8 to take care of these people that can't take
9 care of themselves.
10 COMMISSIONER SULLIVAN: Yes. Thank
11 you.
12 CHAIRWOMAN YOUNG: Thank you.
13 CHAIRMAN FARRELL: Thank you very
14 much.
15 Assemblywoman Barrett.
16 ASSEMBLYWOMAN BARRETT: Thank you.
17 Thank you, Commissioner. Over here.
18 I want to follow up on what
19 Assemblyman Crouch raised about schools and
20 youth. And I'm wondering why there's no
21 money in the budget to address that, because
22 I too am hearing that the increase in special
23 needs -- and I use that really broadly -- is
24 a huge issue in schools dealing with

1 everything from ADHD to more extreme
2 disorders.
3 And I also want to, you know, sort of
4 frame this as a not just mental but emotional
5 health, which I think is under your purview
6 too, and doesn't seem to get included in the
7 conversations.
8 And the schools are dealing with this,
9 they're seeing just enormous increases. And
10 how -- as the commissioner of this agency in
11 the State of New York, what's your agenda for
12 helping the school districts and helping the
13 communities and helping our kids?
14 COMMISSIONER SULLIVAN: I think that
15 there are two -- there are different ways to
16 work with the schools. One way is clearly
17 through school-based, actually, services.
18 And there's no new money for that in the
19 current budget.
20 But what is new money in the current
21 budget is through the reinvestment. And when
22 I speak of crisis intervention teams for
23 children across the state we have been
24 investing in, those crisis intervention teams

1 work very closely with the schools. So they
2 are there to respond to concerns the schools
3 may have about an individual. In fact, a
4 good percentage of the work that some of our
5 crisis teams do is -- almost half of the work
6 is with schools.
7 So the crisis intervention teams that
8 we've been putting up are effective, also,
9 help for the schools.
10 The other that we do have is
11 educational outreach and work that we do with
12 the schools in terms of training should they
13 see signs of -- like suicide prevention,
14 mental health first aid kind of training that
15 we do out there with the schools at their
16 request. And we do a lot of that training
17 across the state. That's embedded in the
18 budget.
19 So we also have these school promise
20 zones; that's paid for out of the budget.
21 There's no new dollars, I have to be honest,
22 in this budget, but there's -- except for the
23 reinvestment. The reinvestment dollars are
24 new.

1 The second piece is that the
2 additional money from Medicaid which is
3 coming, that $30 million investment does
4 provide the kinds of services that will be
5 in-home-based and the kinds of services that
6 could also go to a school for an individual
7 in need. So that $30 million, while not
8 appropriated specifically to schools, will be
9 serving and helping -- the crisis teams for
10 schools will be helping do on-site work with
11 kids in schools, that kind of work.
12 So that is embedded in the Medicaid
13 dollars that are coming down the pike. So
14 there is an expansion there.
15 ASSEMBLYWOMAN BARRETT: And how many
16 school districts, how many schools do you
17 feel like this is? Because it doesn't seem
18 like a lot of money for the number of schools
19 we have across the state.
20 COMMISSIONER SULLIVAN: Well, it
21 doesn't touch as many schools as it would
22 need to, no. It doesn't.
23 ASSEMBLYWOMAN BARRETT: Is this a
24 priority of yours, going forward, to enhance?

1 Because it seems like this is -- you know,
2 this is the opportunity to cut off future
3 needs and future costs by addressing these
4 issues early with our young people.
5 COMMISSIONER SULLIVAN: No, I agree.
6 And I think with the Medicaid, the dollars
7 that are going now into Medicaid and into the
8 plans that we have, it's an opportunity to
9 invest and to go forward and to do more work
10 in the schools as we go forward, absolutely.
11 ASSEMBLYWOMAN BARRETT: And I would
12 encourage that.
13 My second question is about the Hudson
14 Correctional Facility, which is in my
15 Assembly district, and what your plans are
16 for the mental health services among that --
17 in its new configuration. And I also would
18 encourage you, obviously, to reach out to the
19 local community in hiring and training as
20 well.
21 COMMISSIONER SULLIVAN: Yeah, we are
22 still looking at the entire picture of
23 forensics across the state. So there's no
24 firm plan yet for the Mid-Hudson Correctional

1 Facility. It is an old facility.
2 ASSEMBLYWOMAN BARRETT: This is the
3 Hudson. No, I'm talking about the --
4 COMMISSIONER SULLIVAN: Hudson, I'm
5 sorry.
6 ASSEMBLYWOMAN BARRETT: -- the Hudson,
7 that's going to be -- you know, that's part
8 of the Raise the Age program.
9 COMMISSIONER SULLIVAN: Yes, I'm
10 sorry. Yeah. Yeah. So yes, we'll be
11 looking --
12 ASSEMBLYWOMAN BARRETT: Yeah, what is
13 your timetable? And will you be having
14 mental health facilities and programs and
15 staff in that facility?
16 COMMISSIONER SULLIVAN: I have to get
17 back to you on that, actually. I'm not sure
18 about the timetable for when -- what those
19 services will be.
20 ASSEMBLYWOMAN BARRETT: Are you
21 involved in the plans for this? This is the
22 -- this is in the city, it's the Hudson
23 Correctional Facility that's going to be, you
24 know, the youth facility --

1 COMMISSIONER SULLIVAN: That's -- oh,
2 I'm sorry, the Raise -- I'm sorry, I wasn't
3 connecting my dots for a minute. That's the
4 Raise the Age, that's the youth who will be
5 coming.
6 ASSEMBLYWOMAN BARRETT: Right.
7 exactly.
8 COMMISSIONER SULLIVAN: Yes, we are
9 involved. And actually there's a million
10 dollars in the budget to support the mental
11 health services that will be there for those
12 hundred -- it's about a hundred youth that
13 will be coming to that facility to get
14 specialized -- services in general and also
15 mental health. So there's about -- we will
16 have mental health services there for that
17 youth. About a million dollars is in the
18 budget to supply that, yes.
19 ASSEMBLYWOMAN BARRETT: And do you
20 have a timetable for that yet? Do you know
21 what the --
22 COMMISSIONER SULLIVAN: I think it's
23 going to happen this year. It's going to
24 happen very quickly, yes.

1 ASSEMBLYWOMAN BARRETT: And the
2 million dollars, how does that break down in
3 terms of actual staff and programming?
4 COMMISSIONER SULLIVAN: It's going to
5 be mostly outpatient programming. It's not
6 going to be inpatient. You know, obviously a
7 hundred youth -- but we will be having
8 probably about 15 staff who will be doing day
9 programming, clinic-type services. Pretty
10 much what you would do for an outpatient
11 population for youth.
12 And we will be doing that on-site in
13 the facility. We'll have the staff there.
14 And they are specially trained to work with
15 the youth.
16 ASSEMBLYWOMAN BARRETT: Thank you. My
17 time is up. But thanks very much.
18 CHAIRMAN FARRELL: Thank you very
19 much.
20 Senator?
21 CHAIRWOMAN YOUNG: Thank you.
22 Our next speaker is Senator Fred
23 Akshar.
24 SENATOR AKSHAR: Thank you, Madam

1 Chairwoman.

2 Welcome, Commissioner. Let me ask you

3 just a couple of very brief questions.

4 There's an increase of $2.6 million

5 for the expansion of your sex offender

6 management program, an increase of 25 beds.

7 Are they community-based beds? And where are

8 they going in the state?

9 COMMISSIONER SULLIVAN: No, that's in

10 the inpatient facility. Those beds are an

11 increase for the individuals who are

12 committed to the facility at the time of

13 their release from prison. So those are

14 inpatient beds expanded in the prison -- in

15 the SOMTA program, sorry. The sexual

16 offender treatment program.

17 SENATOR AKSHAR: Thank you.

18 I just want to follow up to my

19 colleague Assemblyman Crouch about the

20 Greater Binghamton Health Center, which is in

21 the district that I represent, as you well

22 know. Are there any long-term plans

23 specifically to close that health center?

24 COMMISSIONER SULLIVAN: No. No. Not

1 at this time, no.
2 SENATOR AKSHAR: Thank you.
3 Thank you, Madam Chairwoman.
4 CHAIRWOMAN YOUNG: Thank you, Senator.
5 CHAIRMAN FARRELL: Assemblywoman
6 Malliotakis, to close on our side.
7 ASSEMBLYWOMAN MALLIOTAKIS: Thank you.
8 Commissioner, I just had a couple of
9 follow-up questions.
10 As justification for closing the beds,
11 you said that there was no wait list. I just
12 wanted to know, how many people are currently
13 on the wait list and what is the process to
14 get on the wait list?
15 COMMISSIONER SULLIVAN: A waiting list
16 is just a way to monitor whether individuals
17 have been accepted to our facilities but are
18 not admitted within like a two-week period of
19 time.
20 If that's not happening, then we
21 consider that we can't close that bed,
22 because obviously there are individuals who
23 aren't moving fast enough into our system.
24 So we do not close a bed if there are

1 individuals who are waiting any longer than
2 two weeks for a bed at a facility.
3 ASSEMBLYWOMAN MALLIOTAKIS: But do you
4 have an actual wait list?
5 COMMISSIONER SULLIVAN: No, we don't
6 really call it a -- no.
7 ASSEMBLYWOMAN MALLIOTAKIS: You
8 wouldn't have a wait list, right, because
9 it's mostly --
10 COMMISSIONER SULLIVAN: Yeah, the vast
11 majority of individuals come in within a --
12 it takes a certain amount of paperwork time.
13 Our transfer from hospital is within two
14 weeks. So we don't actually have a wait
15 list.
16 But we monitor. So before we close a
17 bed, we say is there anyone on this list who
18 hasn't gotten in? And we look. And if
19 there's anybody who is taking three weeks or
20 four weeks or longer to get in, then we wait.
21 We don't close a bed.
22 ASSEMBLYWOMAN MALLIOTAKIS: So you
23 monitor the occupancy rates also at that
24 particular site --

1 COMMISSIONER SULLIVAN: Point in time,
2 absolutely.
3 ASSEMBLYWOMAN MALLIOTAKIS: -- and
4 then you see if people are being turned
5 away --
6 COMMISSIONER SULLIVAN: Or held --
7 just held up. They're not turned away, they
8 might be delayed.
9 ASSEMBLYWOMAN MALLIOTAKIS: So in the
10 areas where you're seeing that people are
11 held up, are you going to add, then, beds to
12 those particular sites, like maybe close beds
13 in certain sites but then open --
14 COMMISSIONER SULLIVAN: If we need to,
15 we will. But often it's a very temporary
16 blip that happens sometimes because of
17 sometimes, you know, a unit temporarily,
18 perhaps for a little construction work, is a
19 little bit down.
20 So we haven't found yet that we've had
21 to open up new beds. We've worked with the
22 facilities and been able to work down any
23 problem like that.
24 But yes, we would if we had to.

1 ASSEMBLYWOMAN MALLIOTAKIS: Okay. I
2 just wanted to get clarity on that. Thank
3 you.
4 CHAIRMAN FARRELL: Thank you.
5 Senator?
6 SENATOR KRUEGER: Senator Boyle.
7 SENATOR BOYLE: Thank you, Madam
8 Chairwoman.
9 Thank you, Commissioner, for your
10 testimony.
11 Just a quick question. As you know, I
12 and my fellow Long Island legislators have
13 been very concerned about Children's
14 Psychiatric Center at Sagamore. And we're
15 happy that the budget continues for the 54
16 beds; we're concerned, however, about the
17 reduction in the number of units, from four
18 to three, and most importantly the staffing
19 levels. We hear reports on a fairly regular
20 basis that because of the lower staffing
21 levels, there's staff being put at risk,
22 there's been injuries already reported about
23 instead of having two staff in the room, in
24 the classroom, for example, there's only one.

1 And there's been some injuries, and we're
2 very concerned about that, and we'd like you
3 and your staff to look into that, if
4 possible.
5 COMMISSIONER SULLIVAN: Yeah, we will.
6 I mean, we monitor staffing very carefully,
7 so we will look into any complaints. And
8 also we are still looking very, very hard to
9 try to find child psychiatrists. So I know
10 that that's an ongoing issue, ongoing issue.
11 CHAIRMAN FARRELL: Senator?
12 CHAIRWOMAN YOUNG: Okay, Senator
13 Marchione.
14 SENATOR MARCHIONE: Thank you.
15 Commissioner, relative to the Hudson
16 Correctional Facility, which is in my Senate
17 district, just a follow-up question. Did you
18 say that the staff is going to be part-time
19 and not work out of the facility?
20 COMMISSIONER SULLIVAN: No, they will
21 be working in the facility.
22 SENATOR MARCHIONE: Did you say they
23 would be part-time?
24 COMMISSIONER SULLIVAN: No, I -- no.

1 No, not part-time. No, it will be -- they
2 will be providing the equivalent of
3 outpatient services. We're not putting -- so
4 that we will have the staff full-time in the
5 facility.
6 SENATOR MARCHIONE: Okay. Because I
7 was under the impression from the budget that
8 it was required that you were going to be
9 putting full-time staff --
10 COMMISSIONER SULLIVAN: Yes. Yes.
11 I'm sorry, I don't think I said that. No,
12 no. Full-time. Full-time, absolutely.
13 SENATOR MARCHIONE: Thank you.
14 CHAIRWOMAN YOUNG: Thank you.
15 Commissioner, I do have a couple of
16 questions.
17 So first of all, thank you for being
18 here today. We truly appreciate your
19 testimony.
20 As you know, we've been pushing hard
21 over the years to actually expand access to
22 mental health services, through Kendra's Law,
23 assisted outpatient treatment. And every
24 week, unfortunately, I still read in the

1 newspapers from across the state that we have
2 acts of violence. People are falling through
3 the cracks, people who haven't gotten
4 services, for whatever reason -- maybe
5 they're off their meds.
6 And I just want to point out to you
7 that I would love to work with you in the
8 future, and the Governor, to see what we can
9 do to stop a lot of those cases, because
10 obviously they impact people's quality of
11 life.
12 And what we see right now, as you
13 know, is a rise in homelessness. And I'm
14 glad there's supportive housing in the
15 budget, but I think there's more that we can
16 do. There's a rise in addiction, and we'll
17 hear from the commissioner of OASAS in a few
18 minutes. But obviously people are
19 self-medicating in many cases because of an
20 underlying mental health issue. We have a
21 rise in PTSD with our veterans coming home --
22 and some of our veterans, World War II,
23 Vietnam, they still suffer from those issues.
24 So I believe very strongly we need

1 more mental health services in this state.
2 I listened intently to your answer to
3 Assemblyman O'Donnell. He and I, as you
4 know, have worked together, especially after
5 that notorious case with Daniel St. Hubert,
6 who stabbed, in a NYCHA elevator -- that
7 tragic case -- Mikayla Capers, 7 years old,
8 and P.J. Avitto, 6 years old. Mikayla
9 survived; P.J. did not.
10 And so it sounds like you're making
11 progress with the $20 million that the
12 Legislature put into the budget last year,
13 but -- and I appreciate your answer, and it
14 sounds like we're in the right direction.
15 But one of the questions we have in the
16 Senate, because we haven't been able to get
17 this information yet, how much of that
18 $20 million has actually been utilized, from
19 a monetary standpoint?
20 And this obviously can't be a one-shot
21 if these wraparound services, the different
22 new steps that you're taking to make sure
23 that people released from prison get the
24 services that they need so they don't commit

1 violent acts once they're out in the
2 public -- obviously, that's a very serious
3 issue.
4 Where are we at in the funding? Do
5 you need more funding this year to continue
6 these services and actually expand these
7 services?
8 COMMISSIONER SULLIVAN: These services
9 are embedded in the budget, so they will be
10 ongoing services, the $20 million. That's
11 not one shot, those $20 million for the
12 seriously mentally ill, violent -- that is
13 in. We've --
14 CHAIRWOMAN YOUNG: Excuse me,
15 Commissioner. How much have you spent?
16 COMMISSIONER SULLIVAN: We've spent --
17 you know, I think we've spent close to
18 18 million of it. I mean, there's a few
19 dollars that have not gone out yet, maybe a
20 little bit less, because we do have -- there
21 were 400 beds that were going out; I think
22 200 of them are now operational. So that
23 money hasn't yet been spent. The RFP is out
24 for the beds in the community.

1 So I think that those -- there are
2 some dollars. But we're up there, we're up
3 there in the high level. I can get you the
4 exact amount that we've spent on the SMI, and
5 I'll let you know exactly how much. But it
6 is ongoing dollars. Those dollars do not
7 stop, for sure.
8 CHAIRWOMAN YOUNG: But -- so,
9 Commissioner, you just said you spent 18 of
10 the $20 million?
11 COMMISSIONER SULLIVAN: I think
12 probably, but I'll get you the exact number.
13 It's a high number, because we've put up the
14 inpatient units, we've put up the services in
15 the prisons, and we have put up a whole bunch
16 of outpatient ACT teams and stuff. So I
17 think we're close to having spent a lot of
18 the money.
19 CHAIRWOMAN YOUNG: So you've spent 18
20 of the $20 million that was allocated in the
21 2016 budget. So what's going into 2017?
22 COMMISSIONER SULLIVAN: It's all
23 reallocated. It's all in the budget. The
24 $20 million for these services were added to

1 our budget on an ongoing basis.
2 CHAIRWOMAN YOUNG: Okay. Well, I'm
3 sure our staff will have ongoing
4 conversations about that, because --
5 COMMISSIONER SULLIVAN: No, it has to
6 be.
7 CHAIRWOMAN YOUNG: -- obviously, as I
8 said, it sounds like you've made progress.
9 So we want that progress to continue and we
10 want that protection of people to continue,
11 and we want people who have mental health
12 concerns that are serious getting the
13 services that they need.
14 COMMISSIONER SULLIVAN: Yes,
15 absolutely. Absolutely.
16 CHAIRWOMAN YOUNG: You mentioned
17 earlier to me that you're making progress in
18 telehealth. Could you give a very, very
19 brief overview of what you're doing with
20 telehealth in the department?
21 COMMISSIONER SULLIVAN: We have
22 recently released the regulations that will
23 enable the places to become certified to
24 provide telehealth. We've had 30

1 applications across the state and more coming
2 in, I think, from the DSRIPs. Some of this
3 is telehealth from emergency rooms to
4 clinics, from clinics to inpatient, from
5 inpatient units to emergency rooms,
6 connecting clinics across sites. It's really
7 very exciting. And we have been setting them
8 up all over the state.
9 So the applications are in, we're
10 expecting to actually approve them over the
11 next month or so, and it will be out there.
12 I think it's tremendously exciting, and thank
13 you for getting the commercial payment for
14 telehealth. I think with the shortage that
15 we have of providers, it's just a wonderful
16 technology that we have just not utilized
17 enough. And we have lots of applications,
18 and with DSRIP, lots of them are coming to
19 us -- even more so -- can we telehealth here,
20 there. So we're sending out all the
21 guidance.
22 And we also got a small grant to help
23 people with some of the technology for some
24 smaller clinics that really couldn't afford

1 to make sure they were absolutely, you know,
2 safe in terms of transmission of information.
3 And we've helped them with that with some
4 grant dollars. The big hospitals, they can
5 afford it, but the smaller places need it.
6 So we're really seeding it across the state.
7 CHAIRWOMAN YOUNG: Thank you,
8 Commissioner. That's great to hear. Thank
9 you.
10 CHAIRMAN FARRELL: Thank you very
11 much.
12 CHAIRWOMAN YOUNG: Oh, I'm sorry, I'm
13 sorry. Senator Krueger. Can't forget about
14 Senator Krueger.
15 CHAIRMAN FARRELL: To close.
16 SENATOR KRUEGER: I thought everybody
17 would ask my questions, but we have two left.
18 The research shows that 20 to
19 25 percent of the people in the shelter
20 system for the homeless are actually
21 suffering from mental illness. Is there any
22 mechanism where your agency evaluates how
23 many people have actually been in your system
24 and ended up in the New York City shelter

1 system? Do you do any comparison tracking?
2 Obviously there's HIPAA issues, so you
3 aren't necessarily giving out their names and
4 information. But do you cross-check to see?
5 Because I'm very concerned that in our
6 emptying out of facilities and claiming we're
7 offering community facilities, what we may in
8 fact be doing is dumping people in the
9 shelter system.
10 COMMISSIONER SULLIVAN: We have not
11 been -- that's a very important point, and
12 it's very good. We have not been routinely
13 collecting that data.
14 I think that -- we can try. We can
15 try to figure out if there's a way with the
16 shelter systems which are run by -- often by
17 the city to kind of track and understand.
18 Because you're absolutely right, I mean, we
19 should not be -- we look at -- for Medicaid
20 data, we know about rehospitalizations and ER
21 visits, but we have not been able yet to
22 track that.
23 But we will definitely look into it,
24 because I think it's a very important point

1 that we don't want to be losing people
2 through the shelter system. That's not our
3 goal, with all these community reinvestment
4 dollars, at all. So we will do that. We
5 will look into it.
6 SENATOR KRUEGER: I appreciate that.
7 And then also a follow-up, so you have
8 funds for your own supportive housing units
9 that come through your budget. Questions
10 were asked -- do you have to be homeless to
11 get into those supportive units as you do
12 most other supportive units, at least in
13 New York City?
14 COMMISSIONER SULLIVAN: It depends on
15 where the funding is coming from. Some of
16 them you're required to be homeless, some of
17 them you're not. It varies on how -- where
18 the funding initially came from. If it's old
19 New York/New York III funding, homelessness
20 was a requirement of a good part of
21 New York/New York III. Other funding came
22 from other sources. You know, it takes years
23 for the housing to come up, so sometimes it's
24 not required to be homeless.

1 SENATOR KRUEGER: And so when you're
2 not required to be homeless, it's your
3 department who's determining, We have decided
4 there is this slot and this person is going
5 to go into it?
6 COMMISSIONER SULLIVAN: Yes. Yes.
7 Mm-hmm. Yes.
8 SENATOR KRUEGER: Thank you.
9 CHAIRMAN FARRELL: Thank you very
10 much.
11 CHAIRWOMAN YOUNG: Thank you,
12 Commissioner. Great to have you here.
13 COMMISSIONER SULLIVAN: Thank you.
14 CHAIRMAN FARRELL: Next, Kerry
15 Delaney, acting commissioner, New York State
16 Office for People With Developmental
17 Disabilities.
18 CHAIRWOMAN YOUNG: I'd like to point
19 out that we've been joined by Senator
20 Velmanette Montgomery.
21 ACTING COMMISSIONER DELANEY: Good
22 morning, Senator Young, Assemblyman Farrell,
23 Senator Ortt, Assemblywoman Gunther, and
24 other distinguished members of the Senate and

1 Assembly.
2 I'm Kerry Delaney, acting commissioner
3 for the New York State Office for People With
4 Developmental Disabilities. I'd like to
5 thank you for the opportunity to testify
6 regarding Governor Cuomo's 2016-2017
7 Executive Budget proposal for OPWDD.
8 The Governor's Executive Budget
9 supports the ongoing transformation of
10 OPWDD's service delivery system and the
11 implementation of recommendations of the
12 Transformation Panel, a group of individuals,
13 parents, providers, legislators and other
14 experts in our field who were called together
15 to provide their insight and advice on
16 implementing sustainable systemwide change
17 and the priorities that have emerged from
18 this year of unprecedented public outreach
19 and engagement.
20 Working in close partnership with our
21 network of voluntary provider agencies, OPWDD
22 ensures that quality services are delivered
23 to over 130,000 people with developmental
24 disabilities in New York State as we continue

1 work to design the system of the future.
2 This budget provides more than $4.2 billion
3 to continue providing services in integrated
4 community-based settings, and supports
5 OPWDD's vigilant oversight of state and
6 not-for-profit agency providers. This budget
7 represents an increase of $175 million, or
8 4.3 percent, over last year's budget.
9 The Governor proposes making
10 significant investments in new service
11 opportunities by supporting up to 6,000 new
12 or expanded services, including certified and
13 non-certified residential supports, day
14 programs, employment, case management and
15 respite. These new opportunities will
16 support people currently living at home whose
17 needs have changed.
18 The additional resources are separate
19 from a reinvestment of $24 million to support
20 the transition of individuals from
21 developmental centers and intermediate care
22 facilities to more integrated community-based
23 supports.
24 The Governor's budget also provides

1 $15 million to expand OPWDD's successful
2 START crisis intervention program, invests
3 $15 million in affordable housing development
4 opportunities, and supports a cost-of-living
5 adjustment and Medicaid trend to increase
6 reimbursement levels of not-for-profit
7 providers.
8 This new funding will allow OPWDD to
9 continue to expand services to meet the
10 growing demand. We're currently providing
11 residential supports for nearly 38,000 of the
12 130,000 people with disabilities that receive
13 our services. In the last 18 months alone,
14 OPWDD has provided certified community-based
15 residential supports to 2,600 new people who
16 required a more supportive living
17 environment, including 1,525 who moved from
18 home to an OPWDD-certified residence for the
19 first time.
20 In addition, OPWDD offered 3,800
21 people the opportunity to receive employment
22 supports, helped 2,300 new people to
23 self-direct their services, expanded respite
24 services to 5,500 people who were new to that

1 service, and enrolled 6,400 new people in day
2 services. These service expansions would not
3 be possible without strong legislative
4 support, and we look forward to continuing
5 that partnership.
6 As you know, last year's budget
7 agreement provided OPWDD with the resources
8 and responsibility to undertake a year of
9 significant public outreach, data collection
10 and analysis in order to better plan for a
11 sustainable future. On behalf of all of
12 OPWDD's stakeholders, I'd like to thank you
13 for supporting this outreach, which included
14 statewide public forums to help inform the
15 recommendations of the Transformation Panel
16 and integrated employment forums which gave
17 stakeholders the opportunity to provide input
18 into integrated employment opportunities.
19 In addition, with your support, OPWDD
20 worked this year to contact every person who
21 had indicated an interest in receiving
22 residential services, through the residential
23 request list initiative, to determine if they
24 have immediate needs that must be met and

1 help OPWDD plan its future for residential
2 services. More than 24,000 outbound calls
3 were made and more than 12,000 letters were
4 sent out as a part of this very successful
5 effort.
6 Information, feedback and data
7 gathered in the various public forums, and
8 from stakeholders, is currently being used to
9 develop written reports to the Legislature
10 which will be submitted on February 15th.
11 These reports will provide the results of
12 this outreach and analysis in areas such as
13 self-direction efforts, workshop
14 transformation, and residential services, as
15 well as lay out a plan to implement the
16 Transformation Panel recommendations and the
17 path forward for our service delivery system.
18 Much of OPWDD's transformative efforts
19 in 2016 will be based on the feedback that we
20 received from our valued stakeholders, most
21 importantly the people who receive our
22 services and supports, their family members,
23 as well as the work of the Transformation
24 Panel. We're in the process of studying all

1 of the public comments on the panel's draft
2 recommendations and will soon be issuing a
3 final report incorporating that feedback.
4 OPWDD looks forward to working with
5 our partners in the Legislature, and all of
6 our stakeholders, in the continuing effort to
7 achieve real and lasting transformation in
8 our system. I welcome your questions.
9 CHAIRMAN FARRELL: Thank you very
10 much.
11 Assemblywoman Gunther.
12 ASSEMBLYWOMAN GUNTHER: Thank you,
13 Commissioner.
14 When you say there are 6,000 new
15 opportunities for people with DD, are those
16 actual new opportunities or are they slots
17 that you are filling, slots that are already
18 there that someone's moving out? Or are
19 there actually new opportunities?
20 ACTING COMMISSIONER DELANEY: It
21 depends on the circumstance. When a person
22 presents to us with a given need, we develop
23 a person-centered plan for that person. Of
24 course we look in the first instance at

1 whether our existing opportunities can meet
2 that need. If they can, we would offer that
3 opportunity. And if they cannot, we would
4 develop that opportunity for the person.
5 ASSEMBLYWOMAN GUNTHER: How many
6 people do you feel at this point are on the
7 waiting list for residential?
8 ACTING COMMISSIONER DELANEY: At any
9 given time we have between 11,000 and 12,000
10 people who have indicated an interest in a
11 residential service in our system. As of
12 today, the number is right around 11,000.
13 These are people that at some point in
14 their contact with OPWDD indicated that they
15 would have an interest in receiving that
16 residential placement. So it really is
17 anywhere between 11,000 and 12,000.
18 ASSEMBLYWOMAN GUNTHER: So I have, in
19 one facility that I've been contacted by,
20 they have 30 pediatric beds that are
21 filled -- and these are folks that cannot
22 exist on their own, they can't have
23 independent living. They are in pediatric
24 beds waiting to be placed residentially, and

1 they have been that way for over a year.
2 So I'm trying to understand the fact
3 that, you know, we're saying we're rising to
4 the occasion, we're creating residential
5 spots, and then as I go across the State of
6 New York, I'm listening to aging parents from
7 Buffalo down to Long Island, there's no
8 difference. And there have been many, many
9 parents that are frightened because they
10 don't know what will happen to their child or
11 their adult child at this point.
12 So I don't really know, when we talk
13 about 6,000 slots, are we refilling slots if
14 somebody passes away but -- you know, or
15 maybe some go to long-term care, I don't
16 know. But are there really 6,000 new slots?
17 ACTING COMMISSIONER DELANEY: The
18 question of how we can address the need for
19 residential service is one that we take very
20 seriously. And last year, having heard the
21 same concerns that you're hearing about
22 people who are waiting to access a
23 residential placement, we did begin that
24 outreach effort to really try to help us

1 better plan for our residential service
2 system.
3 As I said, we are working to analyze
4 those results. But I can tell you that there
5 were over 500 people, as a result of that
6 work, that were immediately referred to our
7 Front Door. And plans are now being put in
8 place for those people.
9 ASSEMBLYWOMAN GUNTHER: You know, I've
10 heard a lot about the Front Door, and not
11 always the most positive description of how
12 the Front Door works. And I think that we
13 really need to improve the Front Door.
14 Now I want to talk about -- and I
15 should have talked about it with the OMH,
16 too, about the 0.2 percent COLA.
17 You know, for years and years and
18 years our folks that have been taking care of
19 our vulnerable population, both the DD
20 population and also the OMH population, have
21 really not received a raise. A couple of
22 years in a row, they got 2 percent. And, I
23 mean, honestly, if you think about the cost
24 of living, that this -- it's almost

1 impossible. And I will always say this is
2 mostly a woman's career. And these women are
3 working two jobs.
4 You know, to take care of our most
5 vulnerable population, they need an increase
6 in salary. And with what's happening with
7 minimum wage -- and it's not that I don't
8 support it, but how are we going to keep
9 people in this occupation, taking care of
10 this fragile population, without really
11 looking at the amount of money they make on a
12 weekly basis?
13 And it's not uncommon that they do one
14 shift, sometimes a 12-hour shift, and they're
15 extended because there's no one to fill their
16 place and take care of these vulnerable
17 individuals.
18 ACTING COMMISSIONER DELANEY: We
19 definitely have been working with the
20 Transformation Panel on how we can, first of
21 all, address issues that are long-standing in
22 our system with developing career ladders and
23 professional pathways for direct support
24 professionals. Because we do see a lot of

1 people come to the profession, but retention
2 is certainly an issue.
3 As you flagged, we have, with
4 legislative support, provided a 2 percent
5 COLA twice in the last year, and we are
6 proposing to pass through the statutory COLA
7 this year as well. But certainly more needs
8 to be done and considered as we think about
9 ensuring that we have a robust direct support
10 workforce.
11 ASSEMBLYWOMAN GUNTHER: This is like
12 40 cents a week. I mean, it's -- I mean, to
13 get -- that's not an increase, that's to me,
14 and not anything to do with you, that's an
15 insult. That's an absolute insult, to say to
16 somebody who's killing themselves,
17 backbreaking work, that I'm going to give you
18 an increase in pay and expect somebody to
19 jump for joy, as my grandchildren would say.
20 And I just think it's so very unfair.
21 And, you know, statutorily, if -- you
22 know, we have to provide this 0.2 percent
23 COLA, what happened the years before when
24 those statutes were in place and nobody got

1 any increases?

2 So, I mean, what's good for the goose

3 is good for the gander. And so if we go back

4 all those years with no increases, then we

5 should be making up for lost time. And I

6 know it's not you, but I think in this budget

7 of $149 billion that we should be paying

8 these folks an appropriate living wage -- and

9 we are not -- and taking care of very, very

10 vulnerable people.

11 And, you know, I just kind of want to

12 bring that back and make sure that maybe we

13 can address it out of the $149 billion we

14 give McDonald's, Burger King -- and I'll say

15 the names -- all kinds of abatements, we do

16 all kinds of things for these corporations

17 that are making billions of dollars, and we

18 need to take care of our own, and of course

19 take care of this population.

20 OPWDD has been also conducting

21 boot camps at DDSO in order to hire staff

22 over the past year. How many staff have we

23 hired?

24 ACTING COMMISSIONER DELANEY: As a

1 result of the boot camps, which was an effort
2 that we undertook around the state to try to
3 on-board a significant number of staff in
4 each of our districts, we have seen several
5 hundred staff now hired. And we have a
6 number of other staff that are in the
7 clearance process from those boot camps that
8 we expect to bring on board in the coming
9 months.
10 We've experienced some challenges as
11 we've continued to move forward with this
12 hiring effort, and are working with Civil
13 Service on resolving those challenges.
14 ASSEMBLYWOMAN GUNTHER: I also just
15 want to touch on the methodology for
16 reimbursement. It's almost a one-size-fits-
17 all. No matter where you are on the
18 spectrum, it seems that everybody gets the --
19 sometimes one person could be a much more
20 difficult case that requires more care. But
21 our methodology always has been
22 one-size-fits-all.
23 ACTING COMMISSIONER DELANEY: Actually
24 in the last couple of years we have been

1 working with the Department of Health as the
2 Medicaid-rate-setting entity to transition
3 from a budget-based methodology where
4 providers would submit a proposed budget to
5 us, and their rates would be based on that
6 budget, to cost-based reimbursement, based on
7 their actual costs, and reimbursement that
8 also reflects what's paid by other providers
9 in that region.
10 We began, as you know, with those
11 changes to the reimbursement methodology a
12 couple of years ago, and have a multiyear
13 phase-in schedule for accomplishing that. In
14 addition, we provide specialized funding for
15 people with higher needs who are leaving
16 institutional settings and transitioning into
17 the community.
18 ASSEMBLYWOMAN GUNTHER: You know,
19 our -- I know I speak to many of the agencies
20 that are providing this service, and they are
21 really having a difficult time with survival
22 because of reimbursement, because of mandates
23 from the State of New York, and just in
24 general the cost of living is going up. But

1 their reimbursement, their rates are not
2 going up, yet the amount of work that they
3 have to do at this point is only increasing.
4 You know, we're doing all kinds of new rules
5 and regulations that they have to implement,
6 that they have to teach their staff, and it's
7 just there's no balance.
8 ACTING COMMISSIONER DELANEY: We have
9 heard those concerns as well. It's certainly
10 something that was flagged by Transformation
11 Panel members as an area where we really need
12 to focus on looking at how we can streamline
13 some of the regulations and requirements and
14 try to help providers move forward into the
15 new rate methodology and new rate structures
16 in a way that lessens some of the burden on
17 them.
18 ASSEMBLYWOMAN GUNTHER: You know, when
19 I think about the number and the increase in
20 the number of children being diagnosed on the
21 spectrum, and one out of six boys -- I mean,
22 it's truly a tsunami. And these are young
23 people that are in the education system and
24 at 20 years old they're going to have to find

1 a place to go, a place to be, a safe place.
2 And I just don't think without really
3 stepping up, investing money for -- whether
4 it's living situation, job training, you name
5 it. But we're not doing it. And we're
6 just -- you know, we're rolling the ball down
7 the hill and it's happening now, these kids
8 are graduating and it's a very hard thing
9 when a child goes to school till they're
10 20 years old and there's all of a sudden that
11 they have nowhere to go. They're sitting at
12 home with parents that are aging, they become
13 depressed, anxious, and it's not a quality of
14 life that we're planning for for all of these
15 young people that are going to be out of the
16 education system with no place to go.
17 And I know that you're aware of it,
18 but I think we as a community and as a state
19 have to work a lot harder.
20 ACTING COMMISSIONER DELANEY: We have
21 about a quarter of our population that we
22 serve now with an autism diagnosis. And
23 you're absolutely correct that there are many
24 students coming up through the school system

1 impacted by autism. And their needs, as you
2 know, are varied, as autism is a spectrum
3 condition.
4 One of the things that we've really
5 been focused on over the last couple of years
6 is working much sooner with students in the
7 education system so that we can much earlier
8 plan for their transition services. Because
9 we recognize that it often takes time to find
10 the right adult services for those students.
11 And we've been trying to work much earlier
12 with those school districts than when the
13 child is turning 20 or 21 and aging out of
14 their educational programs.
15 ASSEMBLYWOMAN GUNTHER: If you look at
16 the education system and you look how many
17 speech pathologists and early intervention
18 and you look at the backlog on that alone, to
19 have those evaluations, whether it's a
20 guidance counselor or a social worker -- I
21 mean, we've decreased that staff to the point
22 where it's bare bones. There's like one
23 guidance counselor to 500 kids. So I think
24 that our intention is good, but we really

1 have to increase the number of staffing in
2 order to do the appropriate valuation and
3 prepare for the quality of life for all these
4 young people.
5 CHAIRWOMAN YOUNG: Thank you.
6 CHAIRMAN FARRELL: Thank you.
7 Senator?
8 CHAIRWOMAN YOUNG: Thank you.
9 And great to see you, Acting
10 Commissioner. Welcome.
11 Our next speaker is Senator Robert
12 Ortt.
13 SENATOR ORTT: Good morning,
14 Commissioner.
15 ACTING COMMISSIONER DELANEY: Good
16 morning.
17 SENATOR ORTT: Or good afternoon.
18 Most of all Medicaid falls under the
19 DOH Medicaid cap, as you know. OPWDD is not
20 under the DOH Medicaid cap. With all their
21 Medicaid under the cap, which is growing at 3
22 to 4 percent per year, for an overall growth
23 of 23 percent in the last several years --
24 yet OPWDD Medicaid has remained flat. Why

1 has there been no comparable increase for
2 OPWDD Medicaid?
3 ACTING COMMISSIONER DELANEY: Actually
4 if you look at the amount of funding that's
5 available for OPWDD services this year, we
6 are seeing an increase on those service
7 dollars of around $175 million. So we have
8 seen some increases to help us accommodate
9 the needs of individuals coming to our
10 system.
11 SENATOR ORTT: But it's certainly not
12 a comparable increase. You would agree with
13 that; right?
14 ACTING COMMISSIONER DELANEY: Our
15 total increase this year is around 4 percent.
16 So it is a significant increase for us.
17 SENATOR ORTT: So this year it's
18 comparable.
19 ACTING COMMISSIONER DELANEY: That's
20 correct.
21 SENATOR ORTT: I'm sure you're going
22 to get a lot of questions about this, but I
23 would be completely remiss if we didn't talk
24 about the minimum wage proposal, which of

1 course is completely not funded anywhere,
2 financially, in the budget.
3 Right now, for most direct support
4 staff providing DD services, the average
5 hourly wage is $10.78 in New York City and as
6 low as $9.62 per hour in other parts of the
7 state. Under the Governor's proposed plan --
8 again, unfunded -- the increase would be $12
9 per hour in New York City and $10.75 per hour
10 in the rest of the state three months before
11 the end of this fiscal year.
12 How are organizations that are
13 providing these services to individuals with
14 disabilities -- as agents, really, of
15 New York State, because they are doing the
16 services that previously would have been
17 state services -- how are they expected to
18 comply with the minimum wage requirement the
19 Governor has proposed, which will exceed
20 these starting salaries within this fiscal
21 year when the Governor's proposal in the
22 budget includes no new funding?
23 ACTING COMMISSIONER DELANEY: Thank
24 you, Senator. And we have had many

1 conversations with our providers about the
2 potential impact of the minimum wage changes.
3 We've also had discussions with the Division
4 of Budget, as have our providers.
5 As you know, the minimum wage changes
6 impact multiple service delivery systems.
7 And as I understand it, the Budget Division
8 is finalizing their impact analysis of the
9 minimum wage changes for the multiyear
10 phase-in and will be prepared to have
11 discussions with the Legislature about that
12 in the coming days.
13 SENATOR ORTT: It would be great if
14 you had that today, of course; we could have
15 the discussion now.
16 Nonprofit providers of these services
17 indicate that without an unprecedented
18 increase in funding, they say they would face
19 insolvency, some of them would face
20 insolvency, and they're looking for an
21 additional $270 million just this fiscal year
22 to meet that potential increase.
23 As you know, recruiting and retention
24 today is very difficult at a $9 minimum wage.

1 And when you talk about the individuals that
2 they're treating, continuity of care is a big
3 deal, and obviously that goes to quality of
4 care.
5 What contingency plans is OPWDD making
6 in the event that these service providers and
7 not-for-profits may not be able to be
8 fiscally solvent or absorb this hit? Because
9 I really think we need to be prepared for
10 that exact eventuality. And if that happens,
11 you're going to have people who don't have
12 access to care, and the state is the only
13 entity that's going to be able to come and
14 potentially step in and provide those
15 services.
16 So what contingency plans are you
17 making in the event that some providers can't
18 continue to be financially solvent?
19 ACTING COMMISSIONER DELANEY: Well,
20 first I'd like to say that our goal is to
21 have a robust network of providers. Because
22 as you referenced, they're certainly the
23 backbone and critical in providing services
24 to the 130,000 people we serve and support.

1 So our goal is to certainly see our providers
2 stay viable.
3 As I mentioned with respect to the
4 rate changes over the last several years, it
5 has in some ways had a destabilizing effect,
6 although the amount of money given to our
7 providers has stayed relatively consistent
8 with those cost-of-living increases. In
9 addition, we are providing $50 million in
10 funding to our providers from our federal BIP
11 award that will help them, those providers
12 that may be adversely impacted by the rate
13 changes, to stabilize. And that can be for
14 things like hiring assistants to help them
15 determine how they can restructure and
16 survive under their new rate methodology.
17 We also have committed to work very
18 closely with any provider that's experiencing
19 fiscal difficulties and to offer them
20 technical assistance to help them figure out
21 how they can stay viable in this environment.
22 SENATOR ORTT: You had mentioned that
23 you had had conversations with the executive
24 and DOB about the proposed increase to

1 minimum wage.
2 ACTING COMMISSIONER DELANEY: Correct.
3 SENATOR ORTT: And you also mentioned
4 you had talked to providers about that.
5 ACTING COMMISSIONER DELANEY: Correct.
6 SENATOR ORTT: So in those discussions
7 with DOB or the Executive, how much money did
8 you say would be needed to cover the impact
9 of the minimum wage?
10 ACTING COMMISSIONER DELANEY: I think,
11 Senator, that there are different
12 possibilities for that impact. I would have
13 to defer to the discussions and analysis that
14 is ongoing with the Budget Division as they
15 finalize and prepare to discuss with you.
16 SENATOR ORTT: Okay. So to be
17 determined.
18 ACTING COMMISSIONER DELANEY: Correct.
19 SENATOR ORTT: To be continued, I
20 should say.
21 The proposed budget includes an
22 additional $15 million in services for START,
23 which you referenced. You and I have talked
24 about START, obviously, as it relates to my

1 district in a certain situation, as well as
2 across the state.
3 ACTING COMMISSIONER DELANEY: Yes.
4 SENATOR ORTT: How is that money going
5 to be broken up? And, you know, how are the
6 regions where the START programs are going to
7 end up, how are those determined?
8 ACTING COMMISSIONER DELANEY: So we
9 currently have our START services up and
10 running in our Western and Finger Lakes
11 region, as you know. START is also active in
12 the Capital District and Hudson Valley
13 region.
14 The $15 million allocated in this
15 year's budget will help us expand into
16 New York City and Long Island this year, and
17 the goal is to expand into the Central New
18 York region the following year.
19 SENATOR ORTT: And what were the
20 metrics to determine -- would that cover the
21 entire state at that point?
22 ACTING COMMISSIONER DELANEY: It will.
23 SENATOR ORTT: Will every region have
24 a START program?

1 ACTING COMMISSIONER DELANEY: It will.
2 Our goal is, having seen such great
3 success with the START program -- in fact,
4 we've seen about a 26 percent reduction in
5 inpatient psychiatric hospitalization for
6 those that use START, which is a program
7 model for those with developmental
8 disabilities and mental health needs. Our
9 goal is to see it roll out across the state
10 within the next two years.
11 SENATOR ORTT: In the budget, as you
12 know, there's $120 million for new OPWDD
13 services. I know there is some debate
14 amongst a lot of people of what "new"
15 actually means. It's funny, here, there are
16 words that we all think we know, and we
17 always learn new meanings of those words. So
18 what is new to some is not new to others.
19 But will this funding, will this new
20 funding -- which means, to me, additional
21 funding -- will this new funding be
22 distributed between state-operated services
23 and not-for-profits?
24 ACTING COMMISSIONER DELANEY: Right

1 now about 80 percent of our services are
2 provided by not-for-profit entities, and
3 about 20 percent are provided by the state.
4 That's a balance that we aim to continue
5 going forward.
6 The majority of that $120 million will
7 be serving people who are living at home, and
8 continuing the about 80/20 split, most of it
9 will be for services in the not-for-profit
10 sector. However, we really look at each
11 person that comes to us and how their needs
12 can best be met. So to the extent that we
13 need to use state-operated services to meet
14 anyone's needs, we will have the flexibility
15 to do so.
16 SENATOR ORTT: Okay. Sheltered
17 workshops, you know, are a very big topic,
18 the transformation undergoing regarding
19 sheltered workshops. I certainly do want to
20 commend you and your department for listening
21 to advocates, to families, to providers, as
22 well as legislators, on how that
23 transformation can best move forward.
24 I guess what would you define, if you

1 could articulate the progress that has been
2 made from where we started to where we are
3 today? And where do you see it going this
4 year as we move toward that transformation?
5 ACTING COMMISSIONER DELANEY: Sure. I
6 know we heard from many legislators, family
7 members, and advocates their concern over
8 ensuring that we not take away employment
9 opportunities for people with developmental
10 disabilities.
11 So over the course of this last year,
12 we have worked hand in hand with our
13 sheltered workshop providers to develop
14 guidance that will allow them to transition
15 to integrated business models. We held a
16 statewide event here in Albany on May 8th.
17 We've also had forums all around the state
18 that were designed to get feedback and input
19 on that plan. The final guidance was issued
20 in December, and we'll be working with all of
21 our providers over the next couple of months
22 to help them come up with plans for
23 compliance.
24 SENATOR ORTT: I just want to

1 reiterate on that, and I think I speak for a
2 lot of folks, when I talk to parents and when
3 we had hearings, the main focus was not
4 completely against -- it was that they wanted
5 to make sure that it wasn't an option between
6 simply competitive employment and staying at
7 home, that there was a spot for everybody's
8 child or loved one, and that really they had
9 a choice, or some level of choice, into what
10 they wanted to do.
11 If you have someone who wants to work,
12 they can work, whether it's in some type of
13 integrated workshop, whatever you want to
14 call that, competitive employment, if they
15 have that opportunity. But I think that was
16 the concern that I heard from a lot of
17 parents, was that they felt there would be a
18 segment of individuals who could not get
19 competitive employment that would be left out
20 of the process. So I want to make sure that
21 that is taken into account.
22 ACTING COMMISSIONER DELANEY: Yeah,
23 absolutely. And that's the exact reason why
24 we took the action that we did, because we

1 really did want to make sure that people
2 weren't having to choose between a supported
3 employment service when they maybe weren't
4 ready for that, and not having employment.
5 We wanted to make sure that there were as
6 many options for people as possible to
7 achieve pathways to employment.
8 SENATOR ORTT: This is my last
9 question. A hard drive toward managed care
10 continues from this administration, and
11 recently budget documents are calling for an
12 acceleration of the managed care
13 implementation timeline. We have seen major
14 investments in managed care readiness on the
15 behavioral health front over the past couple
16 of years. However, no similar investments
17 have been proposed for OPWDD providers for
18 the transition to managed care. And as you
19 know, again, this is just another sort of
20 problem that a lot of providers are worried
21 about.
22 Is the transition to managed care
23 still planned to take place in 2017? And if
24 not in this year's budget, when will the

1 administration propose similar investments in
2 managed-care readiness efforts for the DD
3 provider community?
4 ACTING COMMISSIONER DELANEY: We have
5 been working towards managed care in the
6 OPWDD system since around 2010. The DISCO
7 model for managed care, as we originally
8 envisioned it, we wanted to ask the
9 Transformation Panel to take a look at and
10 make any recommendations they felt were
11 necessary to make sure that we have the right
12 program design model.
13 Transformation Panel members did do so
14 and made a number of recommendations. That
15 draft of the Transformation Panel
16 recommendations has just finished its public
17 comment period, as you know. We are
18 finalizing review of those public comments
19 and will then be developing an implementation
20 plan for each of those recommendations. So I
21 anticipate that as we roll out the
22 implementation plan, we will have an updated
23 time frame for managed care.
24 With respect to the investments, we've

1 made a couple of sources of funding available
2 for managed care readiness in our system.
3 First, we used about 16 to 17 million in our
4 BIP transformation grants for providers for
5 funding for managed care readiness. We are
6 also making available another $16 million,
7 also from BIP funds, for entities that are
8 starting up in managed care.
9 And obviously as we look at our
10 implementation plan, we'll continue to think
11 about and look at what might be necessary for
12 our field to ensure that our providers are
13 ready to move into managed care.
14 SENATOR ORTT: I think I speak for
15 everybody, I look forward to that report and
16 what's in there. And I do think it is
17 unrealistic to think that without some
18 investment, the providers will be ready to
19 move over on the timeline that is currently
20 being proposed.
21 I just want to finish by saying,
22 Commissioner, thank you for being here. I
23 was disappointed, as it relates to OPWDD,
24 that the Justice Center wasn't here today. I

1 do want to offer my thoughts and condolences
2 to Jeff Weiss and his family and the
3 colleagues on his untimely passing. But I
4 know Jeff would have been here, and I just
5 think it's unfortunate that no one from the
6 Justice Center is here to testify today.
7 CHAIRMAN FARRELL: Thank you.
8 CHAIRWOMAN YOUNG: Thank you.
9 We've been joined by Senator George
10 Amedore.
11 CHAIRMAN FARRELL: Assemblywoman
12 Barrett.
13 ASSEMBLYWOMAN BARRETT: Thank you.
14 CHAIRMAN FARRELL: We're now going
15 back to the five minute --
16 ASSEMBLYWOMAN BARRETT: Five minutes,
17 good.
18 I just wanted first to raise -- as you
19 may know, my district includes the site of
20 the Wassaic Taconic site. And, you know, I'm
21 just very concerned that two years after it's
22 closed -- and I know we, you know, had
23 conversations about this -- but that it still
24 is totally abandoned. The buildings that are

1 there are deteriorating. The community is on
2 hold because there's great economic
3 development opportunities. And I know you've
4 been going through a lot of other things, but
5 this has to be a priority to -- I mean, this
6 is money that's not being spent on other
7 things in the government. So please, make
8 that a priority.
9 I also want to follow up on what
10 Senator Ortt was saying about the minimum
11 wage. We are very concerned about -- all of
12 us in the state and in the Legislature --
13 about the impact of a $15 minimum wage for
14 fast food workers and what it will do to keep
15 people in these really important jobs as both
16 in-agency but also home healthcare workers.
17 And it's not just the low wage earners, but
18 it's the next people up the rung. Because if
19 salaries are increased -- and obviously this
20 has to come with the rates -- if salaries are
21 increased for the lowest people, then, you
22 know, those $18 an hour workers who have been
23 there for years at that rate will also need
24 to be supported, you know, and recognized for

1 the work that they've been doing.
2 So, you know, this is not an
3 inexpensive venture, but it's a critical
4 venture, and we have to make it a priority.
5 It was disturbing not to have that addressed
6 in the budget. And I hope that whatever is
7 forthcoming with the Department of Budget
8 helps address that in a significant way.
9 I also want to ask about the housing
10 money. I mean, if you take $10 million in
11 capital investments to support affordable
12 housing units and you divide that among
13 62 counties, that doesn't leave a lot of
14 money when these units are costing between
15 $100,000 and $200,000 each.
16 So could you talk about how you see
17 that being spent and really being effective
18 with the huge needs?
19 ACTING COMMISSIONER DELANEY: Sure.
20 One of the things that our Transformation
21 Panel has recommended is that we continue to
22 think about how we can invest in more
23 integrated community-based housing. Last
24 year the budget contained $5 million for

1 supportive housing for OPWDD projects. This
2 year that investment has been increased to
3 $15 million, it's a new 10 million.
4 So we're really looking at thinking
5 about how our system can evolve over time to
6 take greater advantage of some of the
7 affordable housing development that's
8 happening. So we're going to continue to
9 look for ways, as we go forward and implement
10 the recommendations of the Transformation
11 Panel, to participate in affordable housing
12 development.
13 ASSEMBLYWOMAN BARRETT: So you see
14 this as working with other supportive housing
15 in our communities and being something that's
16 a more holistic approach?
17 ACTING COMMISSIONER DELANEY: We
18 certainly do. You know, we have, as you
19 know, done a little bit of supportive housing
20 in the past, but it's something that we're
21 really looking to do more of as we think
22 about meeting people's needs in a more
23 holistic manner, as you referenced.
24 ASSEMBLYWOMAN BARRETT: Because

1 clearly the support required of people,
2 depending on where they are on the spectrum
3 of living with disabilities, developmental
4 disabilities, is different. And, obviously,
5 you know, you need to have the kind of
6 cluster that works for individual needs, not
7 necessarily the same as other kinds of
8 supportive housing.
9 ACTING COMMISSIONER DELANEY: Yeah.
10 One of the things about the supportive
11 housing development that is a reason that the
12 Transformation Panel flagged that we should
13 invest more in this area is really because we
14 can be more flexible with the services
15 provided in the supportive housing units.
16 And really help us establish some of the more
17 flexible service mechanisms by taking
18 advantage of the affordable housing projects
19 and development that are happening.
20 So we are really looking to, in the
21 coming years, work more in partnership with
22 the supportive housing community.
23 ASSEMBLYWOMAN BARRETT: So do you see
24 this -- just to follow up -- as a sort of

1 short-term expenditure for this year but
2 then, given the recommendations of the
3 transition team, spending more in the future
4 as is needed?
5 ACTING COMMISSIONER DELANEY: I do. I
6 see it being an area where we'll be
7 increasing our investment over the years.
8 ASSEMBLYWOMAN BARRETT: Okay, thank
9 you.
10 And my final question is about the
11 Justice Center. We are continuing to hear
12 about how this has, you know, with all the
13 good intentions, has turned out to be very
14 problematic and challenging for many of the
15 not-for-profits who are serving people with
16 developmental disabilities.
17 You know, I've troubled by increasing
18 the amount of investigative money in the
19 budget as opposed to helping address what's
20 not working well. Do you have -- I know
21 that, you know, this is something that you're
22 working with, not necessarily under your
23 jurisdiction. But can you address that,
24 please?

1 ACTING COMMISSIONER DELANEY: We do
2 work with the Justice Center on an ongoing
3 basis on ways that we can reduce
4 investigative times. I would have to defer
5 to the Justice Center on some of the
6 specifics around what they're doing. But we
7 work with the Justice Center both at a
8 leadership level and at a staff level, and
9 have recently completed a Lean project that's
10 really designed to reduce the time that staff
11 are spending on leave due to investigations.
12 So our goal really is to make sure
13 that those investigations can close as fast
14 as possible and that staff can either return
15 to work if the investigation has been
16 unfounded, or that disciplinary action will
17 be taken if there is an affirmed allegation.
18 ASSEMBLYWOMAN BARRETT: Are you
19 hearing from these agencies that this has
20 been kind of a burden for them more than
21 necessarily the benefits are demanding?
22 ACTING COMMISSIONER DELANEY: Well, I
23 think that certainly having the arm's length
24 approach towards investigations is very

1 helpful and was the underpinning of the
2 Justice Center.
3 We have heard concerns around the time
4 frame of investigations, and we continue to
5 work with the Justice Center on how we can
6 resolve those concerns.
7 ASSEMBLYWOMAN BARRETT: Okay. Thank
8 you very much.
9 CHAIRWOMAN YOUNG: Thank you.
10 Again, welcome, Acting Commissioner.
11 I do have a few questions for you. And
12 especially since your agency, your department
13 works with our most vulnerable citizens in
14 the State of New York, you have a very, very
15 serious and very compelling responsibility as
16 an agency.
17 I was interested to hear the questions
18 about the minimum wage. And the concern I
19 think that many of us have is that there's
20 only so much money available to agencies
21 across the state that serve people with
22 disabilities. And they're already struggling
23 financially in so many ways. They have a
24 very heavy regulatory burden, as was pointed

1 out by my colleague Assemblywoman Gunther,
2 and they have to comply. And if they don't
3 comply, obviously they get hit with fines and
4 other financial problems.
5 And so right now, many of the
6 employees of these agencies are well under
7 $15 an hour. Senate Finance met with your
8 staff exactly three weeks ago, and at the
9 time we were told that you would have the
10 analysis from the Division of Budget as to
11 what the financial impact would be in two or
12 three weeks. So it's been three weeks. They
13 met yesterday, asked again, and you just said
14 that it's going to be coming in the near
15 future.
16 Can you give us a better idea of when
17 exactly it would be coming? Because I think
18 that across the board -- Assembly, Senate --
19 we would be very interested in that
20 information.
21 And also, will that report that you
22 supplied to us give us a plan as to how to
23 pay for this?
24 ACTING COMMISSIONER DELANEY: Well,

1 Senator, I know that there is very serious
2 concern among our provider entities around
3 how the minimum wage change will be
4 implemented, as I referenced earlier. I
5 don't have the exact date on which that
6 analysis will be available, but I do know
7 that it will coming shortly for your review.
8 CHAIRWOMAN YOUNG: And will it include
9 a mechanism to pay for it? Because, you
10 know, I've heard -- some of the providers
11 have said to me, Well, we're kind of being
12 told that, you know, OPWDD is saying that
13 you're just going to have to make it up in
14 administrative costs. I honestly don't know
15 how that could ever happen in a million
16 dollars. Because right now,
17 administratively, as you know, they're very
18 complex systems as far as how they have to
19 report, how they have to manage their
20 finances. And they're already stretched way
21 beyond belief.
22 So how -- you know, will that include
23 a plan to pay for this if this $15 dollar per
24 hour proposal by the Governor were to go

1 ahead?
2 ACTING COMMISSIONER DELANEY: I know
3 that the administration will be having
4 discussions with the Legislature about how
5 the impact of the minimum wage changes can be
6 accommodated.
7 CHAIRWOMAN YOUNG: Okay. So you
8 anticipate that we'll get some sort of plan
9 then as far as that goes. Is that what
10 you're saying?
11 ACTING COMMISSIONER DELANEY: I
12 anticipate that the administration will be
13 having discussions with you very shortly
14 about that impact and a proposed path
15 forward.
16 CHAIRWOMAN YOUNG: Thank you. That
17 would be great to have that information.
18 I wanted to switch gears to sheltered
19 workshops. And that's been a special concern
20 of mine also. And I appreciated some of the
21 answers that you gave. I just want to share
22 with you -- I just got this email a couple of
23 days ago, and I'll read part of it: "I am a
24 mother of a 34-year-old man with cerebral

1 palsy. He has attended a sheltered workshop
2 since he graduated high school. I would like
3 to know why they want to close them, because
4 my son will not be able to work in the
5 mainstream. They say if he can't work, then
6 he can retire and do more recreational
7 activities. My son is only 34. Is that
8 retirement age?
9 "Also, where is the money supposed to
10 come from if the person lives at home with
11 their family, to do recreational things? We
12 get $23 a month from the State of New York.
13 In combination with his SSI, he's lucky if he
14 or we can get the extra things that he needs,
15 basic things."
16 She goes on to say how upset he is to
17 lose his employment, how upset he is to lose
18 the ability to earn a paycheck.
19 And this is something that I've heard
20 over and over again. I have so many
21 friends -- I worked in an agency for people
22 with disabilities for 15 years before I ran
23 for state office. People who are my personal
24 friends are losing their jobs. I visit my

1 sheltered workshops, there is this real sense
2 of despair, in many cases. And I talk to
3 parents and parents say to me, you know: We
4 fought this fight, we went through the '50s,
5 the '60s, the '70s, we got services, we
6 thought we were set, we thought our family
7 members were set, and now it just feels like
8 we've gone backward. I'm elderly, or I have
9 to work, I can't have my family member at
10 home. I don't know what I'm going to do.
11 And this is something I've heard over and
12 over again.
13 So we've made some progress; you
14 talked about supportive employment. But
15 could you give a better sense of what is
16 going to happen with sheltered workshops? I
17 know that no more admissions after 2013, no
18 more funding after 2020. But what happens to
19 these people who are going to lose their job,
20 they're going to lose their ability to see
21 their friends, and have nowhere to go?
22 ACTING COMMISSIONER DELANEY: Sure.
23 I'm happy to address that. And we did hear
24 many concerns from people in exactly the

1 circumstances that you're describing who were
2 very worried that if we closed sheltered
3 workshops there wouldn't be an employment
4 option for themselves or their loved one.
5 That's why we took the action that we
6 did, which was to develop guidance for how
7 sheltered workshops can transform into
8 integrated businesses and stay open as an
9 integrated business and continue to be
10 funded.
11 So what we're going to be doing over
12 the course of the next year is working with
13 all of our workshop providers on compliance
14 planning. And as soon as we have those
15 plans, they will be able to begin admitting
16 new individuals.
17 I'd like to sit down and talk with you
18 about the specifics of the individuals you're
19 referencing, because it's very concerning to
20 me, if someone is being told at 34 years old
21 that they will have to retire. That's not
22 something that we would see as an acceptable
23 goal for anyone in our system.
24 CHAIRWOMAN YOUNG: Okay, I would love

1 to talk to you about that. Because again I
2 think that if these work centers -- and
3 again, that's great progress from where we
4 were at, where we were looking at possibly no
5 services. Because as you know, it's not
6 realistic to think that we can just have
7 competitive employment for every person with
8 a disability. Wish we could, but their
9 levels are different, each person is
10 different.
11 And so I'd like to stay in touch with
12 you about what is being told to agencies and
13 how it works. And I think we have to monitor
14 this as it goes along. And if people fall
15 through the cracks, then I think we have to
16 take action to make sure that their needs are
17 met. So thank you for that.
18 ACTING COMMISSIONER DELANEY:
19 Absolutely.
20 CHAIRMAN FARRELL: Thank you.
21 Assemblywoman Malliotakis.
22 ASSEMBLYWOMAN MALLIOTAKIS: I've only
23 got five minutes. I've got a lot of
24 questions, so I'm going to consolidate them

1 into the top three issues that I've been
2 hearing from my constituents.
3 You had mentioned there's 11,000
4 individuals on the waiting list for housing.
5 This is, I've got to tell you, the number-one
6 issue in my office. These parents are so
7 upset. They don't know what's going to
8 happen to their child. The agency really
9 needs to do something here. And this
10 administration I feel has not made this a
11 focus.
12 What is the current wait time for
13 housing right now for these 11,000 people?
14 ACTING COMMISSIONER DELANEY: So we
15 hear the concern as well that you're
16 describing from family members who are
17 concerned about accessing a placement for
18 their loved one. I can tell you we've taken
19 a number of actions in the last year that we
20 think will help us.
21 We have, as I mentioned, reached out
22 or attempted to reach out to every one of
23 those 11,000 or 12,000 people to determine
24 either if they have an immediate need that

1 needs to be met -- and for 500 or so of them,
2 as I referenced, we're now working with them
3 to meet that need -- but also to help us
4 develop a long-term plan to meet those needs.
5 Many, many people who are on that list
6 of about 11,000 people aren't looking for
7 something immediately, they're looking for
8 something a little bit more long-term. And
9 we want to do a better job of planning
10 services for those individuals.
11 in addition, the $120 million that I
12 referenced in new funding will be going to
13 support people living at home. So for people
14 who need to access a residential placement,
15 that funding will be available for them.
16 ASSEMBLYWOMAN MALLIOTAKIS: How do you
17 determine who has an immediate need? Because
18 I'm assuming that there's a difference of
19 opinion here between what the family or the
20 providers are saying and what the agency is
21 saying, which is why there's so much
22 frustration.
23 In the City of New York alone, there's
24 about 400 individuals that are considered

1 Priority 1. I mean, what is the wait time
2 for those 400 people? And when will you
3 eventually get to Priority 2 and 3? I mean,
4 there is a lack of housing, and it's not --
5 there needs to be more housing. It's not
6 just an issue of finding alternatives.
7 I think that, you know, I would like
8 to know a little more about how they're going
9 to address this particular issue. And what
10 is the wait time for those 400 people that
11 are on Priority 1 alone? Forget about 2 and
12 3 that we didn't even get to.
13 ACTING COMMISSIONER DELANEY: So for
14 every Priority 1 individual -- and
15 prioritization for housing in the OPWDD
16 system is defined in our federal waiver, so
17 we have different priorities and it's based
18 on the individual's need. So for an
19 individual who's a Priority 1, we aim to work
20 with them to offer them a placement
21 immediately.
22 So to the extent that you're aware of
23 folks who are Priority 1 who are not getting
24 access to immediate placement, I'd like to

1 sit down and talk with you about them,
2 because they are all working, both
3 individuals and families, with our regional
4 offices to access placements as they're
5 needed.
6 ASSEMBLYWOMAN MALLIOTAKIS: Okay. But
7 then we talk about -- let's say Priority 1 is
8 being assisted. Those individuals in
9 Priority 2 -- I have a family, for instance,
10 in my district who came to see me. They have
11 an adult son who -- I mean, they're aging,
12 they're seniors -- an adult son who weighs
13 like 250 pounds. They cannot do this on
14 their own.
15 Even if they are looking for, let's
16 say, long-term down the road, when we get to
17 that time, if we don't do something now about
18 the housing crisis, we're going to be in the
19 situation where Priority 2 and 3 are not
20 being addressed at all.
21 ACTING COMMISSIONER DELANEY: Well,
22 Assemblywoman, that's exactly why we took the
23 action that we did in reaching out to all of
24 these individuals. Because you're right,

1 while they may not need something today, we
2 want to be able to better plan for the future
3 of our system and help work with those
4 families to plan an opportunity for them for
5 the future that works for them.
6 It's also been a recommendation of our
7 Transformation Panel that we really look at
8 how those prioritizations work and ensure
9 that, for people living at home, we do have a
10 plan for those individuals so that we have a
11 long-term solution for their housing needs.
12 ASSEMBLYWOMAN MALLIOTAKIS: Okay, I'm
13 not getting an answer, so I'm going to move
14 on. We'll talk about it at another time, one
15 on one. But I want to move on because I only
16 have a minute left.
17 I want to just echo the sentiment that
18 has been expressed by my colleagues regarding
19 the minimum wage increase. I think it is
20 really irresponsible to put in a proposal to
21 increase the minimum wage without putting in
22 the funding. This is sort of -- and the
23 numbers, you had mentioned that you do not
24 have the figures of what it would cost. But

1 the providers have given me a figure, and the
2 figure is about $250 million a year and about
3 1.5 to 2 billion by the year 2020.
4 You know, we can't just -- that would
5 equate to basically a $2 billion cut to these
6 providers if we're not going to do anything
7 about providing -- so we can't -- you know,
8 it's great to say we want to give everyone a
9 minimum wage increase, and I think that the
10 individuals in this sector certainly do
11 deserve to be paid more than they are at this
12 time. But it's really irresponsible to say
13 this is going to be mandated on them without
14 putting in the funding to go with it.
15 So that's just my comment. You don't
16 really have to answer, because you didn't
17 have an answer when they asked you earlier.
18 The third point I just want to say is
19 that families and advocates continue to
20 express their concern about the fate of OPWDD
21 and the thought that a lot of the
22 responsibilities are falling more and more
23 under the auspices of the DOH. And as you
24 know, obviously, the OPWDD has not had a

1 permanent commissioner in some time.
2 And I think that a lot of the local
3 advocates are concerned that there's no
4 individual that they can go to locally --
5 there used to be an individual in the county
6 that they could work with on a regular basis.
7 Now that's more of like a regional individual
8 that's handling a lot more territory.
9 What can you say to these providers
10 and family members that have these concerns
11 to kind of ease those concerns about the
12 future of OPWDD?
13 ACTING COMMISSIONER DELANEY: Well, I
14 would say a couple of things.
15 First, it is correct that the
16 Department of Health now handles rate setting
17 for the entire Medicaid program. But we work
18 very closely with the Department of Health as
19 the lead policy agency on how those rated
20 changes are implemented.
21 We also, as you referenced, have staff
22 in each region that families do work with.
23 And they're very used to going out and
24 working with families and how those needs can

1 be met.
2 OPWDD as an agency has existed since
3 the time of Willowbrook, as you know, and the
4 Willowbrook consent decree, and continues to
5 work to advocate for services for the
6 individuals in our system.
7 ASSEMBLYWOMAN MALLIOTAKIS: Thank you.
8 CHAIRMAN FARRELL: Thank you.
9 Senator?
10 CHAIRWOMAN YOUNG: Thank you.
11 Our next speaker would be Senator
12 Savino.
13 SENATOR SAVINO: Thank you, Senator
14 Young.
15 Commissioner, don't feel like you're
16 about to be tag-teamed by Assemblywoman
17 Malliotakis and myself. I've listened to the
18 testimony, I've read it and, you know, if I
19 listen to just you, it seems like everything
20 is fine and dandy with OPWDD and our provider
21 agencies.
22 And then we live in what's almost like
23 a parallel universe. So last Friday the
24 Staten Island Developmental Disabilities

1 Council protested in front of each one of our
2 offices on Staten Island -- not because they
3 were angry at us, but they view us as the
4 face of the Governor's budget. As we view
5 you as the face of the agency.
6 So to the providers themselves, they
7 don't see things as rosy as you're presenting
8 them. They are terrified about the minimum
9 wage proposal. It has been said many
10 times -- I've said this publicly -- it's not
11 just about providing the money to these
12 agencies -- which is critical. And you
13 should know how much it costs, because trust
14 me, they know how much it costs.
15 But more importantly, it talks about
16 what we value in our society. What would it
17 say about us as a state if we would think
18 that a person who puts food in a bag or
19 delivers pizza should be valued higher than
20 someone who takes care of the developmentally
21 disabled?
22 So beyond the minimum wage issue, we
23 should be looking at what we can do to
24 increase salaries in these agencies

1 regardless of what happens with the minimum
2 wage. Because in order to recruit and retain
3 people to take care of our most vulnerable
4 population, we have to compensate them fairly
5 and appropriately. And I don't believe that
6 that has happened.
7 These agencies, as you said, 80
8 percent of the services are provided by the
9 nonprofit world. They are struggling with
10 the past several years of changes in rate
11 methodology, they're repaying a Medicaid rate
12 that was not their responsibility. So they
13 are struggling to keep their doors open.
14 Eighty percent of the services are provided
15 by the nonprofit world, only 20 percent by
16 OPWDD. But even in your agency, the rate of
17 mandated overtime is through the roof.
18 So obviously we're not investing
19 enough in the services, we're not treating
20 our partner agencies appropriately, and we're
21 not providing career ladders. And this is
22 becoming an increasing problem to families
23 who then show up in our offices.
24 So that's more of a statement and less

1 of a question. But if you're going to come
2 back to us, you've got to give us the dollar
3 amount that is necessary to stabilize these
4 agencies and in fact improve their service
5 delivery so that we can provide real services
6 to the people. They're struggling not just
7 with the finances, they're also dealing with
8 the Justice Center. Which if you speak to
9 some of them, the way they have been treated
10 by the Justice Center -- and it's appalling
11 that they're not here to answer those
12 questions -- has been less than fair and
13 just.
14 So we have a real problem on our
15 hands. I'm sure if you sat here later and
16 you heard from all the providers, you would
17 hear the same complaints we receive. And I
18 would hope that maybe someone from your staff
19 would be here to listen to it, because it's
20 not as rosy as we think it is in the world of
21 OPWDD.
22 ACTING COMMISSIONER DELANEY: If I
23 could just respond on the issue of where we
24 are overall as a system. There are certainly

1 many challenges. We acknowledge that. We
2 hear these concerns from providers. We're
3 doing a number of things to try to address
4 them. We hear the concerns from family
5 members as well.
6 You know, one of the reasons why we
7 constituted the Transformation Panel this
8 year is to help us figure out with our
9 stakeholders a path forward for the future.
10 So I just wanted to acknowledge that we
11 certainly do recognize that there are these
12 concerns, and we are working to address them.
13 SENATOR SAVINO: I believe that you
14 actually feel that you guys are doing that.
15 I'm just suggesting to you that there is a
16 difference of opinion among the nonprofit
17 world who is responsible for delivering the
18 services to this vulnerable population. And
19 perhaps -- if you can't sit here all day
20 long, I understand that -- but you would have
21 someone from your staff listen to the
22 concerns of these agencies. They're the ones
23 who have to implement these policies, and
24 many of them don't know how they're going to

1 keep the lights on going forward.
2 ACTING COMMISSIONER DELANEY: We will
3 do so.
4 SENATOR SAVINO: Thank you.
5 And also, you know, if you would be
6 willing to come out to Staten Island and meet
7 with the Staten Island Developmental
8 Disabilities Council, I think that they would
9 be very appreciative of the direct
10 intervention, as well as developmental
11 disability councils around the state.
12 ACTING COMMISSIONER DELANEY: I'm
13 happy to do so.
14 SENATOR SAVINO: Thank you.
15 CHAIRMAN FARRELL: Thank you.
16 We've been joined by Assemblyman
17 Ortiz.
18 The next to ask questions,
19 Mr. Abinanti.
20 And everyone here who wishes to ask
21 questions, please get on the list, because
22 it's being closed in about two minutes.
23 ASSEMBLYMAN ABINANTI: Thank you,
24 Commissioner.

1 First I want to thank you for having
2 met with Assemblymembers, who have been
3 interested in hearing from you, in our
4 offices. And I appreciate your being here
5 today.
6 But frankly, let me just tell you,
7 you're doing a valiant job trying to defend
8 an indefensible position.
9 The Budget office and the Governor's
10 office have allocated to you probably
11 one-third of what your department really
12 needs. Your budget shouldn't be
13 $4.4 billion, it should be $10 billion, to
14 start with.
15 If I do the numbers correctly,
16 dividing 130,000 into $4.4 billion, that
17 means you're spending $34,000 a person for
18 130,000 people, and that's got to pay for all
19 of the staff, all the administration, all of
20 the paper and the pencils and everything.
21 And we know that this population is a needy
22 population that's far more expensive to
23 support than anybody else. We spend more
24 money on putting people in jail than we do on

1 taking care of people with special needs.
2 Keeping that $34,000 number in mind,
3 I'm seeing that you're talking about
4 transitioning high-needs people who are now
5 in very high-needs situations where you're
6 spending some $33,000 a year on them. You're
7 going to transition them to the community.
8 And if my numbers are correct, you're going
9 to give them $21,000 a year. Down where we
10 are, let's assume $15 minimum wage. Okay?
11 Forty hours a week, 52 weeks. You need
12 $31,000 to have somebody for 40 hours a week.
13 If you have a high-need individual who
14 needs a one-on-one aide, you're not going to
15 give enough money to even pay for someone for
16 40 hours a week. So that means that a parent
17 is going to have to give up their job and
18 stay home to take care of somebody who's been
19 in an institution. Now, I'm not in favor of
20 the institutions, but we need a real
21 alternative to that. That's not a plan.
22 That doesn't work. And that's typical of
23 everything we're seeing.
24 I mean, you go down on the transition,

1 self-determination is self-destruction for
2 families. Just pure self-destruction. I
3 mean, the Front Door is closed. You have a
4 program that's called the Front Door? It's
5 closed. I've heard it called the trapdoor,
6 I'm told that there's a sign on it that says
7 "Out to lunch" all of the time. You're
8 stressing your employees to do what used to
9 be done by the private sector. Your
10 employees used to just approve applications;
11 now they have to fill them out and screen
12 people, and they're not trained to do that.
13 So the self-determination is just not
14 working. There's not enough money given out.
15 You've got high-needs individuals who are now
16 going to be transitioned into their system.
17 I'm not sure where to go in five minutes. I
18 mean, it's just -- we've had this
19 conversation, and it's very frustrating. The
20 whole system is just not working.
21 When you talk about housing, you said
22 that you've got 6,000 new units. Did you
23 build any sites, any bricks and mortar last
24 year anywhere in the state that was not for

1 somebody who was already in a school or in a
2 state-sponsored institution?
3 ACTING COMMISSIONER DELANEY: We did,
4 Assemblyman. And I can give you the details
5 on how many there were.
6 We do have about 39,000 people, as you
7 know, now who receive residential services --
8 ASSEMBLYMAN ABINANTI: Right, but I'm
9 asking how many new units were built -- those
10 numbers you gave us. I only have five
11 minutes, so I'm going to go right to the
12 point. I'm sorry.
13 How many new units were built for
14 somebody who was not in a school and was
15 already a state responsibility?
16 ACTING COMMISSIONER DELANEY: So --
17 ASSEMBLYMAN ABINANTI: My
18 understanding is the answer is zero. Is that
19 correct?
20 ACTING COMMISSIONER DELANEY: No,
21 there are some. It's a limited number
22 because the majority of new development that
23 happens is for people who have higher needs,
24 like those who are coming from residential

1 schools --
2 ASSEMBLYMAN ABINANTI: And I'm aware
3 of -- it's well known on the street, if you
4 want your kid to be in a group home, you put
5 him in a residential school for the last two
6 years and then the state has to find a place
7 for him. If you do that, he will never get
8 into an institution.
9 And that's not what our plan should
10 be. It should not be that people give up
11 their kids far sooner than they wanted to.
12 We should be able to say to people: Your kid
13 can stay home as long as he can, but there
14 will be a place for him when he's ready to go
15 into one. But that's not what we have today.
16 As we go down, how many 21-year-olds
17 are there presently today in residential
18 schools, do you know?
19 ACTING COMMISSIONER DELANEY: We are
20 working with about a hundred individuals who
21 are in out-of-state schools that have aged
22 out of those placements --
23 ASSEMBLYMAN ABINANTI: No, I'm talking
24 about in-state.

1 ACTING COMMISSIONER DELANEY: There's
2 a little over 200 we're working with now.
3 ASSEMBLYMAN ABINANTI: Two hundred?
4 We've got a hundred in Westchester County
5 alone. I know that many.
6 ACTING COMMISSIONER DELANEY: Well,
7 there are individuals who are in residential
8 schools, and then there are other individuals
9 that we work with who are living at home with
10 their families that are in the educational
11 system. And we're working with a number of
12 those as well.
13 ASSEMBLYMAN ABINANTI: But you don't
14 have a survey of how many 21-year-olds there
15 are ready to come out of residential
16 schools -- or 20-year-olds or 19-year-olds --
17 that we're going to need spots for in the
18 near future?
19 ACTING COMMISSIONER DELANEY: We do
20 know how many students are in residential
21 schools that we need to work with.
22 ASSEMBLYMAN ABINANTI: And their ages?
23 ACTING COMMISSIONER DELANEY: We do.
24 ASSEMBLYMAN ABINANTI: Could you

1 provide us that number?
2 ACTING COMMISSIONER DELANEY: We
3 certainly can, yes.
4 ASSEMBLYMAN ABINANTI: Because that
5 will tell us how many units we need just for
6 them, right?
7 ACTING COMMISSIONER DELANEY: We can,
8 yup.
9 ASSEMBLYMAN ABINANTI: Now, on the
10 housing, you talk about $10 million. As
11 somebody said, that's one home for each of
12 the counties in the state, assuming the house
13 costs $175,000.
14 ACTING COMMISSIONER DELANEY: Well --
15 ASSEMBLYMAN ABINANTI: Now, in
16 Westchester County, the average price, the
17 average sales price of a home is $660,000.
18 In Brooklyn, it's $880,000. How do you
19 expect to buy even one home downstate with
20 that kind of money?
21 ACTING COMMISSIONER DELANEY: So the
22 $15 million that I referenced is for OPWDD
23 participation in larger supportive housing
24 projects. So this would buy a number of

1 units in development projects that are
2 happening --
3 ASSEMBLYMAN ABINANTI: Are you
4 watching the federal lawsuit in Westchester
5 County where the federal government is fining
6 Westchester County because they can't get 750
7 units of affordable housing built over a
8 five-year period? And you think that there
9 are programs out there for affordable housing
10 that you're going to piggyback on?
11 ACTING COMMISSIONER DELANEY: Well, we
12 also have the $120 million I referenced that
13 will help support those individuals who are
14 living at home, to help meet their housing
15 needs.
16 ASSEMBLYMAN ABINANTI: But again,
17 living at home, that means the parents are
18 staying home taking care of them because
19 you're not giving them a living wage for an
20 assistant to stay there during the day.
21 ACTING COMMISSIONER DELANEY: Well,
22 these would be people that to move out of
23 their homes and access a residential
24 placement. But it will also support in-home

1 services for people.
2 ASSEMBLYMAN ABINANTI: Okay. I'd like
3 to go to one last topic, because I'm out of
4 time. Justice Center. You're not
5 responsible for the Justice Center, but you
6 are an employer subject to the Justice
7 Center. Do you know how many employees you
8 have on administration leave because the
9 Justice Center has claimed that -- you know,
10 has made an allegation against them? And
11 what's the average time period that they're
12 out of employ?
13 ACTING COMMISSIONER DELANEY:
14 Assemblyman, I can provide that information
15 to you. It varies because allegations are
16 made, staff do go out on leave and then they
17 return. But I can follow up and provide that
18 data to you.
19 ASSEMBLYMAN ABINANTI: Because as you
20 heard from my colleagues, there's a real
21 problem with the Justice Center. It's not
22 just harassing the agencies, it's also not
23 serving the people that it's supposed to
24 protect. I've heard all of the horror

1 stories about how they treat people with
2 disabilities when they go in, like an
3 inquisition. But that's not you, that's not
4 your -- I'm just trying to get some numbers
5 from you. Because your numbers alone should
6 be telling the Budget Office -- your numbers
7 alone should be telling the Budget Office
8 that the Justice Center is not working.
9 CHAIRMAN FARRELL: Thank you.
10 ACTING COMMISSIONER DELANEY: We will
11 provide that to you, Assemblyman.
12 CHAIRWOMAN YOUNG: Thank you.
13 Our next speaker is Senator Tim
14 Kennedy.
15 SENATOR KENNEDY: Thank you,
16 Commissioner.
17 First of all, I know as acting
18 commissioner you are assuming quite a mess
19 that we're trying to rectify here. I know
20 you have your hands full. And this was
21 something that has been a long time in
22 coming, and I know you recognize the passion
23 that we all have for those folks in the
24 communities that we represent, respectively.

1 And I know in your position that you share
2 that passion for these individuals.
3 The more you testify, the more
4 questions I get. You know, we have a moral
5 obligation and a duty to provide the proper
6 amount of resources in this budget to ensure
7 that those most vulnerable in our communities
8 and in society are provided the resources
9 necessary to live a quality of life, to live
10 independently if able.
11 This, I believe, falls far short on
12 that, what you're bringing forward to us
13 today. Although I'm pleased with some of the
14 increases, we have a long way to go here.
15 Can you tell me about the $15 million?
16 Again, we're talking about the affordable
17 housing. I want to hear about the affordable
18 housing. What we're hearing, and I know it's
19 already been discussed with colleagues of
20 mine from upstate, but you know, how are we
21 going to ensure that these individuals are
22 provided residential resources before it gets
23 to those dire life-threatening needs of
24 Priority 1?

1 ACTING COMMISSIONER DELANEY: So I
2 would say a couple of things.
3 And I just want to clarify in terms of
4 the funding. There's two different pools of
5 resource available. The first is the
6 $120 million that I referenced to provide
7 services and supports to those living at
8 home, either when they want to or need to
9 access a certified residential placement, a
10 noncertified residence, or an employment or
11 other day support.
12 Separate and apart from that is
13 $15 million that we are allocating for
14 investment in these supportive housing
15 projects. And as I mentioned, that's really
16 a new area for us that we are aiming to
17 invest some resources in. So those are
18 separate and apart.
19 With respect to how we're planning for
20 the needs of those living at home, as I
21 mentioned, we are working with many, many
22 families that we reached out to over the
23 course of the last year as part of our
24 residential request list initiative. And for

1 many of them, that planning is ongoing. And
2 for others who may have a need that's more
3 long-term, we're looking at how our system
4 can absorb that need and work directly with
5 those families to plan for a placement when
6 they need that.
7 SENATOR KENNEDY: So can you tell us
8 how many people are on that residential
9 request list?
10 ACTING COMMISSIONER DELANEY: Sure.
11 At any time there's between 11,000 and
12 12,000. The number varies. Right now it's
13 right around 11,000.
14 SENATOR KENNEDY: And I hear you speak
15 of Priority 1, Priority 2. What we are
16 hearing in the community is that Priority 1
17 means that this individual's -- really,
18 they're in a life-threatening situation,
19 their health and safety is in dire risk, and
20 that is the only time that they are being
21 placed in these facilities.
22 Can you speak to that? And what steps
23 are being taken to ensure that if someone is
24 aging and they have an adult with a

1 disability, that they're getting expedited in
2 the process?
3 ACTING COMMISSIONER DELANEY: We are
4 actively planning with many families who are
5 not in a life-threatening emergency situation
6 as you describe. Our regional offices work
7 every day with family members that come to us
8 that are interested in a placement to try to
9 help develop and identify opportunities that
10 will be available to them.
11 SENATOR KENNEDY: And what is the
12 timeline on this?
13 ACTING COMMISSIONER DELANEY: Again,
14 we really look at meeting the needs of those
15 individuals who have the most pressing needs
16 first. So certainly those who do find
17 themselves in an emergency situation, we of
18 course try to meet that need first.
19 And with respect to other individuals
20 that are interested in a longer-term plan for
21 their loved one, we work with that family on
22 what the right time is and what that
23 opportunity will be for them.
24 So it's really highly dependent on the

1 circumstances.
2 SENATOR KENNEDY: Commissioner, let's
3 just go back to the sheltered workshops, the
4 sheltered workshops being shuttered, the
5 options for individuals besides these
6 day-long respite programs. You know,
7 families are feeling as if we're reverting
8 back to an institutionalized setting. I know
9 that's not the goal of OPWDD. I know that's
10 not the goal of New York State. But
11 families are feeling that sort of presence in
12 the community; they feel as if we're going
13 backwards.
14 What sort of message can we give to
15 the families who -- with this investment of
16 $120 million with these new programs? What
17 sort of hope can we give to them?
18 ACTING COMMISSIONER DELANEY: Well,
19 you referenced specifically sheltered
20 workshops and a concern with families that
21 feel that their loved ones are not going to
22 be able to access the services that they
23 need.
24 You know, one of the things that we

1 heard a lot of concern about was those
2 individuals who are working in sheltered
3 workshops and not leaving them without a
4 pathway forward for employment. And that's
5 exactly why we took the action that we did
6 with our providers to allow them to stay
7 open. And we'll continue to work with our
8 providers going forward to come up with
9 workable plans so that they can continue to
10 provide those valuable services.
11 SENATOR KENNEDY: And last question,
12 because I know I'm out of time. But as far
13 as employment goes -- and I know, again, you
14 share this same passion. But the employment
15 levels for individuals with disabilities in
16 New York State -- and, quite frankly,
17 nationwide -- is abysmal.
18 What can we do specifically -- and I
19 know you've talked about these workshops, you
20 know, being centralized. But what are your
21 thoughts on doing some sort of outreach to
22 the community throughout the state, workshops
23 throughout the state in various localities,
24 to get more of a focus on individuals with

1 disabilities and getting them dual
2 employment?
3 ACTING COMMISSIONER DELANEY: It's a
4 great question and something that we have
5 really only scratched the surface on as far
6 as how can we better engage the community in
7 offering more employment opportunities for
8 people with developmental disabilities.
9 We have an event each year where we
10 bring in employers and showcase the work that
11 they are doing in providing those employment
12 opportunities. But we will be working this
13 year on a communication and outreach strategy
14 to highlight the benefit of employing people
15 with developmental disabilities in the
16 workforce, to really try to see an increase
17 there.
18 SENATOR KENNEDY: Thank you,
19 Commissioner.
20 ACTING COMMISSIONER DELANEY: Thank
21 you.
22 CHAIRWOMAN YOUNG: Thank you.
23 CHAIRMAN FARRELL: Thank you.
24 Assemblyman Walter.

1 ASSEMBLYMAN WALTER: Thank you.
2 Thank you, Commissioner.
3 A couple of things. I want to follow
4 up on some of the questions that were asked
5 before regarding this -- I know you held
6 these Transformation Panels throughout the
7 state, and I attended the one in Buffalo.
8 And I know that you heard compelling
9 testimony from families and care providers
10 throughout the state. And I know that you
11 personally, I think, are engaged and want to
12 do the right thing.
13 But how in the world can we transform
14 an entire system -- OPWDD, our not-for-profit
15 providers -- when your budget has been flat
16 for the last five years, you incurred
17 significant cuts prior to that? I mean,
18 we're transforming our healthcare provision
19 system, we're putting $7 billion into
20 transforming that system, yet we're supposed
21 to transform the entire OMH system with a
22 flat budget, with cuts that were instituted
23 previously? How is that possible?
24 ACTING COMMISSIONER DELANEY: So let

1 me say a couple of things quickly.
2 First, as I referenced, we are
3 actually seeing an increase in funding this
4 year available for our services of about
5 $175 million, and that includes a new
6 $120 million for services for people living
7 at home.
8 However, overall, one of the things
9 that we're really seeking to do is look at
10 the vast resources that the Legislature and
11 Governor have put into our system over these
12 many years since the establishment of OPWDD
13 and think about how we can maximize the
14 resources that we already have.
15 As I mentioned, we have about 39,000
16 residential opportunities in our system, and
17 we have many people who are living in
18 residential opportunities that may want to
19 try living in the community in other, more
20 integrated settings. So we're working with
21 the Transformation Panel on how we can see
22 that happen and allow us to have sufficient
23 capacity for people who do need 24/7
24 supports.

1 So I think it's a lot of different
2 things that we have to be doing together to
3 ensure that our system can really take that
4 step forward into the future.
5 ASSEMBLYMAN WALTER: Well, back to
6 what Assemblyman Abinanti said, you don't
7 have nearly the resources to achieve that, if
8 it's only $31,000 per individual, as he
9 identified. I mean, you're nowhere near
10 that.
11 You talk about integrated settings.
12 Now, I mean, I can tell you a story about a
13 family in my district. You know, their
14 20-something-year-old daughter is living in
15 an apartment where the average age in the
16 apartment building is 65 years old. She's in
17 her twenties, she's got programming that's
18 available to her for three hours a day,
19 Tuesday and Thursday. That's it.
20 That's not an integrated setting.
21 That is being isolated and not receiving the
22 type of support that you need.
23 How can we address that?
24 ACTING COMMISSIONER DELANEY: Well,

1 first let me just say that we have obviously
2 a range of services and supports. And it's
3 truly dependent on the individual's needs.
4 So there are some individuals that
5 need 24/7 care, and we do provide that. And
6 we will continue to provide that. There are
7 other people who may be living at home with a
8 family, and the family's only interested in
9 having some respite services, and we provide
10 that as well. So it's really a range of
11 services that we provide.
12 With respect to the situation that
13 you're describing, I would want to sit down
14 with you and talk about the specifics,
15 because we really do aim to make sure that
16 every person in our system is getting the
17 right services for them according to their
18 plan and according to what's really working
19 for them and their family.
20 And in those instances where we have
21 something that's not working, our regional
22 office will work with that family to ensure
23 that the right services can be provided.
24 ASSEMBLYMAN WALTER: With the budget

1 and the amount of money that the
2 not-for-profit service providers are
3 receiving, there are not enough services to
4 go around. You can identify the services
5 that they need or are available for, but if
6 there's not the slots in the services
7 available to them, what good is it?
8 ACTING COMMISSIONER DELANEY: Well, we
9 have many people in this last year that were
10 able to access new services and supports
11 along that continuum of services. So we do
12 have services available. And we do work all
13 the time with individuals and families, as
14 well as providers, to make opportunities
15 available where needed.
16 ASSEMBLYMAN WALTER: Well, I can just
17 tell you it's coming up woefully short.
18 Quickly, I just want to pick up on
19 something Senator Kennedy said regarding
20 emergency placements. Can you give me a
21 number of how many Priority 1 and emergency
22 placements you made last year?
23 ACTING COMMISSIONER DELANEY: Well,
24 when I spoke about the individuals who came

1 from home who accessed residential placements
2 and I talked about there being 1525 over the
3 last 18 months or so, the majority of those
4 are people who are Priority 1. We did have
5 some individuals who are Priority 2s that
6 were able to access placements.
7 I can provide you with that break-out.
8 ASSEMBLYMAN WALTER: What -- describe
9 to me the difference between Priority 1 and
10 Priority 2, just so we understand.
11 ACTING COMMISSIONER DELANEY: Sure.
12 Generally, individuals who are Priority 1 are
13 those at the highest level of need. So they
14 are people who have been living at home with
15 a caregiver, and something happens in the
16 situation of that family or caregiver where
17 they can no longer be supported at home and
18 they need to access a placement immediately.
19 ASSEMBLYMAN WALTER: And as compared
20 to Priority 2?
21 ACTING COMMISSIONER DELANEY: Priority
22 2 are individuals who are interested in a
23 residential placement. And there may be some
24 situation where we need to plan for and begin

1 to think about what placement will be right
2 for that individual and help them to access
3 it.
4 But it's really the distinction
5 between those who have an immediate need in
6 Priority 1 and those where we can work with
7 them in Priority 2 over a little bit of time.
8 I will say, as I mentioned, that our
9 Transformation Panel did ask us to relook at
10 that prioritization and think about how we
11 can plan a little bit better for those who
12 are coming into our system who are interested
13 in accessing a residential placement, and we
14 will do so.
15 ASSEMBLYMAN WALTER: Well, that's
16 good, because I don't see how, in a Priority
17 1 or in an emergency placement situation, you
18 can take -- there's any sort of planning or
19 person-centered considerations that go on.
20 So we need to roll that back so we're talking
21 about Level 2 placements, not Level 1
22 emergency.
23 But you don't have to respond. I'm
24 out of time.

1 CHAIRMAN FARRELL: Thank you.
2 Senator?
3 CHAIRWOMAN YOUNG: Thank you. Our
4 next speaker is Senator Kathy Marchione.
5 SENATOR MARCHIONE: Thank you.
6 Let me first ask a question about the
7 Justice Center. Do they report to you? Do
8 they report to your unit, to OPWDD?
9 ACTING COMMISSIONER DELANEY: I'm
10 sorry, Senator, I didn't hear your question.
11 SENATOR MARCHIONE: Let me first ask a
12 question about the Justice Center.
13 Do they report to you, to OPWDD?
14 ACTING COMMISSIONER DELANEY: No. No.
15 The Justice Center is an executive agency,
16 and they report to the Governor.
17 SENATOR MARCHIONE: So it was the
18 Governor's decision not to have the Justice
19 Center here with us today?
20 So let me try to answer my own
21 question. And with all due respect, a lot of
22 frustration as I sit here. We sit here
23 listening to a $15 increase in salary for
24 fast food workers that we as the Legislature

1 had nothing to do with, and we have to sit
2 here and listen to people who truly should be
3 making more money, who are undervalued. And
4 now, with that undervalue -- all due
5 respect -- we sit here and you can't tell us
6 how much it's going to be to increase the
7 minimum wage if in fact it does happen, to
8 know how much this is going to be.
9 We are the elected officials here.
10 There's branches of government for a reason.
11 And these public hearings are very important
12 to us. And we sit here and we ask
13 questions -- no Justice Center. I can tell
14 you horror stories that come from my district
15 about the Justice Center, and wonder whether
16 we should fund the Justice Center at all if
17 they can't even come here and answer our
18 questions. There are serious questions that
19 are happening in the OPWDD world.
20 I mean, I had an incident in my own
21 district where a gentleman was accused of
22 sexual wrongdoing. Through the process and
23 the time that it took -- and he was innocent
24 in the end -- he lost his reputation, he lost

1 his home. There's parameters being set for
2 the Justice Center for a reason. And then,
3 for a while, needed to be paid.
4 I mean, it's just we need to be able
5 to talk to these people, and these hearings
6 are critically important for us to be able to
7 do that.
8 And to come and not know the minimum
9 wage increase, what it's going to mean -- how
10 do we make decisions as supposedly, we hope,
11 the decision-making body who would have
12 something to say about this?
13 So one other thing that has come up.
14 Someone said this is a woman-based job. Do
15 you have the percentage of how many women, in
16 comparison to men, work in this field?
17 Because this is an undervalued field, and
18 it's a woman's field. We need to do
19 something about this.
20 ACTING COMMISSIONER DELANEY: We do
21 have that information, Senator, and I can
22 provide it to you after this hearing.
23 SENATOR MARCHIONE: Relative to the
24 integrated workshops, I have a wonderful

1 workshop. I sometimes wonder why the state
2 jumps in and fixes something that's not
3 broke. I have just watched them struggle,
4 and they're still struggling. And as many
5 have said -- and I don't want to continue to
6 repeat. But, I mean, there are people there
7 whose -- what they can do is fold five papers
8 a day and put it in an envelope for a
9 mailing. That's what they can do. That's
10 their best.
11 But they're there, and they're being
12 productive. And it's very difficult to find
13 a person who has a disability such as that an
14 integrated work setting.
15 And pretty soon -- I mean, if this
16 $15 an hour hits, so many people who have
17 spoken with me -- you're putting everyone out
18 of business. They're just going to be put
19 out of business.
20 So I think we need to take these
21 hearings seriously. I think we ask that
22 people be prepared to answer questions that I
23 can't imagine you wouldn't have thought would
24 come up or someone wouldn't have prepared for

1 you if you really wanted to give us the
2 response to that. And we need to have these
3 answers in order for us to make rational and
4 reasonable decisions.
5 Thank you.
6 CHAIRWOMAN YOUNG: Thank you.
7 CHAIRMAN FARRELL: Thank you.
8 Assemblyman McDonald.
9 ASSEMBLYMAN McDONALD: Good morning.
10 ACTING COMMISSIONER DELANEY: Good
11 morning.
12 ASSEMBLYMAN McDONALD: We're almost
13 done. And I appreciate your perseverance.
14 As you can tell, everybody has a little bit
15 of frustration, and rightfully so. This is a
16 population we all care for. If we all had
17 all the money in the world, we'd solve all
18 our problems, hopefully.
19 But a couple of things. And I'm going
20 make a couple of comments, and then I have a
21 question at the end. Do not feel like you
22 have to comment on the comments. But you can
23 if you want too.
24 You mentioned earlier -- I think

1 Member Gunther brought this up about, you
2 know -- as you know, most of our residential
3 growth is kind of like in the apartment
4 setting. Which is a good way to do it. I
5 know in my community of Cohoes, and the
6 region, we have many consumers that really
7 are living very productive and fruitful
8 lives.
9 And I had to intervene a couple of
10 months ago for one of the agencies that I
11 work with, and your staff was very quick,
12 very responsive. They actually solved the
13 problem relatively quickly, for government's
14 time frame, in regards to setting of the
15 rates for the apartments.
16 And I think you mentioned that we're
17 working on a process. I would really
18 continue that we really need to be as timely
19 as possible in that aspect.
20 Many of the programs are nonprofit
21 agencies. They are struggling every step of
22 the way. And the uncertainty of knowing what
23 they're going to be paid is going to have an
24 impact on the services that are going to

1 affect our consumers. I know here we are --
2 I was just talking to a couple the other day
3 at a telethon. And, you know, we are
4 February 2nd, February 3rd, and we don't know
5 what the rates are for this year.
6 Now, some people will say, well,
7 that's typical. We can't have that kind of
8 typical anymore, in my estimation.
9 I will echo the concerns about minimum
10 wage. It's interesting, because in the last
11 couple of days, between the minimum wage
12 impact and family medical leave, two items
13 that I get it, I support it, I love the
14 concepts. At the end of the day, it's about
15 who's going to pay for it.
16 I find it very troubling and
17 concerning that there hasn't been something
18 included in this budget process. I know
19 that's not your responsibility. I'm
20 hoping -- you know, we have a timeline coming
21 up soon for some amendments. I'm hoping that
22 there's going to be some discussion there, or
23 at least some kind of leadership there.
24 Otherwise, obviously it's going to fall back

1 to the Legislature. Which we will obviously
2 be focused on, as you've heard from all the
3 voices here today.
4 I can tell you that probably the only
5 person so far that's profited is the
6 Times Union, because I see so many ads with
7 all of our nonprofit partners trying to find
8 people to work. So there's jobs out there.
9 And, you know, they do deserve to be paid
10 $15 an hour or more, more than maybe some
11 other fields. So I'm hoping that we find a
12 solution in that aspect, because it really
13 concerns me.
14 Because I've been in the homes, I've
15 worked with this population for 35 years now.
16 I know what they go through. It's not easy
17 by any stretch of the imagination. And we
18 need great quality people to stay there, not
19 to leave.
20 So my question -- it actually is kind
21 of unrelated -- is in regards to the staffing
22 budget for OPWDD. I see a reduction of 255
23 people budgeted. And, you know, being here
24 in the state capitol, the Times Union reports

1 everything that goes on. And one of the
2 things that's always troubling to me is to
3 see that OPWDD and I think it's Corrections
4 are usually running neck and neck for
5 overtime each year.
6 So it says these positions are through
7 natural attrition. Are they natural
8 attrition in the administrative capacity or
9 in the direct care capacity?
10 ACTING COMMISSIONER DELANEY: So what
11 is happening, first, no staff are going to be
12 losing their jobs as a result of this. But
13 what happens is a couple of things. First,
14 as people are leaving developmental centers
15 and moving to community opportunities, the
16 staff that are working in those developmental
17 centers are then assigned to vacancies in
18 that area. So something that might have been
19 filled otherwise will be filled by a staff
20 member that was working at the developmental
21 center.
22 We also have a couple of instances
23 where we, for operational reasons, review our
24 operations and may decide to change auspice

1 from state to not-for-profit. We have a
2 couple of limited instances of that in this
3 year's budget. And when that happens, those
4 staff will then transition to vacancies in
5 the community. So that's why you see that
6 overall reduction.
7 ASSEMBLYMAN McDONALD: Thank you.
8 Thank you, Mr. Chair.
9 CHAIRMAN FARRELL: Thank you.
10 Senator?
11 SENATOR KRUEGER: Oh, I'm sorry.
12 Senator Fred Akshar.
13 SENATOR AKSHAR: Thank you.
14 My question is about individual
15 residential alternatives. It's been brought
16 to my attention that OPWDD has closed a
17 number of the state-operated IRAs over the
18 last two years. Can you tell me why this
19 action was taken?
20 ACTING COMMISSIONER DELANEY: Sure.
21 As I referenced, we as a provider of services
22 are always evaluating our operations. And in
23 some limited circumstances, we may choose to
24 change auspice from state to not-for-profit

1 provided. We've done it over the years for a
2 variety of reasons. Sometimes we have
3 staffing concerns; sometimes there may be
4 certification or quality concerns.
5 So in those instances where you have
6 seen a closure or transition of
7 state-operated capacity, that's what's
8 happened.
9 SENATOR AKSHAR: When this happens, is
10 there public notice?
11 ACTING COMMISSIONER DELANEY: We first
12 start, when this happens, with discussions
13 with the family members and individuals
14 living there. Of course we speak with our
15 staff and help them to access other
16 employment opportunities in that immediate
17 area in our system.
18 But we do also have a communication
19 policy. We alert certainly our legislators
20 when that's going to happen and where that's
21 happening, as well as our union
22 representatives.
23 SENATOR AKSHAR: So it is ever a
24 matter of a cost-saving measure?

1 ACTING COMMISSIONER DELANEY: We
2 really only do it for pure operational
3 reasons. And as I referenced, it's
4 situations where, for example, we are having
5 trouble staffing a particular residence and
6 there is a not-for-profit operating in that
7 area that we think could come in and do that,
8 or where we may have quality of care or other
9 concerns.
10 It is relatively rare, but we do do
11 it. And it really is for operational
12 reasons.
13 SENATOR AKSHAR: So then are you
14 reinvesting those monies back into the
15 community?
16 ACTING COMMISSIONER DELANEY: We are.
17 SENATOR AKSHAR: Are there any more
18 plans to close any more IRAs moving forward?
19 ACTING COMMISSIONER DELANEY: In this
20 year's budget we do have a number of
21 intermediate care facilities, actually, which
22 is another type of our residential
23 facilities, that we anticipate transitioning
24 from state to not-for-profit auspice. There

1 are about 12 of them this year.
2 But again, we really do it on an
3 ongoing evaluation basis for what is our
4 operational need and what are the resources
5 that we have available in a given community.
6 SENATOR AKSHAR: And one last thing.
7 I'm troubled somewhat by the shift of care of
8 the developmentally disabled from your agency
9 to what appears to be the Department of
10 Health. Do you share in my concern? There's
11 going to be a $1.2 billion expenditure by
12 DOH. Do you feel like your voice is being
13 taken away?
14 ACTING COMMISSIONER DELANEY:
15 Actually, in recent years, while rate-setting
16 responsibilities for the Medicaid program, as
17 I referenced, have transitioned to the
18 Department of Health, OPWDD maintains program
19 oversight, monitoring, and policy development
20 responsibility. So we continue to be a
21 strong voice in doing that.
22 SENATOR AKSHAR: Do you feel as though
23 you're losing any of your voice?
24 ACTING COMMISSIONER DELANEY: I do

1 not. I feel that we continue to provide the
2 role that we have in offering and overseeing
3 services for families and individuals who
4 need them.
5 SENATOR AKSHAR: Thank you,
6 Commissioner.
7 SENATOR KRUEGER: Assembly?
8 ASSEMBLYMAN OAKS: Assemblyman Crouch.
9 ASSEMBLYMAN CROUCH: Yes. Good
10 afternoon, Commissioner.
11 In reference to the workshops, you
12 mentioned that you're providing guidance for
13 some of these organizations to transition.
14 Is there a definite plan for that? Is there
15 a one-size-fits-all type of a plan?
16 ACTING COMMISSIONER DELANEY: No. And
17 in fact, we worked with all of our workshop
18 providers in developing the guidance, because
19 we really do want to make it workable. We
20 have two different potential pathways for
21 providers to come into compliance. And we'll
22 be working with each of our providers to help
23 them best accomplish and develop their
24 transition plan.

1 So it's definitely not one-size-fits-
2 all. It takes into account the many unique
3 factors of that provider and the community
4 where that workshop is located.
5 ASSEMBLYMAN CROUCH: How would you
6 define it as an integrated setting? Is there
7 a one-to-one ratio, or one to five, as far
8 as, you know --
9 ACTING COMMISSIONER DELANEY: No, we
10 look at a couple of different factors.
11 Certainly we look at how many people with
12 developmental disabilities are working in
13 that setting. But we also look at things
14 like the efforts that the provider is making
15 to try to ensure that people working there
16 have access to the broader community, can
17 access community resources, businesses and
18 establishments, just like anyone else would
19 in their workplace. So we look at a number
20 of different factors.
21 ASSEMBLYMAN CROUCH: You talked
22 about -- my understanding, the door is closed
23 to any new incoming people accessing services
24 of the workshop. Is that still a closed

1 door?
2 ACTING COMMISSIONER DELANEY: A number
3 of years ago we ended admissions to sheltered
4 workshops. Now that we have finalized the
5 guidance with our providers, as soon as
6 providers come forward to us with a plan for
7 how they can become integrated, those
8 settings can have new individuals enrolled
9 and receiving services there.
10 ASSEMBLYMAN CROUCH: Do you have a
11 number of individuals that are sitting at
12 home waiting for services or training through
13 the workshops? If you've had a closed door
14 for a number of years, as you say, there must
15 be a few of them backlogged, I would think.
16 ACTING COMMISSIONER DELANEY: We have
17 a number of individuals over the course of
18 the last several years that have enrolled in
19 our Pathways to Employment program, which is
20 a new service that we started a couple of
21 years ago to help people be able to do job
22 exploration, develop employment skills. And
23 ultimately some of those people will begin
24 receiving services at these integrated

1 employment settings.
2 So everyone who has come to our Front
3 Door with employment as a goal has either
4 gone to a supported employment service, a
5 Pathway to Employment service, another
6 training program in internship, or other
7 programs that are designed to really help
8 them get ready for employment.
9 ASSEMBLYMAN CROUCH: CIT in Norwich,
10 when that was first constructed, the
11 operational plan was basically, in my
12 understanding, there was four or five houses
13 and anybody that came into that CIT, they
14 were started off in House A. And they
15 learned that, you know, there was merits for
16 good behavior and consequences of some
17 sort -- you know, you didn't get a chance to
18 watch TV or whatever it was -- for bad
19 behavior.
20 And as you learned some of that, you
21 transitioned to House B, and so on to
22 House C. If you messed up with bad behavior,
23 bad decisions, you went back to House A and
24 started that process.

1 My understanding now, that that no
2 longer exists. And since the change in
3 program, there's been a number of employees
4 that were basically injured. Some of the
5 control, if you will, or management -- that's
6 a better term, management -- of some of the
7 people that are there has fallen down, so
8 employee injuries are up. And of course
9 there's always -- now we've got the Justice
10 Center, there's complaints to the Justice
11 Center by these people, so there's a lot of
12 people out on administrative leave.
13 Can you comment on that?
14 ACTING COMMISSIONER DELANEY: First,
15 I'm happy to look into and will look into the
16 concerns that you've raised about Valley
17 Ridge. And certainly we can set up a time to
18 talk with you about them.
19 We do hear of concerns related to the
20 length of time that people are on leave for
21 investigations. It's something we are
22 concerned with and are working very actively
23 with the Justice Center to try to resolve --
24 including, as I mentioned, through use of a

1 recent Lean project that's really designed to
2 cut down the time frame for those
3 investigations.
4 ASSEMBLYMAN CROUCH: Quickly, in
5 regard to the bed capacity we mentioned -- I
6 talked to you about this once before when we
7 met back in December -- bed capacity in the
8 Southern Tier as a result of depopulation of
9 Broome Developmental Center, do you have a --
10 are you aware of a waiting list at this point
11 in time, a number of people who are looking
12 for residential opportunities in community
13 homes?
14 ACTING COMMISSIONER DELANEY: We do,
15 in your community, work with a number of
16 families, and we're working with a number
17 now, to access opportunities in that area.
18 We're also, as you know, working with many
19 individuals who are in our institutional
20 settings in accessing community placements.
21 And where we need additional capacity there,
22 we are building it and have done so.
23 ASSEMBLYMAN CROUCH: You've got a plan
24 for increasing the capacity at this point in

1 time? What's your time frame for that?
2 ACTING COMMISSIONER DELANEY: We do.
3 As we move closer towards the closure of our
4 Broome Developmental Center, we have about
5 30 residents who are remaining there, and we
6 are working with those individuals and their
7 families on plans for providing their
8 services in the community. And of course we
9 will have those opportunities up and ready
10 before they transition into the community.
11 ASSEMBLYMAN CROUCH: Just a last
12 question.
13 As we've depopulated Broome
14 Developmental Center, it's my understanding
15 that these individuals that were housed
16 there, they had pretty much free rein if they
17 were capable and so forth. They had art
18 activities, you know, they ate lunch
19 together, they saw a lot of their friends,
20 and it was a very social occasion, engaging
21 in different conversations or fun activities,
22 art activities.
23 And now that these people are out in
24 community homes, they only relate to six or

1 eight people in that community home. What's
2 the plan for getting them to a point of
3 socializing with some of their friends or
4 being able to go to the pool or whatever? It
5 seems like that's just all kind of a mishmash
6 at this point in time.
7 ACTING COMMISSIONER DELANEY: Well,
8 actually before any person leaves a
9 developmental center setting, we require that
10 there be a plan in place both for their
11 residential and day support needs. And part
12 of that really has to take into account what
13 are that person's interests and goals, and
14 how is the provider going to meet those goals
15 that that person has set for their life.
16 So things like what types of
17 recreational activities they want to
18 participate in, what types of social networks
19 do they want to have, do they want to be
20 employed, are things that we require the
21 provider to come forward with a plan for
22 meeting as we develop that plan for community
23 living.
24 So we really do try to make sure that

1 each individual has a plan in place that will
2 ensure that they have access to the
3 opportunities they would like.
4 ASSEMBLYMAN CROUCH: Thank you.
5 CHAIRMAN FARRELL: Thank you. We're
6 finished on our side.
7 CHAIRWOMAN YOUNG: We're finished, I
8 believe, on our side.
9 So thank you so much, Acting
10 Commissioner, for being here.
11 ACTING COMMISSIONER DELANEY: Thank
12 you.
13 CHAIRMAN FARRELL: Thank you very
14 much.
15 ACTING COMMISSIONER DELANEY: Thank
16 you.
17 CHAIRMAN FARRELL: Next is Arlene
18 Gonzalez-Sanchez, New York State Office of
19 Alcoholism and Substance Abuse Services.
20 COMMISSIONER GONZALEZ-SANCHEZ: Good
21 afternoon, Senator Young, Assemblymember
22 Farrell, Senator Amedore, Assemblymember
23 Rosenthal, and distinguished members of the
24 Senate and Assembly committees. My name is

1 Arlene Gonzalez-Sanchez. I'm the
2 commissioner of the New York State Office of
3 Alcoholism and Substance Abuse Services.
4 I want to begin by thanking you for
5 your support of our mission at OASAS and for
6 giving me the opportunity to present Governor
7 Cuomo's 2016-2017 Executive Budget as it
8 pertains to OASAS.
9 As you know, OASAS oversees one of the
10 nation’s largest addiction services systems
11 that includes approximately 1,500 programs
12 and assists nearly 100,000 New Yorkers on any
13 given day.
14 As commissioner of OASAS, I have the
15 privilege of visiting and talking with
16 New Yorkers of all ages, races and
17 ethnicities from throughout the state about
18 their needs when it comes to drug, alcohol
19 and gambling prevention, when it comes to
20 treatment and recovery services. I have
21 heard concerns from parents, grandparents and
22 individuals.
23 As a mother and a fellow New Yorker,
24 it pains me to hear stories of loss that are

1 associated with addiction. However, every
2 day, I am also inspired to continue our
3 agency’s important work when I hear amazing
4 stories of hope and recovery. We are working
5 every day to make sure that more New Yorkers
6 have those stories of hope and recovery to
7 tell.
8 The Governor’s Executive Budget
9 proposes $616.9 million that will allow OASAS
10 to move forward on our key priorities. Those
11 priorities include expansion of treatment
12 beds and opioid treatment programs as well as
13 expansion of prevention and recovery
14 services; peer and family supports; housing
15 for individuals and families; and continuing
16 the Combat Heroin education campaign.
17 This proposal supports OASAS's ability
18 to respond to needs identified by our
19 constituents throughout the state, including
20 expansion of treatment capacity with 24 beds
21 for adolescent and young adults in
22 Long Island, 24 beds for youth in
23 Staten Island, 25 beds for youth in
24 Niagara County, 18 beds for women in

1 Broome County, and new detox services in the
2 North Country.
3 Furthermore, the budget includes
4 Medicaid rate enhancements for treatment
5 providers as they transition to managed care.
6 It also includes funding for expansion of
7 opioid treatment programs by nearly 2,000
8 slots from Buffalo to Watertown to Peekskill.
9 The budget also supports the creation of an
10 On-Call Peer support program for emergency
11 departments, and development of our Family
12 Support Navigator program.
13 We are also able to establish seven
14 new Adolescent Clubhouses and six new
15 community-based Recovery Outreach Centers and
16 will open 170 new New York/New York III
17 housing units.
18 In addition, just this morning
19 Governor Cuomo announced in a press release
20 the launching of a new database on our OASAS
21 website to assist New Yorkers with
22 identifying available treatment beds anywhere
23 in the state, in real time.
24 The budget will also allow us to

1 create a medication-assisted treatment pilot
2 program using Vivitrol, which is a proven
3 addiction medicine, together with counseling,
4 for opioid-dependent parolees as they leave
5 Edgecombe Correctional facility. It will
6 also allow the purchase of handheld devices
7 that can instantly analyze unknown substances
8 for the presence of synthetics and other
9 drugs.
10 We will continue our Combat Heroin
11 public awareness campaign and the training of
12 New Yorkers on the use of Narcan.
13 So to conclude, Governor Cuomo's
14 2016-2017 Executive Budget enables us to
15 further reinforce our treatment system, boost
16 our statewide prevention efforts, and
17 strengthen our recovery programs so that all
18 New Yorkers have access to the system of care
19 that they deserve.
20 We look forward to your continued
21 partnership as we advance these priorities.
22 Thank you for your time today.
23 CHAIRWOMAN YOUNG: Thank you,
24 Commissioner.

1 CHAIRMAN FARRELL: Thank you very
2 much.
3 Linda Rosenthal, 10 minutes.
4 ASSEMBLYWOMAN ROSENTHAL: Ten minutes?
5 All right. Okay.
6 Thank you very much, Commissioner.
7 And I thank you for your commitment and your
8 dedication.
9 However, I'd like to express my deep
10 concern with this Executive Budget in
11 relation to the funding proposed for the
12 Office of Alcoholism and Substance Abuse
13 Services.
14 Every day we see headlines across the
15 state about the far-ranging impacts of heroin
16 and opioid endemic on our families. Yet the
17 proposed 2016-2017 Executive Budget maintains
18 an essentially flat or minuscule increase for
19 OASAS, the agency directly responsible for
20 the allocation of prevention, treatment and
21 recovery services.
22 I believe the lack of additional
23 funding support for this essential agency
24 displays a lack of commitment to one of the

1 most vulnerable populations in the state:
2 Those who are suffering from and fighting
3 substance use disorders. It is incongruous
4 to talk about the devastation being wrought
5 by heroin and opioids and to demand more
6 robust prevention and treatment intervention
7 for this vulnerable population without
8 budgeting for increased funding to support
9 such services.
10 Now, as we go through this hearing I'm
11 sure we will hear testimony from people on
12 just how great the need truly is for
13 increased funding for substance use services.
14 I think it's important that we evaluate and
15 make decisions regarding this budget with a
16 few points in mind.
17 It is vitally important that people
18 struggling with addiction have access to
19 quality beds whenever they need it and in
20 locations that are geographically accessible
21 for them. It's crucial that people moving
22 through the different levels of treatment
23 receive valuable and helpful information to
24 help aid their journey towards a sober,

1 healthy life.
2 Likewise, it is just as essential to
3 provide prevention education in our school
4 system so New York's youth can be properly
5 educated on the risks and dangers associated
6 with substance abuse.
7 So let me ask you a few questions. So
8 the budget proposes a reduction of $2.76
9 million as a result of delays in bed
10 development and lower than lower-than-
11 expected utilization rates. Given that the
12 number of overdose deaths has skyrocketed in
13 the past several years, I am challenged to
14 understand how beds are going underutilized
15 in New York State. Can you explain this?
16 COMMISSIONER GONZALEZ-SANCHEZ: Sure.
17 Thank you for the opportunity to explain.
18 Every year, you know, we have delays
19 in beds going up for different reasons.
20 Projects don't get up and running at the time
21 that we want them to, and there are some
22 savings that are accrued as a result of that.
23 In addition, you also have programs
24 that are consolidated or decide they no

1 longer want to provide the service, which
2 also creates some additional savings. That
3 2.7 that you indicated reflects that.
4 However, I would be totally remiss if
5 I didn't clarify that that's not the only
6 savings that we have accrued throughout the
7 year. We have additional savings, and we've
8 become actually very efficient in how we
9 evaluate our services in our system and
10 repurpose some of the monies that we have to
11 ensure that we have the right programming in
12 place to address this epidemic.
13 So I hope I responded to your
14 question.
15 ASSEMBLYWOMAN ROSENTHAL: Okay. Well,
16 my staff just looked at the new portal. And
17 it's great that, you know, this has been
18 launched, and it will help people too
19 identify supportive services.
20 However, while there are a number of
21 available beds, they seem to be concentrated
22 in specific parts of the state while other
23 parts are underserved or unserved at all.
24 For example, Staten Island, which we hear

1 about a lot as the site of a huge problem,
2 there are only four young adult beds and 13
3 total beds. So that's what we found on the
4 website today.
5 COMMISSIONER GONZALEZ-SANCHEZ: Okay.
6 So with respect to the portal, let me just
7 explain that this was done because year after
8 year, the same way you hear, I also hear we
9 don't have any treatment beds available. And
10 we have waiting lists. Well, based on the
11 information we have in our department,
12 there's always capacity available at some
13 point. It may not be right next door or down
14 the block, but there's always capacity.
15 So we decided to have a system in
16 place where all of our treatment providers
17 would log on every day to say how many slots
18 were available, how many beds were available,
19 for us to be able to manage better and
20 understand what the real world is out there.
21 And when I checked just yesterday,
22 there were 191 programs that reported, and we
23 had 135 available slots.
24 Now, having said that, I agree, you

1 know, we need to ensure that there are
2 available treatment beds throughout the
3 state. And as you can see from this budget,
4 that's what we're trying to address with this
5 budget.
6 With respect to Staten Island, just
7 recently we opened two programs in
8 Staten Island's treatment beds for young
9 adults, specifically in Staten Island to
10 address the heroin/opioid addiction issue
11 that they have there.
12 ASSEMBLYWOMAN ROSENTHAL: Well, we
13 could find no beds for Syracuse, only eight
14 in Binghamton, and nine in Buffalo. So as we
15 know, people who suffer from addiction or
16 they've been detoxed or they have to go into
17 rehab, they don't usually have the
18 wherewithal, either the physical capacity or
19 the ability to get to a treatment center
20 that's close by.
21 So what's the solution for them?
22 COMMISSIONER GONZALEZ-SANCHEZ: Well,
23 there's also a new RFP that's coming out for
24 50 additional beds that will be coming out, I

1 understand, by March, which will also add
2 beds to the Southern Tier and we'll resolve
3 some of the issues we have in that area.
4 But as I indicated, you know, we have
5 opened a lot of opioid treatment, you know,
6 clinics throughout the state that should also
7 assist in treating this epidemic. So it's
8 going to take a little while to see the
9 effects, but we have opened capacity in areas
10 where we didn't have capacity. And you're
11 absolutely right, that's an area that we're
12 going to continue to work, to look and
13 address as appropriate.
14 ASSEMBLYWOMAN ROSENTHAL: I mean, I've
15 spoken with the different agencies that
16 handle this population. They have estimated
17 that we need perhaps at least $70 million
18 more in this budget to address all of the
19 needs that exist around the state. And that
20 may be a conservative number.
21 Let me ask you about the prevention
22 and education. So in this budget there's a
23 decrease in the amount of money going to
24 SAPIS workers. I believe last year it was a

1 $2 million-plus add by the Legislature, and
2 that's been cut.
3 So why are we cutting prevention in
4 New York City in this circumstance? We
5 should be adding millions of dollars because
6 the key is to prevent youngsters from getting
7 addicted and learning about the problems if
8 they do start on that road. So why is that
9 cut in the budget?
10 COMMISSIONER GONZALEZ-SANCHEZ: Okay.
11 So to begin with, that $2 million that went
12 in the budget -- and you're correct, as the
13 legislative item last year -- was one time.
14 And it was made very clear to the Board of Ed
15 that this was one-time funding.
16 I also need to be clear and say, you
17 know, we provide $16 million every year to
18 the Board of Ed for prevention services in
19 schools in New York City. On top of that, we
20 also have prevention programs -- we have a
21 total of I believe it's 165 prevention
22 programs throughout the state that also work
23 together in schools, in multiple schools.
24 So there is quite a bit going into

1 prevention. But I'd be more than glad to,
2 you know, talk to you afterwards if you feel
3 that there's a particular district outside of
4 New York City that may need some attention.
5 But like I said, we give the Board of Ed
6 $16 million every year for prevention work in
7 New York City, and maybe we need to then
8 start talking about how that money should be
9 allocated and so on and so forth.
10 ASSEMBLYWOMAN ROSENTHAL: And what
11 about around the rest of the state?
12 COMMISSIONER GONZALEZ-SANCHEZ: Well,
13 our total budget I believe is $81 million for
14 prevention. But I could get you the actual
15 number if you need that.
16 ASSEMBLYWOMAN ROSENTHAL: Okay, let me
17 ask you, do you have any specialists in child
18 and adolescent addiction problems within the
19 agency?
20 COMMISSIONER GONZALEZ-SANCHEZ: We do
21 have a unit, yes, we do.
22 ASSEMBLYWOMAN ROSENTHAL: Okay. How
23 many staff members are in that unit?
24 COMMISSIONER GONZALEZ-SANCHEZ: In my

1 unit --
2 ASSEMBLYWOMAN ROSENTHAL: Yes.
3 COMMISSIONER GONZALEZ-SANCHEZ: -- I
4 believe it's four.
5 ASSEMBLYWOMAN ROSENTHAL: Four, okay.
6 Because I understand other agencies have a
7 robust dedicated staff to that issue, and I
8 think it's an area that needs some beefing
9 up.
10 I'd also like to say the issue of who
11 deserves a minimum wage of $15 or not, the
12 dignity of work cannot be questioned. People
13 who put pizza in a paper bag may have
14 children who are addicted or have
15 developmental disabilities. Everyone
16 deserves a decent wage, $15. It shouldn't
17 matter if you're putting pizza in a bag or if
18 you are helping someone to bathe. Everyone
19 deserves to be working for an excellent wage
20 just so they can support their families and
21 not be dependent on the government. And I
22 just need to get that in there.
23 But speaking of that, I think that the
24 0.2 percent increase within your agency is

1 far too little to attract the best workers
2 and keep them there.
3 COMMISSIONER GONZALEZ-SANCHEZ: That
4 was a comment, right?
5 ASSEMBLYWOMAN ROSENTHAL: That was a
6 -- that was a -- okay, that was a comment.
7 I've got 10 minutes?
8 CHAIRMAN FARRELL: No, you had
9 10 minutes.
10 (Laughter.)
11 ASSEMBLYWOMAN ROSENTHAL: All right.
12 I will come back. Thank you, Commissioner.
13 COMMISSIONER GONZALEZ-SANCHEZ: Thank
14 you.
15 CHAIRMAN FARRELL: Thank you very
16 much.
17 We've been joined by Assemblyman
18 Bronson, Assemblyman Pretlow, Assemblywoman
19 Bichotte, and Assemblyman Saladino.
20 Senator?
21 CHAIRWOMAN YOUNG: Thank you very
22 much. We've also been joined by Senator Jack
23 Martins and Senator Leroy Comrie.
24 And our first speaker today is Senator

1 George Amedore.
2 SENATOR AMEDORE: Good afternoon,
3 Commissioner Sanchez.
4 COMMISSIONER GONZALEZ-SANCHEZ: Good
5 afternoon.
6 SENATOR AMEDORE: I hope you're doing
7 well. It's good to see you again.
8 And there's no question, Commissioner,
9 all of the dollars, the $603 million that's
10 in the budget for all OASAS spending, will
11 help go towards various prongs of the
12 approach and how we're going to eradicate a
13 problem that we have, and that's substance
14 abuse and addiction in this state.
15 What troubles me sometimes when I look
16 at it is it's only $603 million. And we have
17 a -- not a growing epidemic, but I believe we
18 truly have a crisis on our hands in the State
19 of New York with the high numbers of
20 fatalities and overdose deaths, whether it be
21 from opiate addiction or heroin addiction.
22 We obviously, with the new announcement of
23 the over-the-counter sales of Naloxone, the
24 Narcan kits, I believe that the Governor and

1 DOH is realizing that.
2 Hopefully, though, with that one tool
3 of the problems that we have to help people
4 with heroin addiction or opiate addiction, we
5 do much more than just looking at that
6 solution. Because that's not the solution to
7 fix or to fight back on this crisis.
8 In the budget you have -- in OASAS's
9 budget there is many different things that we
10 can see. One thing that concerns me is that
11 there seems to be a cut in some areas, a
12 reduction. One area also, there is a good
13 thing, a $6 million increase, but it seems
14 that there is a -- the budget seems to
15 repurpose that $6 million for some funding
16 initiative for heroin initiatives. Can you
17 elaborate on the moving around of that
18 $6 million?
19 COMMISSIONER GONZALEZ-SANCHEZ: Sure.
20 Sure. Thank you for the opportunity to
21 explain that, because that was a little
22 tricky the way it was written.
23 The $6 million represents -- there's
24 like a 47 percent increase in admissions to

1 our treatment for primarily heroin and opioid
2 addiction. That represents $141 million.
3 And the projected increase from last year is
4 the 6 million.
5 So it's projected that we will spend,
6 based on admissions, $6 million more this
7 year on heroin and opioid treatment.
8 SENATOR AMEDORE: Okay. Also in your
9 budget general funds and special revenue
10 fund, there was an increase of $3 million
11 that are planned for more beds, as you
12 mentioned in your testimony. Specifically
13 with the 170 beds that will be predominantly
14 in all of the upstate counties, do we have
15 any type of guidance or dedication to a
16 population of 15 to about 24-year-olds in the
17 population for these beds and supportive
18 housing?
19 COMMISSIONER GONZALEZ-SANCHEZ: Let me
20 explain. The 170 are New York/New York beds.
21 So these are going to be in New York City.
22 Eighty of those beds will be operational this
23 fiscal year, and the remaining in the
24 upcoming year.

1 There's 130 supported beds, which is
2 what I think you're referring to, Senator.
3 SENATOR AMEDORE: Yes, I'm sorry, I
4 misspoke.
5 COMMISSIONER GONZALEZ-SANCHEZ: And
6 those beds are already at different levels of
7 capital development. They should be coming
8 up on board at different times throughout
9 this year. Twenty-five of those beds will be
10 coming up in Suffolk County, they will be the
11 beds for the young adults.
12 So these beds have already been
13 procured and identified, they're just at
14 different development, capital development.
15 But moving forward, as there's additional
16 opportunities to perhaps expand more of these
17 residential treatment beds, we could
18 certainly look at addressing that age range.
19 SENATOR AMEDORE: Okay. Also in the
20 budget there's a million dollars that's going
21 to be dedicated to equipment testing for
22 synthetic drugs for law enforcement. How
23 many of the machines will be available, and
24 what is the process for that to be used to

1 determine who is going to get the machines?
2 COMMISSIONER GONZALEZ-SANCHEZ: So
3 that's sort of like an agreement that we have
4 with the criminal justice system, I believe
5 it's DCJS.
6 The idea is I think the machines are
7 $2000 each. So we'll do the math. I believe
8 we could only purchase one per region,
9 somewhat. That's not the only money that's
10 going into that. I'm sure DCJS will also
11 provide other dollars to complement the need
12 for these machines.
13 The idea is to have at least one
14 machine per region so that when
15 individuals are stopped and are acting
16 erratically and have substances on them,
17 these machines, they look to instantly detect
18 whether they're in synthetics or in the other
19 types of drugs.
20 Usually right now what happens is you
21 stop someone, if they're on synthetics, they
22 tend to have behaviors that are very
23 psychotic, and they're often taken to the
24 emergency room and often treated as psych

1 patients and not given the addiction
2 treatment that they need. And once they're
3 stabilized, unfortunately, they go back out
4 into the community to do it again.
5 So the idea would be that if there's
6 enough information on the front end to be
7 able to identify that there's a possibility
8 that this individual's behavior is due to
9 intoxication because of drugs, that then once
10 they're in the emergency room they're able to
11 be referred in the right direction and get
12 the drug treatment or assessment that they
13 need.
14 SENATOR AMEDORE: In your testimony
15 you also talked about the transition to
16 Medicaid managed care. And I have heard, I
17 know you have as well, from many providers
18 that there's been some problem with payments,
19 and it was contributed to a computer glitch.
20 But I know that there's some providers who
21 still have not received payment. Has there
22 been a process or a fix? What do you have to
23 say about that?
24 COMMISSIONER GONZALEZ-SANCHEZ:

1 Absolutely. And you're absolutely right,
2 there were some glitches, glitches that, you
3 know, actually I think we all anticipated
4 would happen, because there are things that
5 do happen with any transition that you do.
6 It wasn't anything that escalated to really a
7 crisis.
8 You need to know we do have a
9 dedicated unit in our department whose sole
10 function is to address these issues as they
11 come -- before they become a crisis. You
12 need to know that every concern that has been
13 raised with the managed care companies, to my
14 knowledge, has been resolved. So if you have
15 anyone coming to you or any of the
16 legislators saying that there's issues with
17 payment, I really would like for you to send
18 them my way because we have a whole unit that
19 wants to resolve these issues with managed
20 care entities.
21 SENATOR AMEDORE: A little bit about
22 regulations. I've heard anecdotally from
23 some of the providers that there seems to
24 always be frustration, of course, because of

1 regulations. They change rapidly and often.
2 And as they're implementing the new
3 regulation that's being changed, very quickly
4 another one is being added or changed again.
5 How are you determining or what's the
6 process to determine what regulations need to
7 be in place to the providers?
8 COMMISSIONER GONZALEZ-SANCHEZ: Hmm.
9 I'm not quite sure regulations. I mean,
10 we're all, you know, transitioning into
11 Medicaid managed care, so maybe that's where
12 that may be coming from.
13 In terms of OASAS, what we're doing is
14 actually flexing the regulations so that our
15 providers will be able to provide the care
16 that they need within a whole managed care
17 entity.
18 So I'd be more than glad to, you know,
19 work with you after this if you could
20 identify what exactly they're referring to.
21 Because as far as I'm concerned, what we're
22 actually doing is the opposite. We're trying
23 to make our regulations more flexible so that
24 our providers will be able to treat the

1 people and not have to go through all the red
2 tape that usually they have to go through.
3 SENATOR AMEDORE: Commissioner, I know
4 you believe that fighting the addiction
5 problem that we have in the State of New York
6 is having the detoxification services
7 available to individuals who struggle with
8 this disease, disorder, and the strong hold
9 on their life.
10 How many counties in the State of
11 New York have a detoxification unit, do you
12 know?
13 COMMISSIONER GONZALEZ-SANCHEZ: How
14 many counties -- I'm sorry?
15 SENATOR AMEDORE: How many counties in
16 the State of New York have a detoxification
17 service or unit?
18 COMMISSIONER GONZALEZ-SANCHEZ: I
19 could get that information to you. I don't
20 have it off the top of my head.
21 SENATOR AMEDORE: Okay. I believe
22 there's about half of the counties, of the 62
23 that we have, from what I'm told and I can
24 research. But again, this is part of the

1 four-pronged approach that you and I have
2 talked about many times -- advocacy, and then
3 I know that there's money in the budget for
4 advocacy, and that connection that you talked
5 about with State Ed, early intervention and
6 prevention for our young adults and our
7 youth. There's also the treatment and people
8 who are struggling with treatment, another
9 prong approach, making sure that we have the
10 beds available, whether it's chemically given
11 with the expansion of the opiate treatment
12 providers that we have out there, with
13 medication. We also talk about the recovery
14 aspect. And the recovery services in the
15 State of New York, as you know, as our
16 population grows with people who are finally
17 being treated of the symptoms or the problem,
18 going into then recovery services and having
19 the peer-to-peer available to them so that
20 there's not a high recidivism rate occurring.
21 You know, I think that there has to be
22 this four-pronged approach also with law
23 enforcement, and I see that there's some
24 equipment in there for law enforcement to

1 kind of find out that synthetic drug that's
2 being a problem.
3 But what else do you see that we can
4 do and what the budget is lacking that can
5 really help fight this crisis that we have in
6 New York?
7 COMMISSIONER GONZALEZ-SANCHEZ: Well,
8 Senator, like I indicated previously, you
9 know, with the existing budget, as you can
10 see, we have been able to maintain, you know,
11 our funding for the services that we have and
12 have been able to even open additional
13 resources. Moving forward, I look forward to
14 working with you and you and the rest of the
15 legislative body to address any additional
16 needs that may come up.
17 SENATOR AMEDORE: Thank you,
18 Commissioner.
19 CHAIRWOMAN YOUNG: Thank you.
20 CHAIRMAN FARRELL: Thank you.
21 Assemblyman McDonald.
22 ASSEMBLYMAN McDONALD: Thank you.
23 Thank you, Mr. Chair.
24 And Commissioner, good morning -- or

1 good afternoon. Soon to be good evening.
2 So a couple of things. You know, I
3 was able to look at the dashboard. That's
4 great. It's another step in what I consider
5 a thousand-step journey on this whole drug
6 addiction crisis. And inasmuch as we'll
7 probably never eradicate it, we can
8 definitely make great steps. And I always
9 broadly classify things into three different
10 areas: Education, enforcement, and
11 treatment.
12 And I'm very pleased in this budget to
13 see greater investment in regards to
14 treatment. I've heard from a lot of the
15 constituents that I deal with about the fact
16 that treatment options are not always there,
17 programs not available. Now you're showing
18 it daily, what is available.
19 I guess I have two questions related
20 to that. One is I know we had a lot of
21 issues with the insurance companies and the
22 holdup of getting into programs. Where are
23 we at in that process? And number two -- and
24 you know about this because we've dealt with

1 this directly -- we're expanding programs,
2 whether it's for day programs, whether it's
3 for community residences. And at the same
4 token, my concern that I'm seeing is that
5 some communities, as much as everybody wants
6 treatment, communities are going to be
7 pushing back on I don't want it -- I want
8 treatment, but I don't want it in my
9 neighborhood.
10 Are we seeing that more and more
11 prevalent? And any suggestions on how to
12 deal with that?
13 COMMISSIONER GONZALEZ-SANCHEZ: Okay,
14 thank you.
15 So the first question with respect to
16 insurance, I believe that a lot of the issues
17 that we are seeing really falls under private
18 insurance. And that's an area that we need
19 to focus more on and work more diligently on,
20 and we plan to do that with DFS. We do not
21 monitor or oversee the insurance companies,
22 but we do have a work group that we meet
23 regularly with DFS, and we will continue to
24 do so and bring issues to their attention, as

1 we've done in the past, to try to get
2 resolution.
3 You know that with Medicaid managed
4 care we have our locator tool, which is
5 working very nicely. We have the No Fail
6 First. And more importantly, if there are
7 any concerns or debates around length of
8 services, types of services, the insurance
9 company must pay until a resolution is taken.
10 So -- but having said that, there are
11 other issues with private insurance, and we
12 will continue to try to address them as we
13 move forward.
14 With respect to siting of new
15 programs, I have to say unfortunately many
16 times we have a lot of problems. It's not
17 just having the money and identifying the
18 money and saying we want to site a program,
19 but we do get a lot of community opposition.
20 And a lot of the opposition is really rooted
21 in misguidance, misunderstanding, fear and,
22 frankly speaking, stigma.
23 But, you know, we continue to work
24 with the local governmental units, with the

1 legislators to try to site these programs.
2 But it is our number-one challenge throughout
3 the state in siting programs.
4 ASSEMBLYMAN McDONALD: Thank you.
5 COMMISSIONER GONZALEZ-SANCHEZ: Thank
6 you.
7 ASSEMBLYMAN McDONALD: Thank you,
8 Mr. Chair.
9 CHAIRWOMAN YOUNG: Thank you.
10 Our next speaker is Senator Tim
11 Kennedy.
12 SENATOR KENNEDY: Thank you,
13 Commissioner. First of all, let me thank you
14 publicly for the responsiveness of your
15 office and you personally on this particular
16 issue pertaining to opiate abuse and
17 prevention in our community in Western
18 New York.
19 Let me start also by thanking you for
20 the recent release of the RFP for the 50
21 additional residential treatment beds in
22 upstate. It's sorely needed. And, you know,
23 we continue to hear of shortages and the wait
24 list for these kind of services, especially

1 residential programs.
2 I understand an additional $7 million
3 is being proposed to bring in 300 additional
4 beds online over the course of the next two
5 years. But from what I understand, none of
6 these beds are being allocated in Western
7 New York.
8 Can you speak to that?
9 COMMISSIONER GONZALEZ-SANCHEZ: I will
10 have to get back to you and check that
11 further to ensure that they're not going to
12 be in Western New York.
13 SENATOR KENNEDY: Okay. Especially
14 given, you know, the recent RFP isn't geared
15 to, you know, the Western New York region,
16 can you speak to what assurances we have in
17 our community, that's suffering desperately
18 from this epidemic, to ensure that the proper
19 resources are being allocated there?
20 COMMISSIONER GONZALEZ-SANCHEZ: The
21 question was what --
22 SENATOR KENNEDY: Yeah, what
23 assurances can you give the Western New York
24 region that we're meeting the need for

1 services?
2 COMMISSIONER GONZALEZ-SANCHEZ: Well,
3 you know, we will continue to work like we
4 have with the local government, with the
5 elected officials, and providers from those
6 regions throughout the state to develop
7 priorities within the regions and to,
8 together, identify areas that we need to
9 maybe supplement or expand existing services.
10 And if you recall, last year that's
11 what I committed to. And as a result, you
12 see that, you know, we have been able to
13 expand services in areas that really needed
14 them, and we will continue to do so.
15 SENATOR KENNEDY: Great. The
16 $81 million you had spoken of earlier
17 regarding prevention for drug and alcohol
18 addiction, can you speak to that, how that
19 funding is actually spent, where it's spent?
20 Is that in schools, is that out in the
21 community, is that a combination of both?
22 COMMISSIONER GONZALEZ-SANCHEZ: That's
23 a combination. That's our total budget for
24 all prevention. And it includes work with

1 schools, it includes funding for prevention
2 providers, BOCES. It's all of our prevention
3 dollars.
4 SENATOR KENNEDY: And can you speak to
5 how that funding is implemented in schools
6 per se?
7 COMMISSIONER GONZALEZ-SANCHEZ: We
8 could get you that plan if you need it.
9 SENATOR KENNEDY: Okay. I'd like to
10 see a breakdown of, you know, $81 million,
11 you know, across the state. That seems
12 fairly paltry given the problems that our
13 communities are facing across the state.
14 Erie County alone, it's expected, once all of
15 the toxicology reports are completed, the
16 deaths in Erie County are supposed to have
17 doubled in 2015 from the previous year. And
18 it's only continuing. We're over 200 deaths
19 from opiates.
20 So again, you know, each community is
21 suffering. Erie County is -- you know, the
22 statistics back that up.
23 The Executive Budget proposes
24 $141 million to combat the heroin epidemic

1 through these treatment and prevention
2 efforts, and I'm hearing more and more from
3 our hospitals and the neonatal intensive care
4 units that babies are increasingly born with
5 this dependency. They're going through
6 withdrawal before they've even left the
7 hospital.
8 Are there existing partnerships
9 between hospitals, maternity wards, treatment
10 programs that can help to serve the mother?
11 COMMISSIONER GONZALEZ-SANCHEZ: That's
12 a very good point. And that's an area that
13 perhaps I need to talk to Commissioner Zucker
14 about to see how we could better work along
15 those areas.
16 SENATOR KENNEDY: Yeah, I'd like to
17 see how OASAS will better work to get out in
18 front and be proactive with these mothers who
19 are pregnant who are suffering from these
20 addictions. Is that something that you feel
21 that your office could get involved with?
22 COMMISSIONER GONZALEZ-SANCHEZ: We
23 actually are involved. We do have treatment
24 programs throughout the state, primarily, and

1 specifically for women with kids. We have a
2 total of I think maybe 22 programs
3 throughout. These are residential programs
4 with the target towards that population.
5 But we'll be more than glad to see if
6 we need to expand and work with you to do so.
7 SENATOR KENNEDY: Thank you,
8 Commissioner.
9 And are there prevention funds geared
10 specifically toward pregnant women?
11 COMMISSIONER GONZALEZ-SANCHEZ: In
12 what way?
13 SENATOR KENNEDY: I'm sorry?
14 COMMISSIONER GONZALEZ-SANCHEZ: I
15 don't understand your question. You mean
16 prevention?
17 SENATOR KENNEDY: Again, to the -- the
18 point I made was that we are hearing
19 increasing amounts of babies being born
20 already addicted to heroin and other opiates.
21 You had talked of prevention funds being
22 geared specifically towards women with
23 children. And the question I asked was
24 whether or not there are prevention funds

1 specific to pregnant women.
2 COMMISSIONER GONZALEZ-SANCHEZ: Well,
3 prevention funds are primarily for everyone.
4 It's not for a particular age group. There's
5 a tendency of using prevention, primary
6 prevention for younger folks.
7 But we do have prevention programs,
8 you know, in the community that will work
9 with anyone. It's not age-limited. We also
10 have treatment programs that have been
11 trained and have people that are experts in
12 prevention, so.
13 SENATOR KENNEDY: Thank you.
14 CHAIRWOMAN YOUNG: Thank you.
15 Assembly?
16 CHAIRMAN FARRELL: Thank you very
17 much.
18 Next, Assemblyman Saladino.
19 ASSEMBLYMAN SALADINO: Thank you,
20 Commissioner. Appreciate you being here
21 today. But I most importantly appreciate
22 your commitment and dedication over the years
23 to this issue, especially as it relates to
24 protecting New Yorkers from heroin and opioid

1 addictions.
2 We've been working on this issue for
3 quite a few years. The Assemblyman minority
4 task force has recently put out a report, and
5 I believe it is the best and most inclusive
6 report to date. Have you had an opportunity
7 to see that yet?
8 COMMISSIONER GONZALEZ-SANCHEZ: I did
9 skim through it, yes.
10 ASSEMBLYMAN SALADINO: Okay. Well,
11 we'd love for you to take a long look at
12 that, because we feel that so many of those
13 recommendations which came out of the task
14 force, came out of the hearings across the
15 state, are very important.
16 I had years ago put together my own
17 professional task force and those
18 professionals, people like Dr. Christy Golden
19 at Stony Brook, Dr. Jeffrey Reynolds, Bob
20 Detor of South Oaks, and many other
21 well-known and respected people, spoke to the
22 spectrum of treatment and prevention and law
23 enforcement. But what they told us was that
24 the number-one priority is empowering the

1 providers instead of insurance companies to
2 dictate inpatient treatment, the number of
3 days, the types of services, the fact that
4 there are many patients who need inpatient
5 treatment and shouldn't have to fail
6 outpatient treatment numerous times before
7 they'll even begin to get coverage. PA-106
8 type of legislation, and perhaps legislation
9 that goes further and is even better than the
10 improved outcomes we've seen through PA-106.
11 Would you recommend and support
12 legislation like that, and would you tell my
13 colleagues that this type of legislation
14 would be one of the primary steps in making a
15 difference by empowering the medical
16 providers rather than letting the insurance
17 companies decide how someone will get that
18 treatment?
19 COMMISSIONER GONZALEZ-SANCHEZ: Well,
20 Assemblyman, just to say that actually
21 there's been a couple of items that I have
22 mentioned in my budget this year that
23 actually are similar if not what the task
24 force has been calling for -- the on-call

1 peers and the family navigators.
2 In addition, please note that, you
3 know, the locator tool that was developed by
4 OASAS last year has been implemented, does
5 exactly what you're saying. This is a tool
6 that they need to use, the insurance
7 companies need to use, to make a
8 determination of level of care. So we have
9 that already in place.
10 And to be honest with you, a lot of
11 the Medicaid managed care companies are
12 utilizing the tool, they actually like the
13 tool. I think where we have a little issue
14 is with the private insurers. And again,
15 we're looking to really work with them on
16 that issue.
17 ASSEMBLYMAN SALADINO: I'd like to
18 hear that the department would recommend
19 legislation that mandates that the provider
20 is empowered to make the decisions because
21 they know their patients the best, because we
22 know that currently what's going on is not
23 solving the problem, and first and foremost
24 that the experts in the field tell us of the

1 importance of embracing PA-106-type
2 legislation.
3 Would that be something you would
4 recommend?
5 COMMISSIONER GONZALEZ-SANCHEZ: I
6 respectfully could not comment on that. I
7 would like to see the legislation before I
8 could comment on that.
9 ASSEMBLYMAN SALADINO: Fair enough.
10 And thank you so much for all of your work.
11 It's really making a difference. We
12 appreciate your dedication.
13 COMMISSIONER GONZALEZ-SANCHEZ: Thank
14 you.
15 CHAIRMAN FARRELL: Thank you.
16 Senator?
17 SENATOR KRUEGER: Thank you.
18 The next speaker is Senator Diane
19 Savino.
20 SENATOR SAVINO: Thank you, Senator
21 Krueger.
22 Good afternoon, Commissioner.
23 First let me thank you for the
24 contribution to Staten Island when you

1 recently came to devote money from the state
2 to extend the number of beds.
3 But I want to pick up on the comments
4 of Assemblyman Saladino. While the state
5 seems to be gripped in what we term the
6 heroin abuse crisis, this is not the first
7 drug crisis the state has faced. In fact,
8 addiction has been around as long as mankind,
9 one would say. Twenty-five years ago, it was
10 a crack epidemic. So we've been through
11 this.
12 But then as now, we still have some of
13 the same problems in providing treatment to
14 people, and there seems to be a disjointed
15 approach to it. If you speak to our
16 hospitals now, in particular emergency room
17 directors, they'll tell you that on any given
18 day people are showing up in the emergency
19 room having overdosed. And they stabilize
20 them and then they release them and send them
21 home. Many of the emergency care providers
22 have told me that their hands feel tied
23 because they don't have the ability to refer
24 them to an inpatient -- not even for

1 detoxification, because the protocol says
2 that heroin and opioids don't require an
3 inpatient detoxification.
4 And so to send people home who have
5 just overdosed and expect them to manage
6 their addiction until they can get into an
7 outpatient treatment program seems somewhat
8 irrational and unreasonable. So what I think
9 we're looking for as legislators is how do we
10 change the law to allow the protocol to
11 really reflect the severity of the problem.
12 So I show up in the emergency room, I
13 have clearly overdosed, it's been my fourth
14 trip to the emergency room this year. And
15 you as the emergency room doctor should be
16 able to say that I'm a danger to myself, I
17 cannot be expected to handle this, I need to
18 have immediate medical treatment to stabilize
19 me. But then, most importantly, we should be
20 investing in residential long-term treatment.
21 Not short-term rehabs, residential long-term
22 treatment. That's the only way we're going
23 to combat this crisis.
24 So what steps can we take to get to

1 that process?
2 COMMISSIONER GONZALEZ-SANCHEZ: Okay,
3 so great point. And we agree. So let me
4 tell you what we've been doing.
5 As part of this budget, I've also
6 mentioned the on-call peer at ED. The idea
7 here is to have peers working with clusters
8 of hospitals so that when an individual goes
9 to the emergency room that has had an
10 overdose reversed, that that peer is
11 contacted immediately and that peer starts
12 working with that individual while they're
13 still being stabilized in the hospital, with
14 the idea that when that individual is
15 released, the individual is not released just
16 back to where they came from to do it again,
17 but rather maybe to a treatment center, to a
18 resource center or a crisis intervention
19 center that we may have, to avoid that
20 recidivism.
21 So we have started that. We have the
22 pilot, it's going to be a pilot, it's in this
23 budget. And we're very excited about it. I
24 think that that's going to help us.

1 I think there are other things we
2 really could do as well -- work more with
3 perhaps, you know, the Health Department to
4 look at intake, you know, that
5 individuals are trained appropriately to be
6 able to assess behavioral health, including
7 mental health and addiction once they come
8 in.
9 But so far these are some of the
10 things that we have put in place. And again,
11 I'm really excited about this peer, because I
12 think that that may help, you know, that
13 situation.
14 SENATOR SAVINO: Well, we hope so.
15 Because as I said, you know, our emergency
16 directors are struggling with this, but
17 they're seeing the same patients over and
18 over, and they're incredibly frustrated by
19 the fact that there's almost nothing they can
20 do. You can't commit someone against their
21 will; that's a whole other conversation. But
22 obviously what we're doing now is really not
23 working. The fact that, you know, people
24 survive is almost a miracle sometimes.

1 COMMISSIONER GONZALEZ-SANCHEZ: And I
2 may just add that, you know, there is
3 legislation for a 48-hour hold on the books,
4 which we plan to look at moving forward to
5 see how we could perhaps use that legislation
6 in situations where individuals are
7 intoxicated, come into an emergency room and
8 are deemed a danger to themselves or others,
9 and be able to assess them within that
10 48 hours and then ensure that they go into
11 treatment.
12 So that's something we're going to be
13 looking at moving forward.
14 SENATOR SAVINO: Thank you. You know,
15 especially for those who are, you know,
16 mentally ill and chemically addicted, they're
17 on oftentimes a cocktail of drugs, legal ones
18 and illegal ones, and that becomes another
19 whole host of problems.
20 Thank you, Commissioner.
21 COMMISSIONER GONZALEZ-SANCHEZ: Thank
22 you.
23 SENATOR KRUEGER: No more Assembly?
24 CHAIRMAN FARRELL: Nope.

1 SENATOR KRUEGER: Okay, thank you.
2 Thank you very much, Commissioner. I'm going
3 to do two quick questions.
4 I was following up on Senator
5 Kennedy's question about specific drug
6 treatment for pregnant women, and I was
7 reading actually a national NIH study showing
8 that treatment of pregnant women who are
9 suffering from opioid/heroin dependence can
10 be amazingly effective at radically
11 decreasing the problems the infant is born
12 with.
13 And so without treatment, these
14 infants are ending up, on average, with two
15 months of hospital stays costing Medicaid
16 over $40,000 per infant. But with the right
17 treatment, they actually can radically
18 decrease the harm done to the infant, and the
19 cost. So I'm wondering whether, just in
20 follow-up, you could look into and coordinate
21 with the Department of Health about models
22 that apparently are taking place in Johns
23 Hopkins and Washington, D.C., and the studies
24 done by the National Institutes of Health,

1 that we really can do something that helps
2 improve the health outcomes of the baby and
3 saves ourselves money.
4 COMMISSIONER GONZALEZ-SANCHEZ: And,
5 pardon me, we actually have two programs that
6 are harm-reduction programs that actually do
7 treat women that are pregnant and that may be
8 still on methadone, trying to get over.
9 So we do have that in place. But I'll
10 be more than glad to work with DOH to look
11 into it further.
12 SENATOR KRUEGER: Because when I was
13 reading the study quickly, being on methadone
14 can cause the exact same problems for the
15 fetus as being on opioid drugs. So
16 apparently for a pregnant woman, methadone is
17 perhaps not the right answer for a solution.
18 COMMISSIONER GONZALEZ-SANCHEZ: Right.
19 SENATOR KRUEGER: And then following
20 up on your testimony where you talked about
21 announcing that you're going to have handheld
22 devices to analyze synthetic drugs -- and I
23 think Senator Amedore did ask some
24 questions -- who's going to be using these?

1 Is it emergency rooms or law enforcement?
2 What's the purpose of them?
3 COMMISSIONER GONZALEZ-SANCHEZ: It's
4 primarily law enforcement, local sheriff, law
5 enforcement, State Police.
6 Senator KRUEGER: So that when they
7 arrest someone who seems to be acting out in
8 certain ways, they can immediately diagnose
9 -- or the machine can allow them to diagnose
10 what drug the person is using?
11 COMMISSIONER GONZALEZ-SANCHEZ: Yes.
12 SENATOR KRUEGER: And that would be
13 all kinds of drugs or just synthetic drugs?
14 COMMISSIONER GONZALEZ-SANCHEZ: All
15 kinds of drugs. The beauty of the machine is
16 that it's able to pick up most of the
17 synthetics. And that's the piece, because
18 right now we don't have enough rapid testing,
19 even at emergency rooms, to detect
20 synthetics. But this machine will be able to
21 do that.
22 SENATOR KRUEGER: Thank you.
23 And the next Senator -- because I
24 think we're out of Assemblymembers, so to

1 speak -- Senator Jack Martins.
2 SENATOR MARTINS: Commissioner, how
3 are you?
4 COMMISSIONER GONZALEZ-SANCHEZ: Good,
5 thank you.
6 SENATOR MARTINS: Good to see you
7 again.
8 Thank you for your testimony. And
9 I've heard a couple of different times during
10 your testimony today that you've mentioned
11 that you have $6 million more this year for
12 opiate addiction.
13 You've mentioned that you're going to
14 look at the possibility of a 48-hour hold for
15 those who are recidivists when it comes to
16 overdoses and are, thankfully, administered
17 Narcan or kept alive.
18 And you've mentioned earlier that any
19 particular district around the state, outside
20 of New York City, that you'd be more than
21 happy to look at that district or that county
22 to see whether more can be done.
23 I represent a district in Nassau
24 County. And unfortunately, we have the

1 distinction on Long Island of having our
2 Long Island Expressway renamed the
3 Heroin Highway, with hundreds of young adults
4 dying, over the last few years, of heroin
5 overdoses.
6 I've also had the opportunity to work
7 with my emergency medical responders --
8 ambulance drivers and personnel -- who tell
9 me that they are literally responding to
10 opiate overdoses daily. And it is a real
11 issue. It is a recurring issue.
12 And so when we talk about these issues
13 in terms of things that we are going to do
14 and look to do in the future, since this
15 opiate addiction issue has been with us,
16 unfortunately, for years, are we not at a
17 point where perhaps we should reconsider how
18 we do things and treat this more as we do an
19 emergency and a natural disaster, and marshal
20 resources and make sure the monies that we
21 need are there to address this issue?
22 And I know we have discussed here
23 today many issues having to do with the micro
24 of this. That is, the beds, how we treat

1 people who -- women who are pregnant, and
2 education and the like. But on a broader
3 scale, it is your agency that is tasked with
4 taking on this epidemic head on. And the
5 resources that I see that have been committed
6 to your agency don't seem to be adequate to
7 the task.
8 So although we have passed legislation
9 in the Senate and in the Assembly, on both
10 sides of the aisle, to try and provide
11 resources to deal with this epidemic, I would
12 like to hear how we are better suited today,
13 with the budget that is being proposed, than
14 we were just a year ago with the budget that
15 was proposed then, in coming to terms with
16 this issue.
17 And specifically if you can address in
18 Nassau County, or on Long Island, where those
19 beds are, where the commitment of resources
20 are for inpatient treatment, so that those
21 who are addicted and are looking for
22 inpatient treatment can actually have access
23 to it there.
24 COMMISSIONER GONZALEZ-SANCHEZ: Sure.

1 Thank you.
2 So to answer, I guess -- I'm not sure
3 it's in the same order -- but the question of
4 why are we better now than before. From
5 where I sit, we have additional treatment
6 slots that we never had before, that now we
7 have, including on Long Island. We have
8 specifically young adult slots that we didn't
9 have in Suffolk County, which we now have,
10 which Nassau County will be able to share.
11 And the on-site peers that we're
12 talking about should be something that will
13 really benefit emergency rooms, including
14 Long Island, to address that recidivism.
15 So we have a lot of diversified
16 treatment programs, very innovative programs,
17 not your traditional program. Because I
18 think as most of you would agree, this heroin
19 epidemic is -- there's no right fix to it.
20 It's not just about treatment. It's about
21 treatment, it's about prevention, it's about
22 recovery, it's about housing, it's about a
23 lot of things. It's a multi-pronged effect.
24 And frankly speaking, I feel that if

1 you look at the programming that we have been
2 able to develop in these past few years, we
3 have been trying to address all those
4 avenues. We have even started addressing the
5 community support piece of this that never
6 existed before. We're looking at
7 facilitating and assisting parents and loved
8 ones who don't know where to go, who don't
9 know where to turn, how to navigate the
10 system.
11 So I guess what I'm saying is that
12 within the budget we are trying to address
13 all the avenues, be as comprehensive as
14 possible to address this epidemic.
15 SENATOR MARTINS: No, I appreciate
16 that. And I think we all understand that
17 within this budget, that's exactly what
18 you're doing. But is this an opportunity for
19 us to ask a very -- I think a very important
20 question. Shouldn't we be treating this as
21 an emergency? If this were a natural
22 disaster, we would be marshaling all of our
23 resources to address a natural disaster.
24 In the aftermath of the risk of an

1 Ebola outbreak here in the United States and
2 in New York State, we marshaled resources and
3 brought all of our resources together to
4 attack the problem at once, and we found the
5 resources to do that.
6 And if we treat this the same way,
7 rather than addressing the aftermath, rather
8 than addressing the addiction after the
9 fact -- which is important -- how do we
10 marshal our resource and treat this with the
11 severity that it actually requires? How do
12 we do that? And should we be calling for
13 that, and should you be calling for that?
14 COMMISSIONER GONZALEZ-SANCHEZ: Well,
15 from my perspective, I address the issue. It
16 is a crisis, it's a public health crisis,
17 everybody agrees with that. And I continue
18 to say that we will continue to address it to
19 the best of our ability, and I believe we
20 have, within our parameters.
21 SENATOR MARTINS: Commissioner, thank
22 you.
23 CHAIRWOMAN YOUNG: Thank you.
24 Senator Leroy Comrie.

1 SENATOR COMRIE: Thank you. Thank
2 you, Madam Chair.
3 Good afternoon, Commissioner.
4 COMMISSIONER GONZALEZ-SANCHEZ: Good
5 afternoon.
6 SENATOR COMRIE: I represent South
7 Queens -- Laurelton, Cambria Heights, Saint
8 Albans, Jamaica, parts of Bellerose,
9 including the Creedmoor campus, where we are
10 having an extensive problem with opioid
11 addiction that is increasing -- or
12 overwhelming the staff there and their
13 ability to provide services. The violent
14 nature of the people that are coming there as
15 well, creating havoc. And we've had more
16 injuries to the staff there as well.
17 Can you address the ability of being
18 able to add additional resources to the
19 services at the Creedmoor campus to help with
20 the violent nature of the opioid addiction
21 that's happening there?
22 COMMISSIONER GONZALEZ-SANCHEZ: Well,
23 we do run a facility at Creedmoor. We have
24 an addiction treatment center at Creedmoor.

1 I'm not sure that's what you're referring to.
2 And it's collocated with the OMH facility.
3 SENATOR COMRIE: Right.
4 COMMISSIONER GONZALEZ-SANCHEZ: And
5 that's a rehabilitation center that we run.
6 It's fully staffed, appropriately based on
7 the people that it serves. I have not gotten
8 any indication that there's been a need to
9 enhance staffing in any way. But I'll be
10 more than glad to look into that.
11 SENATOR COMRIE: If you could please
12 look into it and get back to me. I've gotten
13 outreach from the workers and the people that
14 live in my community that work there, that
15 they feel more and more unsafe with the
16 conditions there, with the fact that many of
17 these new addicts are coming in violent and
18 are very disruptive to the ability of them to
19 get any work done throughout the day there.
20 And it's been a real problem with the
21 staffing and the morale as a result of
22 constantly walking into a hostile
23 environment.
24 COMMISSIONER GONZALEZ-SANCHEZ: I will

1 look into that.
2 SENATOR COMRIE: So if you could look
3 into that and get back to me, I would
4 appreciate it.
5 COMMISSIONER GONZALEZ-SANCHEZ:
6 Absolutely.
7 SENATOR COMRIE: Two other questions
8 regarding the Department of Education, the
9 SAPIS workers, with the increased opiate
10 issue. I think the SAPIS workers in the
11 Board of Ed do not have -- there's not enough
12 personnel to meet the need, and it gives a --
13 according to the budget, there's going to be
14 a $2 million shortfall.
15 I hope that we can get up to $4
16 million in direct funding to SAPIS, to deal
17 with the SAPIS, the Substance Abuse
18 Prevention/Intervention Specialists that are
19 placed in the schools. So I hope we can get
20 a direct line item for that to go to that in
21 the budget this year. And I hope that that
22 can happen.
23 It's important that if we're dealing
24 with the increased addictions, that we can

1 have enough personnel at the school level to
2 try to do the intervention necessary, and the
3 prevention necessary, to help young people at
4 the source, which is the school where
5 they're, you know, spending most of their
6 day. So we hope that that could happen.
7 And then, finally, OASAS changed their
8 policy in releasing RFPs for community-based
9 prevention. And I'm getting some complaints
10 from existing organizations that they
11 haven't, number one, found out about the RFP,
12 or they have to now compete in a larger pool
13 of groups for programs, especially
14 preexisting programs that have been providing
15 substance abuse treatment in the city.
16 Is that true, that the RFP process has
17 changed?
18 COMMISSIONER GONZALEZ-SANCHEZ: The
19 RFP process has not changed. It's the way
20 it's always been. When we have an RFP, we
21 send it out, it's on the portal. So there
22 hasn't been a change in the process for
23 announcing RFPs. As a matter of fact, we now
24 notify everybody even more, with press

1 releases and so on and so forth. So no, the
2 process has not changed.
3 SENATOR COMRIE: Is there a new RFP
4 that's gone out within the last year?
5 COMMISSIONER GONZALEZ-SANCHEZ: I'm
6 sorry?
7 SENATOR COMRIE: Is there a new RFP
8 that has gone out for substance abuse --
9 COMMISSIONER GONZALEZ-SANCHEZ: There
10 are several RFPs that have gone out for
11 different things -- club houses, recovery
12 centers, expansion of treatment beds. There
13 have been a number of RFPs that have gone
14 out, yes.
15 SENATOR COMRIE: And the criteria for
16 those RFPs have been distributed to all
17 existing programming?
18 COMMISSIONER GONZALEZ-SANCHEZ: Yes,
19 absolutely.
20 SENATOR COMRIE: And all of their
21 existing providers that --
22 COMMISSIONER GONZALEZ-SANCHEZ: Sure.
23 SENATOR COMRIE: And has there been a
24 change in the amount of the providers or any

1 new providers? Because I have gotten reports
2 from different providers around the city that
3 they haven't been able to even respond to
4 some of the new RFPs that have gone out. So
5 I'd like to see some details on that.
6 COMMISSIONER GONZALEZ-SANCHEZ: That's
7 the first time I'm hearing that, Senator.
8 And I'd be more than glad to discuss it
9 further with you.
10 We don't -- the intent is not to limit
11 people's ability to respond. It's quite the
12 contrary, we want to branch it out and open
13 it.
14 So I'd be more than glad to look into
15 it, and I'll be more than glad to contact
16 your office so that you could give me a
17 little bit more information on that.
18 SENATOR COMRIE: Yeah, I'd like to
19 follow up with you on it. Because I know at
20 least three providers in Queens that have
21 been providing long-time services, and I'm
22 told that other providers around the city as
23 well have had to face new RFPs that they
24 weren't given the technical information or

1 ability to make a proper response to.
2 So I'd like to look into it. Clearly,
3 there are all sides to every story. But I'm
4 getting that from more than one provider.
5 COMMISSIONER GONZALEZ-SANCHEZ: Okay.
6 Absolutely.
7 SENATOR COMRIE: Thank you.
8 COMMISSIONER GONZALEZ-SANCHEZ: Thank
9 you.
10 CHAIRWOMAN YOUNG: Thank you.
11 Commissioner, just quickly, I'd like
12 to say thank you to you and the Governor for
13 that proposal that's going out, the
14 $2 million to establish either a 50-bed
15 residential treatment unit or a 225. Sorely
16 needed, as I think many of my colleagues have
17 pointed out.
18 What I'd like to urge to you and the
19 Governor, though, is that there were 20
20 counties that were identified as needing
21 those services. So this is a competitive
22 process. And obviously there's a lot of need
23 everywhere. And if there's any way that we
24 could actually increase the amount of

1 residential beds that are available, I know
2 that it would help a lot of lives and a lot
3 of families.
4 So I would ask that you look at that,
5 because really $2 million, 50 beds, doesn't
6 even scratch the surface.
7 So thank you. And thank you for being
8 here today.
9 COMMISSIONER GONZALEZ-SANCHEZ: Thank
10 you.
11 CHAIRMAN FARRELL: Thank you very
12 much. Have a good evening. We won't.
13 (Laughter.)
14 COMMISSIONER GONZALEZ-SANCHEZ: Thank
15 you.
16 CHAIRMAN FARRELL: Next, Michael
17 Seereiter, president and CEO, New York State
18 Rehabilitation Association. Behind them --
19 oh, I didn't do -- and there's also Ann M.
20 Hardiman, executive director, New York State
21 Association of Community and Residential
22 Agencies.
23 I would like Harvey Rosenthal,
24 executive director, who is next, to come down

1 and get closer. And I'm going to ask the
2 second person to come down so we can move a
3 little faster. We're on the five-minute
4 clock, and we'd like to get this thing
5 finished sometime this evening.
6 MS. HARDIMAN: Chairman, I'm Ann
7 Hardiman, and I'm partnering with Michael
8 Seereiter, to speed things up.
9 CHAIRMAN FARRELL: The clock begins.
10 Thank you.
11 MR. SEEREITER: Thank you. I'm
12 Michael Seereiter with the New York State
13 Rehabilitation Association.
14 NYSRA and NYSACRA are two associations
15 of providers of services to people with
16 varying disabilities, and we find ourselves
17 working together on an awful lot of issues
18 these days -- particularly the issue, I
19 think, of minimum wage, which I think is our
20 first issue to talk about.
21 We as organizations have been highly
22 supportive of increasing wages for
23 individuals who provide direct support
24 services to individuals with disabilities

1 across the board for now the better part of
2 several decades. But we are, I think, as
3 equally bewildered as you are in regard to
4 the Governor's minimum wage proposal as it
5 pertains to how the State of New York can
6 possibly continue to uphold its statutory
7 responsibilities to support people with
8 disabilities without funding from the state
9 to pay for those services and supports that
10 it procures from organizations like our
11 members.
12 As I think many of you know, these are
13 organizations that are primarily, if not
14 almost exclusively, funded through public
15 funds. Without those funds, these
16 organizations do not survive and cannot
17 continue to provide those supports on behalf
18 of the state.
19 I think that the impact of that is
20 very clear. We're looking at severe staff
21 cuts, severe service cuts, and likely
22 insolvency for the organizations that are our
23 members and continue to provide those
24 services currently.

1 I just want to point to the fact that
2 these are organizations that are currently on
3 the brink right now. Many of them face
4 between 15 and 20 percent staff vacancy rates
5 right now in their ability to compete for
6 qualified workers to be able to deliver these
7 supports and services to people with
8 disabilities. They're on the precipice of a
9 significant problem right now.
10 With the minimum wage increase that is
11 proposed but not funded, I think that that
12 pushes many of these organizations right over
13 the edge. And I think that that will pose a
14 significant challenge to the State of
15 New York to, as I said before, uphold its
16 statutory responsibility with regard to the
17 services and supports it makes available to
18 people with disabilities.
19 Two other items I will briefly touch
20 upon. We talked -- we've heard several
21 things today about the need for
22 transformation and moving our systems in
23 different directions. I think we see that
24 both in the OPWDD world, the OMH world.

1 However, we don't see necessarily significant
2 investments in the kind of resources and
3 technical assistance that would be necessary
4 for these organizations to make such changes.
5 We see sheltered workshops trying to
6 move to integrated businesses, ICFs to IRAs.
7 We see, I think, also a need on the mental
8 health side for additional community-based
9 supports to avoid the more extensive and
10 expensive inpatient services. We would like
11 to see more of those kinds of resources in
12 this kind of budget.
13 And lastly, before I turn it over to
14 Ann, I would say we generally strongly
15 support the concepts of expanding community-
16 based services and supports. We've heard
17 today on multiple occasions from you all
18 about what we hear on a daily basis in regard
19 to the residential needs of individuals with
20 developmental disabilities. We see that on
21 the behavioral health side as well, where we
22 could benefit greatly from expanded services
23 and supports to be able to meet those needs.
24 We would strongly encourage those things to

1 be incorporated into this budget.
2 MS. HARDIMAN: So I want to thank you
3 for your support of the direct support
4 professionals.
5 Last year in the 2014-2015 State
6 Budget, the State Legislature charged OPW
7 with a study around the merits of developing
8 a credential for DSPs. That report was
9 delivered to you a few weeks ago. It's an
10 awesome report -- it outlines the details and
11 policy rationale for a credential. It
12 demonstrates the negative impact of low wages
13 and turnover and the positive impact of a
14 credential on worker retention.
15 One of the things we'd like to ask you
16 to do is -- and the state has endorsed the
17 report, but there's no dollars in the
18 budget -- to begin a credential, and we ask
19 you to make that commitment.
20 On managed-care readiness, the shift
21 from fee-for-service to managed care has
22 happened in some sectors -- behavioral
23 health -- but not in the DD sector yet, as
24 the commissioner testified, the acting

1 commissioner.
2 We support the move to managed care to
3 the extent that it can be demonstrated to
4 improve the lives of individuals with people
5 with disabilities. The shift will be a
6 challenge for our members. And the most
7 critical step is readiness and an assessment
8 for agencies to know if they're ready.
9 And we ask the State Legislature to
10 support, in the budget, managed-care
11 preparedness, similar to what has been
12 provided to the behavioral health field, to
13 get ready for managed care.
14 And I want to thank you for your
15 attention and for hearing from us.
16 CHAIRMAN FARRELL: Thank you very
17 much.
18 Assemblywoman Gunther.
19 ASSEMBLYWOMAN GUNTHER: Very quickly,
20 Michael.
21 You know, sometimes when you have an
22 ask, if you would put a number on it, an
23 amount of money that you'll need to be
24 prepared, both of you, Ann and Michael -- I

1 mean, what's the number? What do you need to
2 become managed-care-ready, and what do you
3 need --
4 MR. SEEREITER: In behavioral health
5 we've seen, I think, a $10 million investment
6 in last year's budget for health information
7 technology, some of which is available to
8 providers of services to people with
9 developmental disabilities. But we've also
10 seen the creation of what's called the MCTAC,
11 the Managed Care Technical Assistance Center,
12 which has proven to be highly effective,
13 through a million dollars over the past few
14 years, to really provide education and
15 technical assistance to these organizations.
16 That's the kind of thing that starts
17 that conversation and helps organizations
18 realize that they either are prepared and
19 have that infrastructure in place or that
20 they need to make investments which we would
21 then probably need to come back, frankly, to
22 the state and say if you're interested in
23 going to this kind of a model, we're going to
24 need to make, for example, major investments

1 in our health information technology,
2 electronic health records --
3 ASSEMBLYWOMAN GUNTHER: So the first
4 step is assessment.
5 MR. SEEREITER: -- to be able to --
6 ASSEMBLYWOMAN GUNTHER: First is
7 assessment, and then coming back to ask what
8 the dollar amount is.
9 MR. SEEREITER: I would expect that
10 there would be additional dollars associated
11 with that --
12 ASSEMBLYWOMAN GUNTHER: Uh-huh.
13 MR. SEEREITER: -- just because of
14 the nature of this kind of a shift --
15 ASSEMBLYWOMAN GUNTHER: So you're
16 saying, for assessment, 2 to 3 million?
17 MR. SEEREITER: -- from a fee-for-
18 service structure to a managed-care
19 structure.
20 ASSEMBLYWOMAN GUNTHER: Two to 3
21 million, assessment-wise?
22 MR. SEEREITER: I think 2 to 3 million
23 would be an excellent start, to start that
24 conversation around the education of

1 providers and making sure that they are
2 prepared.
3 ASSEMBLYWOMAN GUNTHER: Thank you.
4 CHAIRMAN FARRELL: Senator?
5 CHAIRWOMAN YOUNG: Thank you.
6 Anyone?
7 CHAIRMAN FARRELL: Thank you very
8 much.
9 CHAIRWOMAN YOUNG: Thank you for
10 testifying.
11 MR. SEEREITER: Thank you.
12 CHAIRMAN FARRELL: The next hearing
13 will be held at 5 o'clock this evening. And
14 that's the Workforce hearing. It will begin
15 then, for those people who want to be there.
16 New York Association of Psychiatric
17 Rehabilitation, Harvey Rosenthal, executive
18 director.
19 MR. ROSENTHAL: Good afternoon. I
20 want to express my appreciation to the chairs
21 of both committees and the members, and I
22 want to congratulate Senator Young on your
23 being in that position. You come from a
24 mental hygiene background, so it's great to

1 have you up there.
2 I'm Harvey Rosenthal. I am the
3 director of an organization, a coalition of
4 people in recovery from mental illness and
5 providers located around the state.
6 I'm worried about both halves of that
7 partnership, the consumers that rely on
8 recovery services and the providers who are
9 really at risk in trying to stay in the
10 sector and provide them services.
11 This is very personal to me, because
12 I'm 46 years in recovery, I'm 41 years in the
13 field, 18 years as a -- I worked in a state
14 hospital, in a clinic, in a rehab program --
15 and 23 years as an advocate. And in
16 23 years, I've never seen our sector more
17 battered, more afraid, more angry.
18 There are three main areas in the
19 budget area. I want to talk about
20 infrastructure and operating costs. These
21 have not gone up for years. People are at
22 risk -- you've heard the problems about, you
23 know, operations, information technology,
24 staff retention.

1 The problem is particularly severe
2 with housing. You know, there is no health
3 and no hope and no recovery without stable
4 housing. Too many people don't have access
5 to housing, too many people don't have
6 housing at all, and for too many people their
7 idea of housing is a prison cell or a jail
8 cell.
9 So we really -- and you'll hear more
10 about this later, but our calculation is in
11 terms of the housing sector, we need
12 $93 million to bring those housing providers
13 up to speed and to be able to operate, given
14 all of the flat budgets and the rising costs.
15 Workforce you've heard a lot about; I
16 won't go all that deep into it. But the
17 minimum wage puts tremendous pressure -- and
18 the lack of a COLA. I think the COLA we have
19 now, someone told me, is $1.50 a week, for
20 someone making $50,000 a year -- and we have
21 a lot of people not making $50,000 a year.
22 The third area is managed-care
23 readiness, and I'm very intimately involved
24 in that. I was on the Medicaid Redesign Team

1 behavioral workgroup, and I sit on the
2 steering committee of the value-based payment
3 group. I've been really -- I was -- I have
4 been hopeful about the prospects, but I'm
5 very concerned about the lack of TA, the lack
6 of investment. And part of the DSRIP
7 initiative is it gives billions of dollars to
8 hospitals, even though the purpose of the
9 Medicaid redesign is to keep people out of
10 hospitals. In the meantime, the community
11 providers, who are the ones that are going to
12 keep people out of hospitals, are seeing
13 negligible increases, if at all.
14 As you know, our sector is going to
15 risk -- it's going to managed care risk --
16 it's going to only survive if it's able to
17 bill and do work. But in that regard, we're
18 at risk for our survival.
19 How am I doing? Two minutes, okay.
20 The OMH, I mentioned this -- so Glenn
21 Liebman, you'll hear from him about this -- a
22 number of us have put together a proposal,
23 it's on the back page of your material.
24 We're asking for a $90 million investment,

1 infusion, in mental health services. And
2 this is made all the more serious because the
3 OMH budget not only offers a lot -- it makes
4 savings this year at our expense. There's
5 $20 million in managed-care-readiness funding
6 that has been replaced by BIP money, which is
7 federal one-time-only money. We can't be
8 making savings, we should be adding money to
9 our budget.
10 There's $45 million of supportive
11 housing funds which are now being -- the
12 money's being taken out and it's going to
13 bonding. Reinvestment, which is a critical
14 funding stream, has been valued at $110,000 a
15 bed. This year, 100 of the beds closing are
16 valued down to $55,000. That's outrageous.
17 In criminal justice -- I'm going to
18 switch to other issues -- I want to thank
19 Senator Ortt, Senator Carlucci, and
20 Mrs. Gunther for your commitment to crisis
21 intervention teams. It's making such a
22 difference, but we need more of it, and
23 frankly the Governor needs to own this issue.
24 The Raise the Age, we're very much

1 involved with and supportive of. And
2 presumptive Medicaid eligibility, hooking
3 people up to Medicaid -- there is some money
4 in the Health Department budget, I'm trying
5 to find out more about it. I would ask for
6 your help in that. We need to make sure
7 people leave on Medicaid.
8 I would say the money we're asking --
9 we're, you know -- they're -- hospitals are
10 getting billions, we're asking for hundreds
11 of millions. I have to say that without
12 apology. But that makes this a three-way
13 sort of agreement. You don't have that kind
14 of money, but you know who does. We need a
15 three-way agreement that really brings that
16 into play.
17 I do want to talk about prescriber
18 prevails. We need to take that out, we need
19 an ombuds program in managed-care readiness,
20 and we need -- something I can't read, so
21 I'll stop here.
22 CHAIRMAN FARRELL: Thank you very
23 much.
24 CHAIRWOMAN YOUNG: Thank you.

1 CHAIRMAN FARRELL: No, we have
2 Mr. Abinanti. Sir, sir -- come back.
3 MR. ROSENTHAL: Yes, absolutely.
4 ASSEMBLYMAN ABINANTI: Very briefly.
5 CHAIRMAN FARRELL: Be very brief.
6 ASSEMBLYMAN ABINANTI: Crisis
7 intervention teams, that's something we don't
8 talk about too much. I'm glad you mentioned
9 it. It seems like we're starting to do this,
10 thanks to the money that the Legislature put
11 in last year.
12 I'm assuming the Governor kept that
13 money in this year, or do you know? Do you
14 know if he cut it out?
15 MR. ROSENTHAL: There's a million
16 that's been reallocated. I think we're -- I
17 think it's in the process of being fashioned,
18 but it's really up to -- it's actually up to
19 the Legislature to decide what happens. It's
20 been reappropriated.
21 ASSEMBLYMAN ABINANTI: It's been
22 reappropriated. So it's back in the
23 Governor's proposed budget. Or it's not
24 there.

1 MR. ROSENTHAL: Yeah, but -- yeah.
2 ASSEMBLYMAN ABINANTI: Okay.
3 Has anything started with these teams
4 yet?
5 MR. ROSENTHAL: Say it again, please?
6 ASSEMBLYMAN ABINANTI: On the street.
7 Has anything started to happen yet, do you
8 know?
9 MR. ROSENTHAL: Yes, I think the money
10 Senator Ortt put up went out a couple years
11 ago to eight localities. That was 400,000,
12 he came back with 500 the next year -- thank
13 you, Senator -- and Mrs. Gunther came back
14 with a million.
15 So those monies -- I don't know so
16 much about the second batch, the Senate
17 probably does. I don't know yet about the
18 million. I think we're about to find out.
19 We're going to have meetings --
20 ASSEMBLYMAN ABINANTI: Well, if you
21 could check with your people and give us a
22 report back as to whether the money's
23 actually getting out onto the street.
24 MR. ROSENTHAL: It is. And I've

1 heard -- I can't remember all the counties,
2 but I've kind of checked back and I know the
3 person who's doing the TA and I'm told it's a
4 real success.
5 ASSEMBLYMAN ABINANTI: Well, I
6 personally would be interested in getting a
7 report --
8 MR. ROSENTHAL: I'll get it.
9 ASSEMBLYMAN ABINANTI: -- so we can
10 judge how much more money we need to do, how
11 many more communities.
12 MR. ROSENTHAL: I would be happy to do
13 that.
14 ASSEMBLYMAN ABINANTI: Thank you.
15 MR. ROSENTHAL: I just want to say one
16 last thing about managed-care transition.
17 The state had given us $110 million, and
18 there's 20 or 30 that has yet to go out. So
19 we need tens and tens of millions of dollars,
20 otherwise we're at risk for survival.
21 Thank you.
22 CHAIRMAN FARRELL: Assemblywoman
23 Gunther.
24 ASSEMBLYWOMAN GUNTHER: So, Harvey,

1 before you go -- so what we're saying right
2 now is rather than injecting $45 million,
3 we're bonding that money, we're replacing
4 $20 million with a one-shot through BIP, but
5 we're not really using money that's going to
6 be available on a year-to-year basis to
7 continue with improving the services in the
8 community.
9 MR. ROSENTHAL: That's correct.
10 ASSEMBLYWOMAN GUNTHER: So I think
11 that when we talk about investment, it
12 shouldn't be a one-shot or replacement or
13 bonding. Because you can bond today, but
14 you're going to have to continue bonding in
15 order to provide these services.
16 And someone just asked me about
17 recovery. And recovery happens, and we don't
18 get readmittance to the hospital if we have
19 housing -- if we have housing, if we have the
20 therapy that's available, and the medications
21 that are available.
22 And so that is the way we save money
23 in New York -- by not bonding or anything
24 else, providing the money up-front, getting

1 the treatment. And I think that that's a
2 lesson learned, time and time again, that we
3 really have to listen to.
4 MR. ROSENTHAL: I couldn't have said
5 it better.
6 CHAIRMAN FARRELL: Thank you very
7 much.
8 CHAIRWOMAN YOUNG: Thank you.
9 CHAIRMAN FARRELL: Steve Kroll,
10 executive director, New York State ARC.
11 And next, in back of him, will be
12 Glenn Liebman, to come on down.
13 MR. KROLL: Thank you, Chairman
14 Farrell.
15 Good afternoon, and thank you very
16 much for having me today. I'm very much
17 grateful to the panel members for the
18 friendship and support for people with
19 developmental disabilities, their families,
20 and their professional caregivers.
21 The DD field is really in disarray,
22 and public policy decisions are the driving
23 force. Families are terrified, and the
24 professionals in the field feel like we are

1 drowning.
2 It is a state obligation, expressed in
3 law, to provide support for people with
4 developmental disabilities. While I'm
5 appreciative of the efforts of OPWDD that are
6 expressed in the commissioner's testimony
7 today, you'll note that my tone is a little
8 less optimistic.
9 We are almost exclusively funded by
10 Medicaid, as Mr. Seereiter mentioned before.
11 And we're essentially operating as agents of
12 the state. And therefore we're almost
13 entirely dependent on the state for the
14 funding, and the state budget has really let
15 us down.
16 We have to ask ourselves, in a budget
17 that invests tens of billions of dollars, how
18 can human services be so ignored? Our
19 employees start between $9.50 and $11.50 an
20 hour, and the average pay is between $11.50
21 and $13.50 when they reach the pinnacle of
22 their careers. Rather than repeat what's
23 been said today -- and you've had a great
24 dialogue today -- let me give you some

1 numbers.
2 NYSARC employs 28,500 people.
3 Seventy-seven percent of them are direct
4 support professionals or other lower-wage
5 workers that provide direct care, such as
6 teacher aides in our preschools or the bus
7 drivers that bring people to and from the
8 programs. So we have about 22,000 DSPs.
9 We already have a vacancy rate of
10 about 8 percent. In other words, we can't
11 fill all those jobs, so we're using thousands
12 of hours of overtime.
13 There's no more important job than
14 taking care of other people. And it's plain
15 and simple: An unfunded minimum wage will
16 bankrupt NYSARC, which is the state's largest
17 provider of DD services, and it will also
18 drive people out of the programs.
19 I have a very simple formula for you.
20 The minimum wage -- if the pathway that has
21 been proposed, already implemented for some
22 sectors through the wage board, could be done
23 by legislation if it goes forward -- the
24 minimum wage is going to go up $1.75 in the

1 coming fiscal year throughout the state, and
2 $3 in New York City. If you fast-forward to
3 12/31/17 -- not that far out -- it's a
4 30 percent increase throughout the state,
5 45 percent in New York City.
6 What does that mean for us in dollar
7 signs? It means a 16 percent reduction in
8 NYSARC's workforce. It means by 12/31/17
9 we'll have to reduce our workforce by 4,600
10 people. Now, give or take a little bit, for
11 every FTE we have, we're providing support
12 for between two or three people. So you
13 reduce an FTE, you've got choices. One
14 choice is to take away people's choices; in
15 other words, to diminish their quality of
16 life.
17 So we've been talking about today how
18 we want people to be more integrated rather
19 than isolated. Well, integrating people in a
20 community means giving them choices in the
21 ability to go out and do things.
22 Well, if we go in that -- if we have
23 to reduce our staff, we have to say, well,
24 either we're going to serve less people, and

1 that means more people will have to go into
2 the state-operated system, or the state will
3 have to come up with some other way to serve
4 them -- or we're going to have to reduce the
5 amount of service they have. So instead of
6 having four staff working with four people or
7 eight people, we'll have two staff. So that
8 means that there's more time sitting watching
9 television because we can't take you out to
10 do what you want to do. We're moving in the
11 exact opposite direction that we want to go.
12 And so we really need to look at
13 funding the minimum wage for the direct
14 support professionals. It's $270 million in
15 this budget for all the DD field.
16 Mr. Seereiter and Mrs. Hardiman -- we're all
17 working together on this, all the DD
18 providers, and it's $1.7 billion at full
19 implementation in 2021.
20 We are certainly grateful for the
21 residential discussion that happened today,
22 and the commissioner talking about some new
23 money that's in there, but it doesn't address
24 the culture of no.

1 So the commissioner talked about the
2 number of people that are waiting for
3 services. Several of you on the panel have
4 joined me with parents, to meet with them
5 together, who finished their testimony
6 sobbing, who come and you have to give them a
7 hug after the conversation because they tell
8 you the desperate story of trying to find a
9 placement for their child, who's now an adult
10 child, before they pass. Or before they're
11 no longer able.
12 So there're three things. Number one,
13 the money. And you've talked a little bit
14 about the money today. Number two, new
15 development. Right now, we're not doing new
16 development. We're not willing to build a
17 building. We're not willing to put anything
18 in bricks and mortar, we're simply saying,
19 well, as people leave the system, new people
20 will come in.
21 So my version of dealing with the
22 waiting list is that when nobody comes up to
23 you, comes to visit your office and says
24 they're desperate because they've been trying

1 to find a place for three years, five years,
2 10 years, then we've dealt with the waiting
3 list. Because today, 11,000 is
4 unconscionable.
5 So we need to deal with that, but
6 there's also the culture. It's a culture of
7 no. It's a culture of no because there's no
8 place to place people. So we need to work at
9 reforming the system, coming up with a new
10 way of measuring what -- we talked about
11 Priority 1 here, we talked about Priority 2
12 here. Essentially, for you to become
13 Priority 1, the world has got to be about to
14 end for you and your family. That's not the
15 way to plan for the future of people in our
16 communities. So we need to do a better job.
17 So I thank you for the chance to come
18 and visit with you today. I ask you to read
19 the written testimony, which contains much
20 more about the discussion that was held
21 today. And again, I'm extremely grateful to
22 all of you for your support.
23 CHAIRMAN FARRELL: Thank you very
24 much.

1 Mr. Abinanti.
2 ASSEMBLYMAN ABINANTI: I'd just like
3 to make one point with you, and I think -- I
4 want to piggyback on what you were saying.
5 We're talking now about providing
6 residential placements -- not necessarily the
7 most appropriate residential placement, but a
8 placement somewhere in a bed for somebody
9 whose world is about to end.
10 From the point of view of your agency
11 and from the point of view of providing good
12 services, aren't you better off planning and
13 saying and then determining what age should
14 this child go into a facility or a group home
15 and have several years of the parents being
16 involved, helping the kid adjust to a new
17 life without parents, helping the kid get a
18 job, helping the kid do what has -- so that
19 he can live a life when the parents die?
20 MR. KROLL: You're absolutely right.
21 That's what we all want to do.
22 And we have to remember that in
23 New York State we're going to have to comply
24 with the home and community-based settings

1 rules that are being set by the federal
2 government within a couple of years. We
3 still have people that live in 12-bed IRAs,
4 or eight-bed IRAs, and we're going to need to
5 help them find smaller, more
6 community-integrated homes that are maybe
7 three or four people living together, or
8 supportive apartments. There's not a penny
9 to do that.
10 And so we're talking about not only
11 11,000 people that at some point in time want
12 to -- we're looking for residential
13 opportunities. And we have to remember,
14 those families have taken the burden for
15 many, many years of supporting these people
16 at home. So they've done their due diligence
17 in not only supporting their loved one, but
18 in lessening the burden on the state. And so
19 the state needs to be there to assist them in
20 the future.
21 ASSEMBLYMAN ABINANTI: There's just
22 one other question. The numbers that I see
23 here is -- they're talking about, this year,
24 152 people being moved from very high

1 intensity service locations to moving into
2 the community.
3 MR. KROLL: Mm-hmm.
4 ASSEMBLYMAN ABINANTI: Do you have any
5 number that your agency would use as to what
6 it would cost to provide appropriate services
7 for one of those people? From what I'm
8 seeing here, they're providing $21,000
9 maximum.
10 MR. KROLL: Okay, well, I'll tell you
11 a story. It's a public story that we've
12 shared, and we've been asking for help
13 from -- and we've not been able to get help.
14 Our chapter in Niagara County accepted
15 four people from a state developmental center
16 to come and establish a residence in the
17 community. That chapter, in 18 months, after
18 all the funding that they received, lost
19 $1.1 million on just that home for those four
20 people, because of the level of intensity and
21 services that's needed.
22 We've come and asked for help, but the
23 system now is set up so it's based on the
24 system where there is no way to come back and

1 say the money wasn't enough.
2 So that chapter is close to
3 insolvency. I don't know that it's going to
4 survive. And that's just one home, and we
5 have 1,500 homes throughout New York State.
6 One home, we lost $1.1 million. That's on
7 top of the rate that's paid to us.
8 ASSEMBLYMAN ABINANTI: So the plan
9 that they're proposing just can't work.
10 MR. KROLL: If you -- we're talking
11 about numbers in the -- you know, $15 million
12 might be invested here, and 15 might be
13 invested there, and $120 million there. And
14 with all due respect to the fiscal health of
15 New York State, because I understand we're
16 talking about big numbers -- but we're
17 talking about big numbers.
18 ASSEMBLYMAN ABINANTI: Thank you.
19 CHAIRMAN FARRELL: Thank you.
20 CHAIRWOMAN YOUNG: Thank you.
21 MR. KROLL: Thank you.
22 CHAIRWOMAN YOUNG: Oh, right. I'm
23 sorry, Senator Savino had a question. Excuse
24 me.

1 SENATOR SAVINO: Don't run away.
2 Thank you.
3 I just wanted to, on your -- on the
4 first page of your testimony here -- you sat
5 here and listened to Commissioner Delaney's
6 testimony, didn't you?
7 MR. KROLL: Yes.
8 SENATOR SAVINO: And you heard us,
9 numerous members, ask her the same question
10 over and over, did she have a sense of how
11 much money this minimum wage increase could
12 potentially cost the provider.
13 MR. KROLL: Right. Yes. I can tell
14 you --
15 SENATOR SAVINO: You heard her say,
16 over and over, that they hadn't really done
17 an analysis and they did not know.
18 So you've done your own analysis.
19 It's fairly simple, you know how many
20 employees you have, you know how much money
21 it would cost you, and actually you have a
22 pretty good graph in here in case people want
23 to read it.
24 MR. KROLL: Right.

1 SENATOR SAVINO: Did they ever at any
2 point ask your agency what it would cost?
3 MR. KROLL: Yes. We've been meeting
4 with the Department of Budget regularly.
5 They have our numbers, $270 million --
6 SENATOR SAVINO: Not to interrupt, but
7 prior to the announcement of the $15? Or was
8 it subsequent to it?
9 MR. KROLL: We've been working on this
10 probably since April. So they -- certainly
11 prior to the budget coming out, we have --
12 are trying to make the case for it to be
13 funded in the budget.
14 So we worked out the numbers, the
15 $270 million in this budget, the $1.7 billion
16 in the outyear 2021 --
17 SENATOR SAVINO: How many outyears?
18 MR. KROLL: -- and in our
19 conversations with DOB, they have
20 acknowledged that our numbers seem to be
21 realistic. They haven't been critical of our
22 methodology, so I think we're in the same,
23 probably, neighborhood as they are.
24 SENATOR SAVINO: Were you at all

1 surprised when the budget was put out in
2 January and there was no acknowledgement in
3 the budget for the increase in the minimum
4 wage for the nonprofit sector?
5 MR. KROLL: We're extraordinarily
6 disappointed. And I can say that the parents
7 that make up the governance of my
8 organization are downright angry.
9 SENATOR SAVINO: That's incredibly
10 diplomatic of you. It would seem to be
11 somewhat frustrating, if you had spent months
12 having these discussions and analyzing and
13 providing the data, to see that it wasn't
14 reflected in the budget itself.
15 And I don't mean to put you on the
16 spot but, you know, we've been told from the
17 beginning that they hadn't analyzed it, they
18 hadn't thought about it. Well, obviously
19 they have, and they've made a decision not to
20 put it in there.
21 So I'm not sure whether they want us
22 to put it in or they're assuming that your
23 agencies are going to absorb this. But based
24 on the information you've given us, and based

1 on your written testimony here and the fact
2 that you have, as you said, 28,500 employees,
3 of which 77 percent of them are direct
4 support professionals who earn, at most,
5 $11 an hour in the entry level, and I think
6 you said 15 --
7 MR. KROLL: Their average wage is
8 roughly 13 -- between 11.50 and 13.50 when
9 you look at different parts of the state.
10 Obviously downstate wages are a little
11 higher.
12 SENATOR SAVINO: And their highest
13 point?
14 MR. KROLL: At their highest --
15 they're average. So some people might make
16 15, 16.
17 But one of the things that's a factor
18 for us is if we move our new employees up to,
19 say, 12 or 13 or 14, the people that have
20 been with us for six or seven or eight years,
21 they can't stay there.
22 We have to keep that career ladder.
23 They've gone back to school, they've gotten
24 certifications, they've gotten an education,

1 so they're going to end up -- if they can't
2 end up at the entry level, we have to bump
3 them a commensurate amount up the career
4 ladder. So really it's shifting that whole
5 workforce down a continuum, not just the
6 people on their first day.
7 SENATOR SAVINO: What is the annual
8 starting salary for a direct support
9 professional?
10 MR. KROLL: Between $9.50 and $11.50
11 an hour.
12 SENATOR SAVINO: Do you know what the
13 annual amount is?
14 MR. KROLL: Oh, gosh, I --
15 SENATOR SAVINO: If you don't, that's
16 okay.
17 MR. KROLL: -- I might have done the
18 numbers. But it's about 20, $20,000 or so.
19 SENATOR SAVINO: And you said you have
20 a high vacancy rate.
21 MR. KROLL: Yes.
22 SENATOR SAVINO: When people leave, do
23 they go to the public sector? Do they go to
24 the state agency or the county agencies?

1 MR. KROLL: We -- any of our chapters
2 that has the -- is in the community where
3 there's a state-operated program --
4 SENATOR SAVINO: That's okay. Don't
5 choke.
6 MR. KROLL: Excuse me, Senator.
7 Any of our chapters that's in a
8 community where there's a state-operated
9 program is used to having our staff get
10 training with us and then leave as soon as
11 there's an opening, because the
12 state-operating programs all start at well
13 above $15 an hour. I cut out -- my chapters
14 cut out the newspaper ads and send me these
15 that say that the state salaries are starting
16 at $15, $16 an hour.
17 SENATOR SAVINO: That is exactly the
18 point I was trying to get to. Many years ago
19 the difference between the nonprofit sector
20 and the public sector, the difference in
21 salaries could be somewhere between $3,000
22 and $4,000 a year. That gap has grown
23 considerably over the past 20 years. So it
24 speaks to how we value human services --

1 MR. KROLL: Right.
2 SENATOR SAVINO: -- in our nonprofit
3 world when we are requiring more and more of
4 those services to be done by the nonprofit
5 world.
6 Thank you for your testimony.
7 MR. KROLL: Thank you.
8 You know, the COLA issue has come up.
9 In addition to no money for the minimum wage,
10 the COLA works out to about 3 cents an hour.
11 So multiply that out by a work-year of about
12 2,000 hours, which is the number we use,
13 you're talking about roughly 50-something-
14 dollars before taxes. So, what, $35?
15 So you can take a family of four out
16 for a fast food dinner, but you can't take
17 them to the movies because you couldn't cover
18 the price of the tickets today. And so it's
19 tantamount to zero.
20 Our direct support professionals did
21 get 4 percent last year, but that was after a
22 six-year freeze. So if you take 4 percent
23 averaged out over eight years, we're losing
24 ground even before we talk about the minimum

1 wage.
2 SENATOR SAVINO: Thank you.
3 CHAIRMAN FARRELL: Thank you.
4 MR. KROLL: Thank you, Senator.
5 CHAIRWOMAN YOUNG: Thank you.
6 CHAIRMAN FARRELL: Mental Health
7 Association of New York State, Glenn Liebman,
8 CEO.
9 After that will be Wendy Burch and
10 Irene Turski.
11 MR. LIEBMAN: Good afternoon. Can you
12 hear me?
13 CHAIRWOMAN YOUNG: Good afternoon.
14 CHAIRMAN FARRELL: Hi.
15 MR. LIEBMAN: Good afternoon. My name
16 is Glenn Liebman. I'm the CEO of the Mental
17 Health Association in New York State.
18 Our organization is comprised of 50 --
19 we're involved in 50 counties around New York
20 State. Most of our members provide
21 community-based mental health services, but
22 we also provide a lot of education advocacy
23 in the community -- very mission-driven in
24 terms of advocacy -- education support and

1 training.
2 And I'd like to start off by really
3 giving you a great thank you. Last year I
4 came and I testified about the importance of
5 prevention and anti-stigma efforts, and I
6 talked specifically about a mental health tax
7 checkoff and how important that was to the
8 community. And I have to thank Assemblywoman
9 Gunther for her leadership, Senator Ortt for
10 his leadership, and Senator Carlucci for his
11 leadership as well, in making that happen.
12 It was so incredibly significant. To
13 some people, it's a box on an income tax
14 form -- excuse me, I get choked up about
15 it -- but to us it is so much more. It is
16 saying that mental health public awareness is
17 as significant as breast cancer, as
18 Alzheimer's, as any other biological illness.
19 So that was an incredibly significant
20 message, and hopefully there will be money
21 made from it that will go into public
22 awareness. So it really was a significant
23 victory, and, frankly, it's landmark. And
24 there are five states that have already

1 contacted me about doing it in their states
2 as well. So thank you, thank you all very
3 much for your leadership on that.
4 ASSEMBLYWOMAN GUNTHER: Thank you,
5 John.
6 MR. LIEBMAN: So that said, we're
7 going to build on that momentum as well.
8 We're working very closely with our
9 chairs and the other members of the community
10 around issues around school-based mental
11 health. That was brought up today, and that
12 was great. We want to create legislation,
13 it's already out there, around forcing -- and
14 you know, people don't like the word
15 "mandate," and people walk away from the word
16 "mandate," but the reality is this would be a
17 mandate to create mental health education in
18 schools. We think that sometimes you have to
19 just address what it is.
20 Mental health education in schools is
21 incredibly significant. When you have
22 25 percent of kids having a mental-health-
23 related issue, when you could go from
24 kindergarten through your senior year of high

1 school and never hear words like "depression"
2 and "anxiety" and "suicide prevention" -- and
3 yet it's so pervasive among children. So we
4 really have to have that happen.
5 But I'm here today -- you know, that's
6 our number-one legislative item. And
7 certainly at the Mental Health Association,
8 because we're involved in the public mental
9 health system, we're also involved with the
10 public at large, we carry a lot of issues.
11 But the one issue I'm really going to focus
12 on today, which Harvey referenced as well, is
13 the investment in community mental health.
14 So right now, in New York State, the
15 public mental health system has about 800,000
16 people in it. Yet half of that funding, and
17 this has been this way for many years, is
18 still driven by a few thousand people in the
19 hospital system. The funding in the
20 community is an incredibly small percentage.
21 So you're basically saying you have 800,000
22 people in the public mental health system,
23 750 of which are dealing with half -- about
24 the same amount of funding as 50,000 people

1 are dealing with. So we're dealing with a
2 very underfunded system.
3 And we know it's not out of the
4 ordinary for someone discharged from a
5 psychiatric or public hospital to have to
6 wait months for follow-up. The fault doesn't
7 lie with providers. The fault lies with the
8 system that is underfunded and overstretched.
9 And people before me had made this
10 argument -- we heard it very articulately
11 from the other folks that presented --
12 that what have we gotten in the last seven
13 years in terms of the public mental health
14 system. Well, thankfully, because of the
15 Legislature, we got a 2 percent increase for
16 direct care workers last year. And this
17 year, as we know, we're talking about the
18 0.2 percent increase.
19 Now, there have been other funding
20 streams that have come to community mental
21 health system, notably reinvestment among
22 others, but the bottom line is we're looking
23 for a real investment in mental health this
24 year on top of -- and believe me, we are

1 foursquare behind the minimum wage increase,
2 and we couldn't -- you know, the passion that
3 Steve carried, we totally agree with that
4 100 percent in Mental Health. But we also
5 believe that we should have a $90 million
6 investment in mental health this year.
7 We have heard about all the large
8 projects that are out there. And, you know,
9 we applaud the Governor for his work on
10 homelessness and putting money out there for
11 almost -- as we think it's worth -- it's an
12 essential issue, and we'd like to see that
13 happen, but we're certainly hearing about all
14 kinds of other things that are out there.
15 And Harvey referenced DSRIP and the
16 $8 billion that are in DSRIP, and yet we are
17 frustrated because we're not seeing more
18 funding in our community.
19 We -- you know, for services, for
20 administration, for workforce retention
21 and -- you know, their bottom line is that,
22 you know, we have not had a COLA of any kind,
23 outside of -- as I reference, for seven
24 years. Seven years of a system of care that

1 continues -- the infrastructure continues to
2 grow, the needs of the people continue to
3 grow.
4 Senator Savino, you made a great point
5 about the fact that, you know, we have a
6 whole sector within the state-operated
7 programs that are taking a lot of the folks
8 who were working in direct care and working
9 for our agencies. So there's a great
10 disconnect there.
11 And as Harvey said, we actually --
12 we're not asking for you to -- it would be
13 great if, believe me, you know, you were
14 negotiating with the Governor and came up
15 with $9 million. That would be fantastic.
16 But there are three funding streams
17 here. As Assemblywoman Gunther pointed out
18 and Harvey pointed out, you know, early on
19 the reinvestment -- there's over $5.5 million
20 this year that was promised to the community
21 that hasn't come to fruition. There was the
22 $20 million that has gone from Medicaid to
23 BIP. There is $44 million that's gone from
24 Medicaid to bonded capital resources for

1 supportive housing.
2 Why is that money being used as a
3 substitute? Why do we have to do that? Why
4 are we not taking that money and investing it
5 in the community? That's exactly what we're
6 calling for, a true investment in the mental
7 health community.
8 And, you know, there are a lot of
9 other things -- we're working on this too --
10 clearly, housing, you're going to hear from
11 our colleagues at ACL who make a very
12 articulate case about the need for more
13 housing in the community, medication access,
14 and a series of so many other issues that are
15 so important to us. But those, you know --
16 given the time frame, I wanted to sort of
17 focus on that.
18 ASSEMBLYMAN OAKS: Questions?
19 CHAIRWOMAN YOUNG: Yes, Senator
20 Krueger.
21 SENATOR KRUEGER: Thank you. Thank
22 you for your testimony.
23 MR. LIEBMAN: Sure.
24 SENATOR KRUEGER: In your testimony

1 you actually recommend that the adult homes
2 become included in oversight by the Justice
3 Center. So there have been a number of
4 people here who have raised concerns about
5 the Justice Center, and in fact they weren't
6 able to testify today.
7 MR. LIEBMAN: Right.
8 SENATOR KRUEGER: But you actually are
9 testifying that it would be of value to have
10 the adult home community, I guess under
11 80 beds, included in oversight by the Justice
12 Center?
13 MR. LIEBMAN: Well, you know, that's a
14 good question. We advocated for that because
15 there was such a bifurcation in the system.
16 Everywhere else in the public system of care
17 is under the aegis of the Justice Center.
18 And yet it seems just like -- I have
19 no idea why these are -- I have my theories.
20 But the bottom line is it's like -- over
21 80 beds in adult homes are covered by the
22 Justice Center. Everywhere else in the
23 system is covered by the Justice Center. Why
24 are under 80 beds in adult homes not covered

1 by the Justice Center? It's a matter of
2 equality. And they should be, you know,
3 under the same sort of jurisdiction as every
4 other entity.
5 SENATOR KRUEGER: Right. Thank you
6 very much.
7 CHAIRWOMAN YOUNG: Thank you.
8 MR. LIEBMAN: Sure.
9 ASSEMBLYMAN OAKS: The next --
10 ASSEMBLYWOMAN GUNTHER: I just
11 really -- really quickly, I just want to make
12 sure that we understand that right now you're
13 asking for a $90 million investment, that
14 you're asking for a COLA for all the direct
15 support professionals that have worked so
16 long, over seven years, with at this point,
17 over seven years, a 4 percent increase, and
18 the cost of living has gone up
19 dramatically --
20 MR. LIEBMAN: Mm-hmm.
21 ASSEMBLYWOMAN GUNTHER: -- and I think
22 that as a community with a large budget, that
23 we should work together to make this come to
24 fruition.

1 MR. LIEBMAN: Thank you very much.
2 ASSEMBLYMAN OAKS: The next presenter
3 is Wendy Burch, executive director, National
4 Alliance on Mental Health, followed by John
5 Coppola, Alcoholism and Substance Abuse
6 Providers of New York State. They're on
7 deck.
8 Also I believe Irene Turski is with
9 Wendy today.
10 MS. BURCH: Actually, Irene's with me,
11 so --
12 ASSEMBLYMAN OAKS: Go ahead.
13 MS. BURCH: Good afternoon. My name
14 is Wendy Burch. I am the executive director
15 of the National Alliance on Mental Illness of
16 New York State.
17 With me today is Irene Turski, our
18 Government Affairs and Housing Committee
19 chair, and the family member and caregiver of
20 a loved one with a severe mental illness.
21 Irene's family's story speaks to why our
22 legislative leaders must take action for the
23 approximately 673,000 adult New Yorkers
24 living with a serious mental illness.

1 Our written testimony focuses on
2 several areas, including the necessity for
3 paid family leave, reinstatement of
4 prescriber prevails, additional funding
5 allocated to crisis intervention training,
6 and sustainment of New York's two
7 state-of-the-art research institutions. We
8 would like to take this opportunity to speak
9 more in depth about one of NAMI/New York
10 State's top priorities, which is housing.
11 The systems which deliver mental
12 health care in New York State are currently
13 going through a radical overhaul at a very
14 rapid pace. The Executive Budget proposes
15 the reduction of 225 psychiatric beds in
16 fiscal year 2017. NAMI-NYS is only able to
17 support some of these reductions if the
18 necessary safety nets are put in place to
19 insure that these people are relocated to a
20 setting which will properly address their
21 specialized needs and to ensure that families
22 are educated and have the opportunity to
23 participate in a loved one’s recovery.
24 These requirements can only be

1 achieved through having housing and community
2 services that are properly funded and have
3 the full capacity to provide the specialized
4 care this population needs.
5 MS. TURSKI: I am an unpaid mental
6 illness advocate with a sister who has a
7 serious mental illness. The only way she has
8 been able to live in the community is due to
9 a community residence that has the necessary
10 staff and support services to keep her
11 healthy.
12 The availability of a safe and
13 appropriate place for our loved ones to live
14 and advance their recovery remains the main
15 priority for NAMI as well as many of our
16 not-for-profit colleagues who provide vital
17 housing services. NAMI applauds the
18 Executive Budget for not targeting the
19 closure of any state-funded psychiatric
20 hospitals in fiscal year 2017, which provide
21 services for those with the most serious and
22 persistent types of mental illness. But as
23 Wendy detailed, it does propose the reduction
24 of 225 psychiatric beds.

1 These people must have the necessary
2 staff and support services which are provided
3 in a community-residence type of housing to
4 teach them how and when to take medications
5 and, in the most serious cases, basic needs
6 such as personal hygiene and how to feed
7 themselves.
8 People are being sent to nursing
9 facilities where there is no chance for them
10 to learn how to advance their skills in order
11 to have a chance at a meaningful and
12 independent life. NAMI-NYS is only able to
13 support any bed reductions if the
14 stipulations the budget calls for are put in
15 place in advance for these people.
16 Many of the housing providers who
17 would be responsible for taking in this
18 population currently do not have the
19 capability to meet the myriad of challenges
20 these people present. This is such a strong
21 point that I cannot stress the importance of
22 heeding their pleas.
23 As of last month, housing providers
24 are telling the Office of Mental Health,

1 NAMI, and anyone else that will listen that
2 they do not have the resources to take care
3 of the people that are being released from
4 the psychiatric hospital bed closures.
5 History has shown us that this is a recipe
6 for disaster, and it is at the expense of our
7 most vulnerable human beings, those with
8 serious mental illness who depend on others
9 to take care of them in their compromised
10 state of mind.
11 Removing someone with serious and
12 persistent mental illness from a highly
13 supported setting and placing them in a
14 facility with anything less will have
15 disastrous results, including homelessness,
16 entry into the criminal justice system,
17 overdependence on emergency rooms and, in the
18 most tragic situations, death from either
19 suicide or the misuse of medication.
20 As Commissioner Sullivan said today,
21 we have to focus first on suitable housing
22 before people with mental illness will engage
23 in any programs or services in the community.
24 We urge you to make sure that the transition

1 from psychiatric hospitals is done as
2 appropriately and responsibly as possible.
3 I struggle every day to get my sister
4 access to healthcare and services. I see
5 many of the programs and supports that my
6 sister once enjoyed and thrived in
7 consolidated or eliminated. I ask myself
8 where these community reinvestments are being
9 allocated.
10 At Buffalo Psychiatric Center, we just
11 found out that the Office of Mental Health is
12 already in the process of closing their only
13 geriatric clinic. So now our elderly with
14 mental illness will also be sent to the
15 Buffalo Psychiatric facility along with the
16 children.
17 When you heard Commissioner Sullivan
18 today talk of hiring additional security for
19 Buffalo Psychiatric Center, we need to
20 question why are we sending our children and
21 elderly there. As Senator Kennedy said
22 today, if it ain't broke, why fix it?
23 Thank you for your time today and for
24 listening to the pleas of NAMI-NYS and the

1 families we represent.
2 CHAIRWOMAN YOUNG: Thank you.
3 MS. TURSKI: Thank you.
4 CHAIRWOMAN YOUNG: We appreciate you.
5 ASSEMBLYMAN OAKS: Next is John
6 Coppola, Alcoholism and Substance Abuse
7 Providers of New York State.
8 And after that, Stephanie
9 McLean-Beathley, Save Our Western New York
10 Children's Psychiatric Center.
11 MR. COPPOLA: Thank you for letting me
12 pour my water before you started the clock.
13 Good afternoon.
14 CHAIRWOMAN YOUNG: Good afternoon.
15 MR. COPPOLA: I want to start by
16 simply calling attention to the magnitude of
17 the heroin and prescription opiate epidemic
18 in New York State.
19 When Senator Martins asked the
20 Commissioner if she considered it to be a
21 state of emergency, and then she talked about
22 doing what she could within the parameters
23 that she was given and within the budget that
24 she was given, I think it begs the question.

1 And for each of you and for your
2 colleagues, at what point would the magnitude
3 of your response be suitable for the
4 magnitude of the issue that's facing families
5 and individuals in your districts?
6 When you think about the magnitude of
7 the loss -- because of the death of children
8 and spouses -- to addiction, and you think
9 about the magnitude in those families, what
10 about the magnitude of the folks who said "I
11 have a problem, I want help," and we're told:
12 We have no room, we have no beds, we have
13 nobody who can take you into our program this
14 week?
15 We called ahead of time and started
16 surveying programs, asking what waiting lists
17 are. There are waiting lists, so again -- so
18 what would the magnitude of the response that
19 you would be satisfied with that would seek
20 in this budget to address the needs of those
21 folks who have asked for help, have been told
22 it's not available here in this particular
23 region of the state?
24 I'd like to point to a couple of key

1 recommendations. First, let's talk about
2 prevention. And there were a lot of
3 questions for the commissioner about
4 prevention.
5 It is completely and totally
6 unacceptable that we would look at a
7 $2 million add that you did as one-time
8 spending. Right? And again -- so let's just
9 go along with the hypothesis for a moment. I
10 would hope that you would say no, it wasn't
11 one time, we're going to put that money back
12 in, A, and B, we're going to look at what is
13 the correct magnitude of our response as it
14 relates to prevention in this budget. Where
15 would we feel comfortable with this budget,
16 right?
17 So what do we have to do to make sure
18 that we've got adequate resources in our
19 schools and in our communities? So -- and I
20 would suggest, Senator Krueger, to your
21 question about pregnant women, and babies
22 being born addicted, the only appropriate
23 response, in my view, in terms of an
24 acceptable magnitude, would be that we think

1 about that question and we make sure that the
2 infrastructure of our prevention approach
3 includes, in every hospital in this state,
4 some ability to assess whether women are
5 addicted and pregnant, A, and B, what do they
6 need so that we can deliver healthy babies
7 and have moms who get into recovery early on.
8 That is the only acceptable response
9 as it relates to the magnitude of this issue.
10 And I would point out that I was
11 invited to Washington several years ago --
12 not last week, but several years ago, when
13 Syracuse was identified as like sort of the
14 epicenter for that question. Right? The
15 number of people being born addicted, the
16 number of babies being born addicted in
17 Syracuse was higher than almost any other
18 place in the country at the time.
19 So again, I would submit that we ask
20 ourselves a question about prevention as it
21 relates to magnitude of response.
22 On the treatment side, we're
23 recommending $20 million to be added to the
24 prevention budget specifically to hire

1 approximately 300 additional prevention folks
2 and to disperse them across the state, across
3 a spectrum of prevention strategies.
4 On the treatment end, we're
5 recommending additional funding to eliminate
6 waiting lists and to really address the need
7 for additional treatment beds -- 135 beds
8 being available today if we went to the OASAS
9 website.
10 Let's say, okay, what if it was an
11 adolescent that needed a bed? Is one of
12 those 135 beds for an adolescent? What if
13 it's a transgendered individual who's looking
14 for a culturally competent program where they
15 can get treatment for their addiction? Do we
16 have such a program anywhere in the state?
17 If so, where is it, and does that program
18 happen to have a bed?
19 So again, I think there's a need to
20 make sure that in each region of the state,
21 treatment services are accessible.
22 One thing I'd have to say -- and I
23 think the commissioner undersold herself in
24 her testimony. She has made a remarkable

1 pitcher of lemonade out of lemons as it
2 relates to the limitations that she's been
3 given. I mean, she has added a considerable
4 number of treatment slots in medication-
5 assisted treatment across the state like
6 we've never seen before. And so there's lots
7 of folks who no longer have to drive three or
8 four hours every single day, one way, to get
9 their dose of medication, and then drive
10 three or four hours back. So she is really
11 to be commended for adding significant slots
12 in medication-assisted treatment.
13 Recovery community centers -- when we
14 start talking about clubhouses and recovery
15 centers, six is a ridiculously low number
16 when we have three or four currently
17 existing. We should really work to make sure
18 that we have a robust number, and access.
19 There are a couple of pools of funding
20 in the budget. There's $195 million for
21 healthcare facility transformation. We think
22 that 25 percent of that should be
23 specifically committed to behavioral health
24 organizations, mental health and addiction

1 services.
2 The DSRIP program, which is supposed
3 to be reducing unnecessary hospitalizations,
4 has promised significant resources to the
5 behavioral health community with substance
6 abuse disorders and mental illness, and those
7 dollars are not flowing.
8 So I would suggest that we really look
9 at what are the opportunities existing in the
10 budget where programs have been designed to
11 rely heavily on mental health and substance
12 abuse disorders service providers. They're
13 designed to drive people into those systems
14 instead of into ER and emergency departments,
15 and those programs have yet to become what
16 they're supposed to be. Right? And it feels
17 like a case of the emperor's new clothes --
18 we've got to really, I think, watch out for
19 that.
20 And then finally, I'd like to close
21 with just a sort of an emphasis on workforce.
22 You know, the deferral of the cost of living
23 increase over the course of the last five
24 years -- there's approximately $500 million

1 that the human service system did not receive
2 because, in our budget process, we deferred
3 the COLA to the next year, then we deferred
4 it to the next year, and then we deferred it
5 to the next year. If you go back to the
6 state budget and look at how much has been
7 deferred over that period of time, it's over
8 $500 million that our folks did not receive.
9 And again, you know, just to sort of
10 do another variation on the math of this -- I
11 mean, it's ridiculously embarrassing to think
12 about the possibility of asking somebody to
13 come into your office who's making $35,000 a
14 year to tell them that they've just been
15 given a $70 increase before taxes.
16 So that's not acceptable. I think
17 what we really have to do is look at a really
18 substantial cost of living increase across
19 the board for the human services sector.
20 Thank you.
21 CHAIRWOMAN YOUNG: Thank you. And
22 we'll look at your testimony too. So thank
23 you very much for being here today.
24 There's one question from Senator --

1 oh, I'm sorry, the Assembly's first.
2 ASSEMBLYMAN OAKS: Assemblywoman
3 Rosenthal.
4 ASSEMBLYWOMAN ROSENTHAL: Thank you.
5 Hi. First, I'd like to thank you for
6 your extraordinary work for many years in
7 enlightening me about the challenges in this
8 field.
9 I'd just like to ask you -- and I
10 don't know if you covered it, because I was
11 out, I apologize. We see that now Narcan can
12 work miracles, bring people back from almost
13 the edge. So they go to an emergency room,
14 they get Narcan, they're back -- what happens
15 to them then? What I hear is mostly they're
16 released, most often they go back to using.
17 So can you describe what you think
18 would be the ideal way to handle the
19 situation where someone has either just
20 gotten Narcan or has overdosed, is brought
21 back, and what should happen?
22 MR. COPPOLA: Great. So I think it
23 starts with Narcan itself. And I think you
24 are -- the Senate and the Assembly, the

1 Governor's office -- are doing the right
2 thing by doing everything you can to make
3 Narcan as accessible as possible and have as
4 many people trained on how to use it as
5 possible.
6 I think then we have to say okay, so
7 now that we have this person -- and again, if
8 we think about somebody who's acutely
9 depressed and suicidal, right, and does
10 something that's harmful to themselves, we
11 have some ability to engage them and to try
12 to have them seek services. We're concerned
13 about their overall health.
14 I would submit to you that if someone
15 has just overdosed, they're a danger to
16 themselves. And I would suggest that at an
17 absolute minimum, we should do everything we
18 can to try to help that person get connected
19 with treatment. To the extent that many
20 people are not interested in treatment,
21 right -- they consider themselves to have had
22 only maybe a lucky day, that they were saved
23 and they're going to be fine and they don't
24 want to have treatment imposed on them -- at

1 an absolute minimum, it would seem to me that
2 we should require dissemination of
3 information to those folks.
4 When the commissioner talked about a
5 peer approach, that if they're in an
6 emergency department in a hospital, to have
7 peers deployed -- that's a fantastic idea. I
8 would say, though, that the amount of
9 resources that OASAS has been given to do
10 that, going back to the comment I made to
11 Senator Krueger's recommendation, that that
12 should be available across the board. And so
13 it should be a comprehensive approach --
14 again, where the magnitude of the response is
15 comparable to the magnitude of the problem.
16 And then I would also say that it's
17 incredibly important that we make sure that
18 all of our treatment programs are educating
19 clients as they come in about the dangers of
20 a relapse. That when you relapse, as
21 somebody who was addicted to an opiate,
22 you're at extraordinarily high risk. So many
23 overdoses happen after people have had a
24 medical intervention or an intervention from

1 a treatment program and go back to the
2 community.
3 So I think there's a lot we have to do
4 to make sure that all of the systems are
5 appropriately educated and that the person
6 with the addiction is given the appropriate
7 opportunity to engage in services.
8 ASSEMBLYWOMAN ROSENTHAL: All right.
9 It doesn't appear that with the funding in
10 this budget that that will be something that
11 we can accomplish in the near future, unless
12 it's really ramped up.
13 MR. COPPOLA: Yeah, I think that's an
14 understatement. I mean, I think -- or an
15 overstatement. You know, I think there's
16 really -- to say that we're going to have
17 some peer navigators in three or four
18 hospitals across the state is a good idea for
19 those three or four communities, but it's
20 something that really needs a substantial
21 investment. I think you're correct.
22 CHAIRWOMAN YOUNG: Any questions?
23 SENATOR KRUEGER: Yes.
24 CHAIRWOMAN YOUNG: Senator Krueger.

1 SENATOR KRUEGER: Hi, John. You
2 always enlighten me every year.
3 So your discussion about the issues
4 for addicts with methadone living in a rural
5 environment where they might have to drive
6 three or four hours each way to get their
7 daily methadone -- and my immediate response
8 in my head was, oh, well, I'd be back on a
9 drugs in two seconds flat. Who's going to
10 drive six to eight hours a day to get the
11 alternative?
12 But then I also looked up Suboxone --
13 I'm saying it wrong -- but you can do
14 one-month prescriptions.
15 So one -- I guess two questions. Why
16 is there such slow take-up to use Suboxone by
17 doctors and clinics? And wouldn't it be a
18 much more efficient option, at least in the
19 rural communities, where instead of having to
20 get somewhere every day, you would have to
21 get to a provider once a month?
22 MR. COPPOLA: That's a fantastic
23 question. And I think if you think about
24 somebody making that trip every day, it gives

1 you an idea of how committed they are to
2 their recovery and willing to do whatever
3 they can do to stay in a healthy place.
4 SENATOR KRUEGER: Right. Because I'd
5 be an addict again.
6 MR. COPPOLA: Right, absolutely. And
7 so I would say that your question, in a sort
8 of larger context, is to what extent does
9 science provide us with medications that
10 could be helpful in dealing with addiction,
11 and to what extent are we utilizing those
12 resources.
13 They're extraordinarily underutilized,
14 and there's still a significant stigma
15 associated with medication-assisted
16 treatments, specifically methadone, which has
17 again been a highly researched approach. And
18 again, I commend the commissioner for making
19 that more readily available to folks.
20 There are significantly more doctors
21 who are trained to prescribe Suboxone than
22 are doctors actually prescribing Suboxone.
23 And there's also a little bit of a disconnect
24 at times, maybe sometimes a significant

1 disconnect, where some physicians who are
2 prescribing Suboxone are not engaging their
3 clients in ongoing treatment other than the
4 medication. Right?
5 One of the nice things about a
6 methadone clinic is that they're staffed with
7 clinicians who provide additional services.
8 If you go to a physician, you get Suboxone --
9 hopefully -- and it's expected that a doctor
10 should be connected with community-based
11 treatment programs that would be supporting
12 the use of that medication. Frequently that
13 does not happen, and many times there's
14 diversion that occurs.
15 I would really suggest that we look in
16 depth at this whole issue of medication-
17 assisted treatment and look at why it's being
18 underutilized and what we can do to, A,
19 reduce stigma, B, to engage physicians -- you
20 know, the New York State Society of Addiction
21 Medicine has a good number of physicians who
22 are engaged in doing medication-assisted
23 treatment in their private family practices,
24 and I think they could really be relied on to

1 provide us with some good information. But
2 it's unacceptable.
3 In New York City they're trying to
4 reverse this issue and trying to get more
5 access to Suboxone so that people frankly can
6 have treatment that's a little bit more
7 accessible -- that they're working people,
8 et cetera.
9 And there's also Vivitrol, which is
10 another medication that's starting to make
11 the scene. The commissioner referenced it
12 for a criminal justice project that's
13 happening.
14 SENATOR KRUEGER: Right.
15 MR. COPPOLA: But it's an
16 underutilized tool that really -- I think
17 really deserves the scrutiny that you're
18 suggesting.
19 SENATOR KRUEGER: Thank you.
20 CHAIRWOMAN YOUNG: Thank you.
21 CHAIRMAN FARRELL: Thank you.
22 MR. COPPOLA: You're welcome.
23 CHAIRMAN FARRELL: Save Our Western
24 New York Children's Psychiatric Center,

1 Stephanie McLean-Beathley, transition
2 coordinator, OPWDD.
3 MS. McLEAN-BEATHLEY: Good afternoon.
4 CHAIRMAN FARRELL: Good afternoon.
5 MS. McLEAN-BEATHLEY: Committee chairs
6 and members of the joint budget committee, my
7 name is Stephanie McLean-Beathley, and I'm
8 currently a social worker with the Office for
9 People With Developmental Disabilities, but I
10 was employed for 10 years as a social worker
11 at the Western New York Children Psychiatric
12 Center.
13 I've been working with a group of
14 parents, self-advocates, graduates, and
15 mental health professionals in Western
16 New York for several years to oppose a
17 portion of the so-called Western New York
18 Children's Service Expansion proposed by the
19 Office of Mental Health.
20 It is my hope that the testimony I
21 have prepared will be given careful
22 consideration and begin a dialogue between
23 stakeholders and members of the New York
24 State Legislature regarding services in

1 Western New York.
2 On behalf of the advocates with the
3 Save Our Western New York Children’s
4 Psychiatric Center, thank you for the
5 opportunity to comment on Governor Cuomo's
6 fiscal year 2016-2017 Executive Budget
7 proposal and its impact on children’s
8 inpatient psychiatric services in Western
9 New York.
10 Please refer to my full testimony for
11 background on the issues. But for the sake
12 of brevity, I will summarize our request for
13 the preservation of children's services.
14 We have put forth an alternative to
15 consolidating the Western New York Children’s
16 Psychiatric Center and the Buffalo
17 Psychiatric Center based on stakeholder input
18 and feedback from the community. Our team
19 has begun to draft a plan to present as an
20 alternative to the consolidation. It has
21 been shared with several legislative offices,
22 the Governor's office, and the Office of
23 Mental Health.
24 The proposed plan is to create a Child

1 and Adolescent Center of Excellence. This
2 concept would allow children's behavioral
3 health services to remain distinct at the
4 current location, while meeting the goals of
5 the transformation initiative OMH has drafted
6 as part of the plan for Western New York.
7 These goals are cost savings, future
8 expansion for community-based services, and
9 the expansion of prevention services. The
10 COE plan will run parallel to the initiatives
11 from the Medicaid Redesign Team to ensure
12 longevity and adherence to systemwide goals.
13 A Child and Adolescent Center of
14 Excellence will provide individualized,
15 comprehensive, and coordinated care organized
16 for children and their families. The COE
17 would offer services specifically designed
18 for pediatrics and adolescents that are
19 developmentally appropriate and include
20 innovative interventions to address complex
21 psychiatric problems. It envisions on-site
22 programs and providers that would serve
23 individuals with behavioral health disorders,
24 substance use disorders, and eating disorders

1 while offering physical health and
2 rehabilitation services.
3 This would be the first program like
4 this in the state offering services to the
5 next generation overseen by multiple state
6 agencies. It would also address the service
7 gap of community-based services which are
8 ill-equipped to deal with these specialized
9 issues.
10 This proposal will build and highlight
11 the record of excellence and quality outcomes
12 that has been established at the Western
13 New York Children's Psychiatric Center. This
14 center will offer families a respectful and
15 holistic way to receive services and
16 treatment in Western New York.
17 CHAIRWOMAN YOUNG: Thank you.
18 CHAIRMAN FARRELL: Thank you.
19 CHAIRWOMAN YOUNG: Thank you. You've
20 been very good advocates on this issue. We
21 appreciate everything that you're doing, so
22 thank you for being here today.
23 CHAIRMAN FARRELL: Thank you.
24 Barbara Crosier, VP, government

1 relations, Coalition of Provider
2 Associations.
3 MS. CROSIER: Good afternoon. Thank
4 you very much. Thank you for your stamina.
5 And we appreciate the opportunity to speak to
6 you.
7 I'm Barbara Crosier. I'm with
8 Cerebral Palsy Associations. I'm here with
9 Winnie Schiff of the Interagency Council.
10 Our other partners -- J.R. Drexelius from the
11 Developmental Disabilities Alliance of
12 Western New York, and Margaret Raustiala from
13 the Alliance of Long Island Agencies -- had
14 to leave to catch a train. But they and also
15 the New York Association of Emerging and
16 Multicultural Providers have gotten together
17 to establish the Coalition of Provider
18 Associations, so we are here on behalf of
19 COPA.
20 COPA was established -- we came
21 together last fall because people with
22 disabilities and their families and the
23 organizations that support them are
24 increasingly frustrated by funding cuts and

1 the lack of investment in our workforce and
2 supports and services. These cuts have
3 caused layoffs of staff, the reduction and
4 elimination of supports and services, and
5 long delays for those seeking entry into the
6 programs.
7 We were very impressed by all of the
8 questions asked by all of you of the
9 commissioner. We -- obviously you have our
10 written testimony, and we are not going to go
11 into that, but we just wanted to clarify a
12 couple of things.
13 First of all, the OPWDD budget has
14 remained flat over the last five years, and I
15 think -- I'm not sure who it was who talked
16 about the definition of "new" and "new
17 funding." Acting Commissioner Delaney talked
18 about a 4 percent increase and a $170 million
19 increase in the OPWDD budget. That again --
20 it's not new money, it's not new from last
21 year's enacted budget, it is a flat budget
22 over the last five years.
23 And actually, when you look at the
24 difference between the enacted budget last

1 year and the proposed budget, there's
2 actually a decrease. So -- but I did want to
3 clarify that the OPWDD funding for -- and
4 again, this is just aid to localities for
5 not-for-profit providers -- but there were
6 $259 million in cuts under the Cuomo
7 administration, and 121 before that, and
8 since then it's been a flat budget.
9 The last inflationary increases, as
10 you know, were the -- that the Legislature
11 was really so significant in enacting once
12 again the 2 percent increase for direct care
13 and then another 2 percent for direct care.
14 So really, over the last six years, the only
15 thing we've been able to give our staff is a
16 4 percent increase.
17 We want to talk about minimum wage and
18 some other things that are of real
19 importance.
20 MS. SCHIFF: And actually, since you
21 have our testimony, we're not going to get
22 into all of those other things. We're really
23 focusing on minimum wage, which is our
24 biggest issue.

1 Before I begin, I just want to say
2 that we are so grateful for your incredible
3 support. You're so knowledgeable -- and
4 we're so impressed -- about our issues, and
5 thank you so much for that.
6 So the first thing we want to make
7 clear is that COPA absolutely supports the
8 Governor's proposal to increase the minimum
9 wage to $15 an hour and to say that, you
10 know, given the fact that there's no money in
11 the budget to do that, we are unique in two
12 ways. You know, this is a problem for lots
13 of providers who rely on government funding.
14 But we have a very large number of low-paid
15 workers, and we also rely nearly exclusively
16 on Medicaid funding, which is 50 percent
17 federal and 50 percent state money.
18 As far as our direct support
19 professionals go, they love their jobs but
20 they are really difficult. I know this
21 because I have many years as being a DSP
22 myself. And we currently have a very
23 difficult time with recruitment and
24 retention, and so our most -- the most

1 worrisome thing about the minimum wage
2 increase in this coming budget year is
3 compression.
4 So I want to give you a couple of
5 examples. On July 1st in New York City, the
6 minimum wage will go up to $10.50. And our
7 higher-end rate in New York City is about $10
8 to $12. So anyone earning $10.50, say, in
9 New York City on July 1st, their salaries
10 will be brought down to minimum wage, even
11 though they have very high training
12 requirements, so much responsibility for
13 people in the programs, they have to have
14 very, very highly developed judgement, and
15 there are serious consequences for making
16 mistakes.
17 In other parts of the state, some of
18 our staff are earning $9 an hour or slightly
19 above that right now. And when the minimum
20 wage increase goes into effect, they'll be
21 brought right down to minimum wage as well.
22 You know, we'll have to give them additional
23 money even though we are not funded to do
24 that. But the fact is their jobs will be

1 devalued when what they do is so, so
2 important and very, very responsible.
3 As you've heard previously, it will
4 cost us -- state share only -- $135 million
5 in order do it in just this budget year. And
6 you know this big discrepancy will lead us to
7 either cut staff -- we won't be able to find
8 staff with as high qualifications, and even
9 now, as I said, we have issues. We'll be
10 able to provide a lot less support to people,
11 and eventually we will have to close
12 programs.
13 So, you know, we are already competing
14 for the same labor pool with fast food, and
15 we're extremely concerned about this and
16 other things. But you can read our
17 testimony.
18 MS. CROSIER: Right, and all the
19 associations, all seven associations have
20 been working together in NYSRA and NYSACRA,
21 NYSARC, all of us. We did come out with a
22 report in November that has lots of
23 statistics, and we have a unified statement
24 and we will be providing that to all members

1 of the Legislature as well.
2 Thank you.
3 CHAIRWOMAN YOUNG: Great. We truly
4 appreciate your testimony.
5 ASSEMBLYWOMAN GUNTHER: Can I just say
6 one thing? I think it's very -- also it's
7 important to explain that because of
8 something like the increased minimum wage,
9 how many people -- and the turnover in your
10 organizations -- and that cost for
11 orientation and learning and testing and
12 doing all the background checks, and then
13 what's going to happen is this is going to
14 cost these agencies a tremendous amount of
15 money due to turnover and also frustration.
16 If you are the person that's been
17 there 10 years, you're going out the door.
18 Right?
19 MS. CROSIER: Right.
20 MS. SCHIFF: Right.
21 ASSEMBLYWOMAN GUNTHER: And I just had
22 to say that.
23 MS. CROSIER: We've had zero increases
24 in order to be able to do all of that.

1 ASSEMBLYWOMAN GUNTHER: Right.
2 CHAIRWOMAN YOUNG: Thank you very
3 much.
4 CHAIRMAN FARRELL: Thank you.
5 Andrea Smyth, executive director,
6 New York State Coalition for Children's
7 Behavioral Health.
8 MS. SMYTH: Good afternoon. Thank you
9 all for staying.
10 CHAIRMAN FARRELL: Good afternoon.
11 MS. SMYTH: I will forgo my testimony
12 and just attach to the back of my testimony
13 our talking points about our top priorities.
14 I want to begin with the call to
15 invest in non-hospital community service
16 providers. There's a pie chart for your
17 information about the resources made
18 available to hospitals for transformation to
19 Medicaid managed care and alternative payment
20 methodologies, and in the pie chart is a
21 small sliver of money that was made available
22 to community healthcare providers.
23 So I have to join with other community
24 healthcare providers to ask that 25 percent

1 of some two funding streams that are
2 available to hospitals be set aside to be
3 directed for community healthcare providers,
4 and that would include children's behavioral
5 healthcare providers. Those two are the
6 $195 million Healthcare Facility
7 Transformation Fund and the $355 million
8 Essential Community Provider Pool.
9 And if we had access to 25 percent of
10 those funds, it would strengthen our ability
11 to change our services, to be ready to take
12 the downsizing of the hospital referrals.
13 The second priority has to do with a
14 cut in the OMH budget, a reduction in the
15 startup funds. It used to be $120 million,
16 it was seriously -- got reduced to
17 $115 million. Now it's proposed to be
18 reduced to 105. We ask for a restoration of
19 those fundings, and we ask that all
20 $10 million be earmarked for children's
21 startup.
22 Specifically, I point to the fact that
23 not a single child has moved yet into
24 Medicaid managed care. Not a single exempt

1 children's mental health service has yet
2 transitioned to Medicaid managed care. There
3 is a chart in your packet that shows, from
4 the kid's MRT group, how many kids would
5 receive the six new services proposed in the
6 Governor's budget to be funded. And you
7 know, just for your edification, 72,500
8 children and families are expected to receive
9 family peer supports.
10 And yet we have no ability to build
11 the capacity, hire people, train people, and
12 have them on staff by January 1st to be able
13 to meet that demand. The startup funds that
14 are being taken are really the kids' startup
15 funds. There's no other way to think of it,
16 because we haven't gotten any yet.
17 And there is a recommendation that
18 $4 million would be available for startup for
19 children's system, but I just ask you to look
20 at those numbers of how many children and
21 families would receive crisis intervention
22 and how many would receive other licensed
23 professionals and complex psychiatric rehab
24 and ask yourselves, if you were going to be

1 ready to provide those services on January 1,
2 2017, statewide -- even at 25 percent of
3 those numbers, to begin with -- could you
4 hire, train, and credential people by
5 January 1 and be ready to implement the
6 programs? And I think you would honestly be
7 able to say you would not.
8 Another shortfall for the children's
9 system is really that we have not had the
10 funds to be doing data analytics and
11 identifying how we would measure outcomes if
12 we were moved to alternative payment methods.
13 So we ask for an investment to design a data
14 collection plan and data analysis effort. We
15 want to do this in conjunction with the
16 Conference of Local Mental Hygiene Directors.
17 We think the county children and family
18 directors really are interested in making
19 sure we move forward in the right way on
20 that.
21 And lastly, you can see we have issues
22 with minimum wage, as everyone else does, and
23 want the investment in family resource
24 centers to divert kids at risk of Persons In

1 Need of Supervision placement be able to give
2 them and their families the type of family
3 engagement and support to really keep them
4 out of the family court system.
5 CHAIRMAN FARRELL: Any questions?
6 CHAIRWOMAN YOUNG: Senator Krueger.
7 SENATOR KRUEGER: One question. And
8 not for lack of more questions, just because
9 of time.
10 So the chart is actually too small --
11 just tell me you're proposing that 25 percent
12 of this pie go to community-based --
13 MS. SMYTH: Not the whole pie. That
14 was $2 billion that was made available to
15 hospitals last year, $2 billion. We're
16 proposing that 25 percent of these two
17 funds --
18 SENATOR KRUEGER: Of these two
19 sub-funding streams --
20 MS. SMYTH: -- be available to
21 community providers. And the 25 percent is
22 simply, quick math, 25 percent hospital
23 reductions, 25 percent community increase.
24 SENATOR KRUEGER: And so -- thank you.

1 So what percentage did you get in
2 Year 1 of these funds?
3 MS. SMYTH: Approximately 4 percent of
4 that pie chart went to OASAS or behavioral
5 health providers. Four percent of the whole
6 pie.
7 SENATOR KRUEGER: Thank you.
8 MS. SMYTH: Yup. Thank you.
9 CHAIRWOMAN YOUNG: Thank you.
10 CHAIRMAN FARRELL: Thank you very
11 much.
12 Just for the people watching on TV or
13 on their computers, I had said we'd be
14 starting the hearing for the Workforce
15 Development at 5 o'clock. I'm moving it back
16 to 4:30 -- we're suddenly moving much far
17 faster than we planned to.
18 Next, PEF. Ed Snow, labor management
19 officer, OPWDD.
20 MR. SNOW: Thank you, committee
21 members. My name is Ed Snow, and I represent
22 OPWDD and PEF. I'm a Labor chair. Also with
23 me is Virginia Davey, who's the Office of
24 Mental Hygiene labor rep for the Labor

1 Management Committee. Originally I was
2 supposed to testify for both, and I'm really
3 not the expert in the OMH field, so I'm here
4 for the OPWDD side.
5 You have my testimony in front of you.
6 I really wanted to kind of touch on some key
7 points of that testimony.
8 I have worked in this agency for
9 30 years. I have seen the agency go through
10 a lot of different changes. The new word
11 that we call that is the transformation, and
12 the transformation has certainly had benefit
13 for some members that we serve. People have
14 certainly lived a better life in the
15 community, and that is good thing.
16 One of our concerns is the situations
17 that were not positive and that were kind of
18 the people who fall through the cracks. And
19 we express that concern to the agency when we
20 meet with them on a semi-annual basis, we
21 express our concerns on a continual basis as
22 professional employees regarding those failed
23 situations, because usually we find that the
24 failed situations are tragic, that they

1 really are truly a failed situation that we
2 believe, as professional employees, could
3 have been prevented.
4 The other thing I wanted to touch on
5 is that the Transformation Panel is a panel
6 that PEF does not sit on. We talked about
7 today -- from the commissioner -- that it's
8 the stakeholders. Our colleagues from CSEA
9 have one member on that panel. The
10 Professional Employees union has never been
11 asked to have a representative, and we
12 actually are the people who are the
13 professional employees within the agency.
14 The other issue I wanted to touch on
15 is something I've heard from people today,
16 and it's about the Justice Center. And I
17 understand that they're not here; I've seen a
18 lot of questions asked of the commissioner
19 about the Justice Center.
20 From our point of view as professional
21 employees, we believe that the agency has a
22 role in the Justice Center. We also believe
23 that there needs to be a better review of the
24 practices of the Justice Center in the things

1 that they do in their job, in their scope of
2 doing business.
3 Our members oftentimes get tied up
4 with false allegations because our members
5 are professional employees who hold licenses.
6 They often get tied up with licensure issues.
7 They also get tied up with a very hefty
8 amount of money they have to spend to defend
9 themselves in that area.
10 So that is an area that we believe
11 needs to be looked at. And, you know, we --
12 I've heard people today ask a lot of
13 questions about it, and it seems to be an
14 agency that has a lot of questions and not a
15 whole lot of answers.
16 I'm going to turn over my time now to
17 Virginia.
18 MS. DAVEY: Why, thanks, Ed.
19 I'd like to just echo the same issues
20 that Ed brought forth as it relates to the
21 Justice Center.
22 We've heard of great disruptions to
23 the treatment milieu related to people being
24 extracted from their work environments,

1 particularly with people who have mental
2 health challenges. They are counting on us
3 to be the consistent provider, the person
4 that they can count on to be there from day
5 to day. Often these children or these adults
6 come from families where they've already been
7 shipped all over the place and they have to
8 get to know a new face.
9 And I think -- so it can't be
10 discounted how much that type of change,
11 simple change, can impact the lives of people
12 in treatment. So that's another avenue.
13 The other thing is that -- what I
14 often hear at my labor management committee
15 meetings -- the downside of the
16 transformation plan. And I want to take a
17 moment to thank you very much for your
18 advocacy, your 90-day guideline for the
19 facilities to use before they vacate a bed.
20 I would caution all of us to take a
21 very good look at the numbers when we're
22 seeing whether or not the 90-day mandate has
23 been met. Sometimes there are practices that
24 would allow a facility to put beds on reserve

1 to help them to look vacant. There are times
2 when emergency rooms have been full of four
3 and five referrals because a bed has been cut
4 at a facility because it's no longer needed.
5 The irony is amazing.
6 And it greatly, in fact, impacts the
7 patients that we serve, to have to send them
8 off to different areas for treatment. So I
9 think that's the biggest and most important,
10 because that most affects people who are in a
11 critical level of crisis, that actually need
12 us to save their lives.
13 Inpatient treatment -- we have to make
14 sure that the gaps are filled before those
15 beds are taken. And that's going to take a
16 concerted effort, actually looking at all
17 those numbers. We're having tremendous
18 recruitment and retention difficulties in our
19 facilities related to nursing, related to
20 psychiatry, related to psychologists, and
21 they are the whole backbone of the services
22 that we provide.
23 So increasing any reinvestment funds
24 or funds wherever we can get them to help to

1 maintain that backbone of the system is
2 really where we should initially focus a lot
3 of our energies.
4 The other thing is that the increasing
5 caseloads -- I'm hearing at a lot of these
6 different presentations that there are no
7 waiting lists. There may be no waiting lists
8 because the counselors have been given
9 ungodly levels of caseloads.
10 We do not want to treat people with an
11 eyeball to see whether or not they're okay or
12 not, we want to be able to sit and talk with
13 them. These people with mental illnesses are
14 real people; they deserve something more than
15 a prescription, something more than a glance.
16 They need to have treatment that's meaningful
17 and is of high quality, and I think that's
18 where your public employees come in. They
19 are all licensed, certified, and tried and
20 true providers of mental health services.
21 And I think to the extent that we did
22 use some of our reinvestment funds to
23 reinvest in something that you know has
24 worked and will work in the future, is to

1 continue to invest in your workforce.
2 Instead of having 150 people on a caseload,
3 expand your OMH services to provide more
4 counseling capacity.
5 We're finding that a lot of our
6 counselors are concerned about professional
7 ethics and whether or not they're stretched
8 to the limits. So we really want them to be
9 able to walk away from that job feeling as if
10 they've done a good service for the people
11 that we provide services to.
12 I very much appreciate your indulgence
13 today, and I look forward to answering any
14 questions that you might have. And also,
15 there's nothing in our world in PEF that is
16 more important than providing services to
17 people who cannot advocate for themselves.
18 And that's why we're here today.
19 CHAIRMAN FARRELL: Thank you.
20 Ms. Gunther.
21 ASSEMBLYWOMAN GUNTHER: Thank you very
22 much for waiting so long.
23 First of all, I think that PEF should
24 be on the transitional committee. And we can

1 talk later.
2 And secondly, the 150-person
3 caseload -- and if I'm thinking about a week,
4 two weeks, three weeks, how long of a session
5 could a social worker have with that person
6 that's therapeutic enough? And getting to
7 know somebody takes long enough and getting
8 somebody to trust you. So that caseload is
9 absolutely too high in order to have an
10 impact on these folks and keep them out of
11 inpatient services.
12 The only way you do it is good
13 therapeutic -- and I know you're trying your
14 best, but a 150 caseload is unbelievable. So
15 I just want to bring that to the attention of
16 those that are taping this.
17 MS. DAVEY: Yeah, the standard used to
18 be, years ago, 45. And we know we have to
19 push the envelope, all of us are pushing the
20 envelope. But when you have social workers,
21 psychologists, psychiatrists, nurses coming
22 to you and saying, I really -- I'm concerned
23 about being able to work here anymore.
24 Right?

1 ASSEMBLYWOMAN GUNTHER: Well, it's
2 your license on the line.
3 MS. DAVEY: The license on the line.
4 CHAIRMAN FARRELL: Assemblyman
5 Abinanti -- oh, I'm sorry, Senator. Excuse
6 me.
7 CHAIRWOMAN YOUNG: Senator Savino,
8 please.
9 SENATOR SAVINO: Thank you, Senator
10 Young.
11 Continuing on the same theme, so the
12 recommended caseload would be about 45.
13 MS. DAVEY: Well, I'll -- roughly.
14 I'll tell you that the caseload is so
15 determined by the acuity level --
16 SENATOR SAVINO: Mm-hmm.
17 MS. DAVEY: -- that it really depends.
18 If you have a high, a really high-needs
19 group, then your capacity should be on the
20 lower side of things.
21 SENATOR SAVINO: Mm-hmm.
22 MS. DAVEY: If you have people where
23 you're just -- you're just, as I said
24 eyeballing them, I think you might be able to

1 eyeball 50, 75, 100.
2 But if you really want to treat some
3 of these people who are the ones that are
4 most likely to get out and be on their own,
5 ones that talk therapy will help them, that
6 all of these skill sets that we try to teach
7 them will help them, those are the ones that
8 we want to make sure that they get their talk
9 time as well.
10 SENATOR SAVINO: I think in the next
11 hearing that's coming up we'll probably focus
12 a little bit more on this issue.
13 This is really about workforce issues.
14 I think most of the agencies now are down to
15 the lowest level they've been in 30 years --
16 MS. DAVEY: Mm-hmm.
17 SENATOR SAVINO: And the caseloads
18 obviously are going up with the reduction in
19 head count.
20 The commissioner of OPWDD or mental
21 health didn't talk about the FTE reductions
22 this year. We expect we'll hear something
23 later on, but I'm assuming there's been
24 attrition and, as you said, people are

1 leaving because they don't want their
2 professional licenses to be affected because
3 of the level of the workload.
4 What is the current status of head
5 count? What is the head count right now in
6 the agency, do you know? If you know.
7 MS. DAVEY: No, I don't know.
8 MR. SNOW: You're speaking of now --
9 head count is people served or --
10 SENATOR SAVINO: No, no, no.
11 MR. SNOW: -- or professional
12 employees?
13 SENATOR SAVINO: Professional
14 employees.
15 MR. SNOW: For OPWDD, we have
16 approximately about 4,800 professional
17 employees that work for OPWDD. That's down
18 significantly.
19 To answer your question about the
20 255 FTE that our agency is predicting, I went
21 to a briefing -- I didn't go to a briefing, I
22 was called into a briefing about two weeks
23 ago and the agency had indicated that that
24 reduction was coming from the closure of the

1 Broome Developmental Center as well as some
2 hospice changes on Long Island, and that
3 those -- although we have worked very hard to
4 retain our members and the agency has been
5 very cooperative about that, when people
6 leave, they don't replace them.
7 SENATOR SAVINO: Mm-hmm.
8 MR. SNOW: So, you know, it's through
9 attrition, but it is through a lot of their
10 initiatives of closing or downsizing our
11 facilities.
12 SENATOR SAVINO: And there's no
13 discussion of redeployment of staff?
14 MR. SNOW: Redeployment of staff, in
15 particular the closure of the Broome
16 Developmental Center, the closure of the
17 Capital District Developmental Center, the
18 O.D. Hecht Campus, the Taconic Campus, all
19 those professional employees were redeployed
20 to other locations.
21 There is a huge initiative going on on
22 Long Island right now that involves 11 houses
23 that are ICFs that are going to be converted
24 and turned over to a private agency. We have

1 approximately 40 people identified that are
2 going to be impacted by that hospice
3 transfer. And we are being told that those
4 people will have jobs within the Long Island
5 DDSO area, which is approximately three
6 counties.
7 SENATOR SAVINO: I guess a lot of this
8 is really for the workforce hearings. I'm
9 hoping you guys will be here for that.
10 MS. DAVEY: Yeah.
11 SENATOR SAVINO: We can kind of take
12 that up then.
13 MS. DAVEY: There's one other thing,
14 that the nature of the services and the
15 transformation process is that we put more
16 people out into the communities so that we
17 have our finger on the pulse, so to speak.
18 And what ends up happening as a result of
19 that is we have more referrals. We have more
20 people to treat.
21 And without doing a corresponding
22 increase in the services that even OMH
23 provides, but also other providers in the
24 community, then what you end up with is you

1 keep -- you're letting people -- you're
2 opening the floodgates and you're not
3 managing the water flow.
4 SENATOR SAVINO: Mm-hmm.
5 MS. DAVEY: And that's what the real
6 challenge is here, especially when we have
7 budgetary constraints, is to be able to
8 allocate monies for those people you have now
9 identified through your very good services in
10 the community. There's no doubt community
11 services is where we're at, for the most
12 part. But we have to be able to get those
13 services once we identify them.
14 SENATOR SAVINO: Thanks.
15 CHAIRWOMAN YOUNG: Thank you.
16 CHAIRMAN FARRELL: Mr. Abinanti.
17 ASSEMBLYMAN ABINANTI: Thank you,
18 Mr. Chairman.
19 Thank you both. I'm going to talk a
20 little bit about the Justice Center. Since
21 they haven't been here themselves, I'm
22 frankly concerned that if there's nobody in
23 the Justice Center who can come here and tell
24 us what they do, then I'm wondering who is

1 running the place.
2 I know there was an untimely death,
3 and it's sad, but somebody has got to be
4 running the place and somebody should be up
5 to speed enough to be able to come answer a
6 few questions.
7 I have yet to hear any reason for
8 having the Justice Center. This is an
9 administration that is very good at positive
10 public relations. I have yet to hear any
11 reason for our putting any money in, for
12 reappropriating any money for the Justice
13 Center. I've heard all kinds of things that
14 they've done wrong. I'm hopeful that they're
15 anecdotal. But I have yet to hear a reason
16 for refinancing them, period.
17 And I want to go off on a -- you guys
18 that represent professionals, do you have any
19 understanding of what professionals are on
20 the staff of the Justice Center?
21 MR. SNOW: Is your question are there
22 PEF professional employees employed by the
23 Justice Center? Yes, there are.
24 ASSEMBLYMAN ABINANTI: What types of

1 employees do they have?
2 MR. SNOW: Well, from -- and again,
3 I --
4 ASSEMBLYMAN ABINANTI: Do you
5 represent anybody there?
6 MR. SNOW: Yes, we do represent people
7 at the Justice Center. And the type of
8 people that we represent at the Justice
9 Center are primarily the call center people,
10 the people who do the intake calls.
11 We also have a limited group of
12 investigators, not -- and there's a whole
13 array of investigators in the Justice Center
14 as part of that component. There are
15 investigators who handle noncriminal matters,
16 then there are investigators who handle --
17 ASSEMBLYMAN ABINANTI: Do any of them
18 have degrees in the human services area, like
19 psychiatrists, psychologists, social workers?
20 MR. SNOW: I couldn't answer that
21 question. Most of our members who are
22 affiliated with the Justice Center who are
23 investigators were people who formally worked
24 for the Commission on Quality of Care who

1 then kind of transformed over there and --
2 ASSEMBLYMAN ABINANTI: But you would
3 represent any --
4 MS. DAVEY: We may be able to get
5 those numbers -- we may be able to get those
6 numbers through our employee database.
7 ASSEMBLYMAN ABINANTI: Because the
8 stories that I've heard about the way they
9 investigate alleged crimes -- and I'm
10 concerned about the people who are the
11 victims. You can defend the employees, I'm
12 worried about the victims, okay?
13 MS. DAVEY: Oh, yeah, of course.
14 ASSEMBLYMAN ABINANTI: And when I look
15 at -- when I hear how they send former
16 district attorneys or former cops in to
17 inquire -- it's like an inquisition of people
18 who cannot express what's going on, they're
19 very limited in speech, they're emotionally
20 upset as much by the investigation as they
21 are by what allegedly occurred -- I'm saying,
22 well, who's running this place?
23 And that's why I'm trying to probe are
24 there any psychiatrists, doctors -- is there

1 anybody over there who actually understands
2 the people who you service? And so when
3 they're investigating, it's not just the DA's
4 office coming in, you know, or mini DA's
5 office, whatever it is, but it's actually
6 some people who understand the needs of the
7 people. That's what I'm trying to gain, and
8 I can't --
9 MS. DAVEY: Well, I can tell you
10 through OMH, the labor management process,
11 that we've had discussions with management
12 about making sure that the Justice Center --
13 the people who conduct the interviews and
14 evaluate whether things fall within the abuse
15 range or neglect range is to teach them more
16 about the population that we serve, and also
17 what type of training and -- what kind of
18 physical maneuvers that we might have to do
19 to help to manage certain situations, so that
20 they can -- there can be a distinction made
21 between managing in a prescribed manner
22 versus actual out-and-out abuse of some sort.
23 So we're trying to help them, to
24 educate them --

1 ASSEMBLYMAN ABINANTI: But you're just
2 confirming my concerns. You're basically
3 saying that you, your people, who are going
4 to be investigated by the Justice Center,
5 have to teach the Justice Center enough so
6 that they can understand the circumstances
7 that they're investigating.
8 MS. DAVEY: Yes. Yes, in some
9 instances.
10 ASSEMBLYMAN ABINANTI: And so they
11 haven't hired the people who would have that
12 expertise in the first place?
13 MR. SNOW: Well, I guess -- to answer
14 your question, and I -- there are people --
15 you know, I know that we have actually some
16 nurses who have left our agency and have gone
17 to the Justice Center and oversee the
18 investigations that involve nursing and the
19 standards of nursing care.
20 I will relate an issue to you because
21 I think it's important. An investigator came
22 and was investigating a situation at my
23 facility and they were interrogating a
24 physician. And this is a board-certified

1 physician, has been in the field for many
2 years.
3 And the investigator said, "Well, I
4 understand" blah, blah, blah. And he said,
5 "Where did you get that information from?"
6 And her response was: "I read it on WebMD."
7 And he said, "Are you serious? You want me
8 to respond to something that you read on
9 WebMD that may have not been anything written
10 by a physician, and you're asking me to
11 respond to that?" He said, "I'm not going
12 to."
13 Unfortunately, the Justice Center
14 found that physician guilty of a charge.
15 Now, again, you know, when you're
16 basing your questions, your interview
17 technique, on something you read on a
18 computer -- and I understand that technology,
19 the world of technology has advanced by
20 tenfold. But again, I understand your
21 question.
22 ASSEMBLYMAN ABINANTI: And it becomes
23 even worse when you're dealing with people
24 with disabilities who are now surrounded by a

1 group of guys or women who they've never seen
2 before -- who are throwing questions at them,
3 and these are people who have enough problems
4 dealing with the real world when people are
5 being nice to them and being helpful and
6 whatever.
7 MR. SNOW: And these are people who --
8 some investigators are former policemen. And
9 probably through the fault of our
10 organization, we probably haven't spent
11 enough time in educating law enforcement
12 people in how to deal with developmentally
13 disabled people. It would seem like it
14 should be, but it hasn't. The agency and the
15 Justice Center, I believe, are going to
16 develop a program to expand that, to -- how
17 to deal -- you know, what police agencies --
18 ASSEMBLYMAN ABINANTI: That should
19 have been something before they set up the
20 agency, not after you've gone on for two or
21 three years and --
22 MR. SNOW: Well, I would agree with
23 you. I think that what happened is I think
24 that there was a response to major issues

1 that occurred, and instead of kind of putting
2 the cart first, we've put the cart second.
3 And I would agree with you. I think that we
4 kind of put the cart before the horse and --
5 ASSEMBLYMAN ABINANTI: I think we've
6 raised the issue and --
7 MR. SNOW: -- and now we're kind of
8 backpedaling --
9 ASSEMBLYMAN ABINANTI: -- we're
10 running out of time. Thank you.
11 CHAIRMAN FARRELL: Senators?
12 Mr. Bronson.
13 ASSEMBLYMAN BRONSON: Yes, thank you,
14 Mr. Chair.
15 First of all, I agree with Chairperson
16 Gunther that PEF should be on the
17 transformational committee. You're a key
18 stakeholder in this, you have the expertise,
19 and you should be part of the discussions as
20 we try to move forward with transformation of
21 our services to folks in our community.
22 I want to talk a little bit about
23 what's been happening -- I think, Virginia,
24 you touched on this a little bit where you

1 gave the example of the number of people in
2 the emergency room. I represent an area that
3 includes the Rochester Psych Center. In
4 Rochester we have had a lot of discussions
5 with the commissioner and with others in the
6 agency about how to move that facility
7 forward. It's a gem. It provides wonderful
8 services, in large part because of your
9 members. And there's always been this
10 tension between increasing forensic beds and
11 reducing the general beds.
12 Does PEF have a position on how you
13 balance the needs of those two beds, but in
14 particular how that then relates to the
15 increased or additional supplemental
16 community-based services that may or may not
17 be coming to fruition as we move forward?
18 MS. DAVEY: You know, it's a hard
19 question, because I think a lot of us -- I
20 teach in Children and Youth, I've been there
21 for over 25 years. And I do think that just
22 if you think in general, the emphasis is
23 going towards treating mental illness at a
24 younger age so that we can help to teach

1 children to manage their illness in ways that
2 would improve their lives.
3 If we're talking about a forensic
4 population, depending on whether it's adults
5 or children, I think if we're talking about
6 children and there's a better opportunity to
7 improve their lives going forward, you
8 know -- I guess I can't speak for all of PEF,
9 but I think that the general thrust is
10 thinking if we can treat these earlier, that
11 we can help them longer.
12 And maybe cost-effective down the
13 road, it will be less investment. And we
14 always have to think down the road when we
15 talk about treating people, as who we treat
16 today may not need treatment tomorrow if we
17 get them at an early enough age.
18 ASSEMBLYMAN BRONSON: Could you speak,
19 then, to the assessment plan that's done for
20 a particular person prior to having them be
21 transferred into the community and whether or
22 not the lack of staffing has had an impact on
23 the quality of those assessments?
24 MS. DAVEY: I guess I would like to

1 say, as it relates to PEF employees, I think
2 for the most part we're going to go tooth and
3 nail against someone who might make a
4 determination that we think is questionable.
5 I mean, we have had those discussions in our
6 treatment teams. It's a regular part of
7 discussion, about whether or not the timing
8 is right -- whether the timing is right for
9 the families, whether the timing's right for
10 the individual.
11 I think the analysis is still the
12 same, which is are they a danger, a potential
13 danger to themselves or others. And to the
14 extent that we can be reasonably sure that
15 that's the case, then -- and we set up, you
16 know, the contacts.
17 I think they're better than they ever
18 were in terms of what we call a warm
19 handoff -- wraparound services and then the
20 checks after they're discharged. I think OMH
21 has done a commendable job trying to
22 understand that whole dynamic, that we have
23 to kind of put a blanket around them before
24 we send them off.

1 And so I don't think that we've been
2 deterred too much. I don't think in Children
3 and Youth that we're pushing them out. You
4 know, it's questionable with some of the
5 adults. I've heard some horrific stories
6 about -- and some of our people who work in
7 the communities with adults -- the whole
8 housing issue, whether or not they have
9 enough of a stipend.
10 And then there's some complications
11 about rules that will disallow them to even
12 make use of beds that are available. Because
13 if you have to have 30 days for, you know --
14 30 days without admission and -- I don't know
15 all the intimate details of that, but there
16 are services out there that, once we
17 discharge, they're not available. They say
18 they're available, and maybe they -- they're
19 available, yes, but do they meet the criteria
20 to use them, is the next question. Right?
21 ASSEMBLYMAN BRONSON: Yeah.
22 Thank you. We're out of time. I will
23 just note for the record that we've had some
24 concerns up in the Rochester area from your

1 members who are trying to help that
2 assessment and the placement and more at the
3 end of the placement piece which you just
4 started talking about -- that folks are
5 ending up in places that probably are not the
6 best fit for them and for other folks who
7 might be receiving services from that agency.
8 Thank you.
9 MR. SNOW: Thank you.
10 CHAIRMAN FARRELL: Mr. Saladino.
11 ASSEMBLYMAN SALADINO: Thank you,
12 Chairman.
13 Just very briefly because -- in an
14 effort to respect the time and the fact that
15 our chairs certainly deserve and have earned
16 a break between the two budget hearings
17 today. I wanted to pass along just a
18 statement, not a question. No need to
19 respond. But please take this back, and I'll
20 also be reaching out to the acting
21 commissioner.
22 We have this tremendous problem in our
23 community where a placement was coming in
24 through an agency -- and I realize that you

1 represent labor, but very, very important.
2 The agency that was doing the placement was
3 not being transparent with the community. My
4 office received 50 calls. We tried to reach
5 out. Every time I mentioned the community
6 wants to know who will be placed there, we
7 got this stonewalling answer: We can't -- we
8 must protect their identity, we must protect
9 their confidentiality.
10 And they didn't realize by doing that
11 they were creating a much bigger problem with
12 anxiety and fear. We've been told by you,
13 the professionals, time and time again that
14 the best way to help someone's progress is to
15 integrate them into a community. When you
16 strike fear in every resident, you're
17 doing -- you're hurting the opportunities to
18 integrate into that community.
19 So we held some meetings, I had to
20 manage the meetings. We were told in the
21 beginning "We can't release any information."
22 People went on the website and saw that this
23 agency places those with drug addictions,
24 places those who are coming out of prison,

1 places sex offenders and on and on and on.
2 So of course they were filled with fear.
3 And they didn't get or didn't want to
4 embrace the fact that if you allayed many of
5 their fears right from the beginning, it
6 would have been such an easier transition.
7 And I will be talking to the
8 commissioner about the importance -- the
9 community didn't need to know their specific
10 background. They just wanted to know that it
11 wasn't someone that's coming out of prison,
12 that it wasn't a sex offender, and that list
13 went on and on. They were good people who --
14 not that someone with a drug addiction isn't.
15 But the point was they were folks with mental
16 illness, and the community understood that.
17 The next-door neighbor worked in the field.
18 But the failure of them to admit what was --
19 who was coming in and give that general
20 information, it would have made such a big
21 difference.
22 And this goes back to what my
23 colleagues spoke of in terms of training --
24 I'm not a CSW, I'm not a psychologist, but

1 it's not difficult for me to figure that out.
2 Why is it that these trained and paid
3 professionals couldn't figure that out, or
4 chose not to, is mind-boggling to me.
5 At this day and age, with year after
6 year of funding these programs, year after
7 year of learning of their importance, how
8 we're not dealing with the anxiety of a
9 community by just simply giving them enough
10 general information so they want to embrace
11 who's coming in -- to me, this is a
12 no-brainer. And I appreciate you bringing
13 this back to your agency.
14 Thank you.
15 MR. SNOW: Thank you.
16 CHAIRWOMAN YOUNG: Any more?
17 We just want to sincerely thank you
18 for being here today.
19 MR. SNOW: Thank you.
20 MS. DAVEY: Thank you.
21 CHAIRWOMAN YOUNG: Thank you so much.
22 CHAIRMAN FARRELL: Thank you.
23 Association for Community Living,
24 Antonia Lasicki, executive director.

1 MS. LASICKI: Good afternoon.
2 CHAIRMAN FARRELL: Good afternoon.
3 CHAIRWOMAN YOUNG: Good afternoon.
4 MS. LASICKI: Thank you very much.
5 Senator Young, congratulations on your new
6 position.
7 CHAIRWOMAN YOUNG: Thank you.
8 MS. LASICKI: Thank you to Assemblyman
9 Farrell for this opportunity to submit
10 testimony, and thank you to all the committee
11 members and particularly to the chairs,
12 Assemblywoman Gunther and Senator Ortt.
13 The Association for Community Living
14 represents more than 110 providers of OMH
15 residential opportunities, and that
16 represents over 90 percent of all the housing
17 that is funded and licensed under auspices of
18 the Office of Mental health.
19 I'm going to just -- I have a summary
20 of my testimony. But you're so interested in
21 the Justice Center -- the Justice Center is
22 not part of my formal testimony, but I
23 thought I would say two things about that.
24 When the Justice Center was first

1 formed, there were some -- I mean, you could
2 almost understand why, because the state
3 agencies were providing oversight to their
4 own facilities. So that was seen as a
5 conflict. There were some terrible abuses in
6 one of the state systems in particular. And
7 so the Governor decided to create the Justice
8 Center and make it provide oversight to the
9 entire system -- not just the state agencies,
10 but also to the community-based providers
11 that are under the auspices of those six
12 state agencies.
13 We suggested that maybe they start by
14 just providing oversight to the six state
15 agencies and their operated facilities, where
16 they could start and learn about those and
17 let the state agencies continue their
18 oversight of the community-based providers
19 where there's no conflict. Because the state
20 agencies provided oversight to the community,
21 the Justice Center could have provided
22 oversight to the state agencies, and we all
23 would have been separated -- there wouldn't
24 have been a conflict.

1 Instead, they flipped the switch on
2 one day, two days after the regulations were
3 finalized, for six state agencies and their
4 entire systems. And it was frankly chaos.
5 There was chaos for a very long time, and it
6 was very upsetting. And I have to say it
7 reminded me quite a bit about the early days
8 of the OMIG. And the only way that the OMIG
9 changed and that whole thing got under
10 control was because the Legislature held
11 specific hearings just on the OMIG, and that
12 changed everything.
13 So we in the community thank the
14 Legislature wholeheartedly for having done
15 that, because it changed how the OMIG did
16 business. We got a new inspector general,
17 protocols were developed, standards were
18 developed, and there became some sort of
19 uniformity and some rationality to that
20 process.
21 I would suggest that maybe you hold
22 hearings just for the Justice Center. I
23 think that you would have lists of people
24 signing up -- you might have to go for days.

1 So -- I mean, you know, in the beginning it
2 kind of made sense on some level, but it just
3 got quite out of control. So that's the
4 Justice Center.
5 But my testimony -- I'd like to
6 summarize -- the mental health housing system
7 under the state Office of Mental Health has
8 continued to erode to unacceptable levels.
9 In some licensed residential programs we have
10 staff-to-consumer ratios on overnight and
11 evening shifts of two to 65, two staff people
12 to 65 clients. In smaller programs, it's one
13 to 14. These programs serve those with the
14 highest needs, including the need for
15 100 percent supervision of multiple and
16 complex medication regimens.
17 We are facing an epidemic of K2 use,
18 fatigue from the police in responding to our
19 calls, and a state hospital system that does
20 not hold on to people for long, sending them
21 back to stressed community providers.
22 In summary, we're asking for
23 $92 million to be divided among four
24 residential models. The detail is in my

1 formal testimony that I've provided. There
2 are charts in the back of the testimony that
3 show the erosion due to inflation for all the
4 programs, as well as a formula for the
5 development of an adequate rate for one
6 particular model, supportive housing, in each
7 county in the state. We're happy to meet
8 with any of you to explain the charts in more
9 detail; we really don't have time to do that
10 here.
11 Second, I'd like to address the
12 Governor's $20 billion housing proposal. The
13 Governor has described it as $10 billion for
14 affordable housing and $10 billion for 20,000
15 units of supportive housing. I'd like to
16 focus on the $10 billion for supportive
17 housing.
18 First, you have to take $7.8 billion
19 off the top because that is money to sustain
20 what has been developed over 30 years. None
21 of that is new money. So out of the
22 $10 billion, 7.8 is just to continue what
23 we've got. And he put that in there, and the
24 staff at OMH will tell you that he put that

1 in there, just to sort of show people what
2 the ongoing commitment the state has made to
3 supportive housing. So that's nice, but it's
4 not new. So nobody should be -- should think
5 that it is.
6 Then there's $2.4 billion for 6,000
7 new capital units. But first, that money
8 will be raised through bonding, and then the
9 developers must build them. I'd say it's
10 safe to say that those units will not
11 materialize for at least three years. Then
12 there is a promise of another 14,000 in
13 Years 5 to 15 that has no money attached to
14 it at all.
15 So it's 20,000 units to be developed
16 over 15 years, there's $2.4 billion for 6,000
17 to start, those are going to be bonded and
18 not developed for quite a long time. The
19 remaining $200 million consists of
20 $74.5 million that was allocated last year
21 that they intend to use for operating of
22 services for the 6,000 units that will be
23 built in the third or fourth year, whenever
24 they get built. So that money will not be

1 spent anytime soon.
2 Then there's $75 million to be added
3 to MRT housing in Years 3 to 5, so that money
4 will not be spent in the next three years.
5 And then there's $50 million for capital for
6 homeless beds, and we think that $50 million
7 is meant to renovate state property so that
8 they can create 1,000 new shelter units.
9 Because none of this money will be
10 used in the near term, and not one bed will
11 be created -- probably not for three years --
12 we suggest that some of the money be used to
13 create some scattered-site supported housing
14 beds. Scattered-site supported housing beds
15 can be online within six months. It could
16 also be redirected for rate increases and
17 replenished later when it's needed for the
18 capital beds.
19 One of my other large issues was
20 minimum wage. You've heard a lot about that.
21 Everything that everybody has said about
22 minimum wage also applies to us.
23 The compression factor is acute.
24 We're very concerned that once you bring

1 somebody from $13 an hour -- which is quite a
2 few dollars over the current minimum wage --
3 to $15, you have to make sure that the person
4 is the same percentage over the minimum that
5 they are now. So if they're 40 percent over
6 the minimum now, they have to be 40 percent
7 over the minimum when the minimum is 15.
8 So that means they're not -- it's
9 not -- the cost is not about bringing us up
10 to 15, the cost is about bringing us up to an
11 adequate rate so that we are still in the
12 marketplace in relation to minimum wage
13 workers. We have to be in the same
14 relationship as we are now then. And so all
15 the wages have to go up. And I see Steve
16 Kroll talked about that, about the
17 compression factor.
18 Also, the OPWDD associations are
19 working together to come up with a number,
20 they came up with $1.7 billion. The OMH
21 system is larger than the OMRDD system --
22 OPWDD system -- wow, I'm aging myself -- so
23 we have not been able to accomplish that
24 analysis yet. We're going to try to do it,

1 but we're certainly pretty sure that it will
2 be $1.7 billion, if not more, since our
3 system is larger.
4 And then DSRIP, I just want to say a
5 few things about DSRIP. Over the past few
6 years New York State has saved billions by
7 successfully curbing the growth of Medicaid.
8 Through DSRIP we now have the potential to
9 reimburse -- to put savings from Medicaid
10 back into the health system to hopefully
11 improve care and provide more cost-effective
12 services.
13 However, the financial benefits of
14 DSRIP have not resulted in any significant
15 resources going to community-based
16 organizations. CBOs have contributed time
17 and resources to the development of every PPS
18 project in the state by attending meetings,
19 helping develop these projects, providing
20 ideas, offering services. However, in most
21 areas of the state, the DSRIP money is not
22 finding its way to the CBOs.
23 If we want a system of care that
24 provides quality and choice, we need this to

1 change. We ask that the PPSs -- we ask that
2 all of you get very involved in the structure
3 of the PPSs and try -- I mean, we can work
4 together to try to figure out how we might
5 change some of the structures to ensure that
6 the CBOs are at the receiving end of some of
7 those funds.
8 And the DSRIP PPS managed-care
9 issues -- also very complicated, and probably
10 could warrant their own hearing.
11 Thank you.
12 CHAIRMAN FARRELL: Thank you.
13 CHAIRWOMAN YOUNG: Questions?
14 Thank you very much.
15 MS. LASICKI: Thank you.
16 CHAIRMAN FARRELL: And now we have a
17 person who doesn't talk very often:
18 Mr. Abinanti.
19 (Laughter.)
20 ASSEMBLYMAN ABINANTI: I just have one
21 question.
22 MS. LASICKI: Yes.
23 ASSEMBLYMAN ABINANTI: I didn't
24 understand what you just said. You

1 basically -- you're saying that basically
2 what we --
3 CHAIRMAN FARRELL: Use your
4 microphone. You're not that good.
5 (Laughter.)
6 CHAIRWOMAN YOUNG: Push the button.
7 ASSEMBLYWOMAN GUNTHER: Push the red
8 button.
9 CHAIRWOMAN YOUNG: He's used his mic
10 so much that it's broken.
11 (Laughter.)
12 ASSEMBLYMAN ABINANTI: One, two,
13 three?
14 ASSEMBLYMAN OAKS: Nope.
15 CHAIRMAN FARRELL: Just push the
16 button in the middle. Come on.
17 ASSEMBLYMAN ABINANTI: Red. One, two,
18 three.
19 ASSEMBLYWOMAN GUNTHER: I'm not
20 hearing you.
21 CHAIRWOMAN YOUNG: It's got to be
22 green, I think. Or red, I don't know.
23 CHAIRMAN FARRELL: Why don't you send
24 him to his office?

1 ASSEMBLYWOMAN GUNTHER: Here, we've
2 got one. This one works.
3 ASSEMBLYMAN ABINANTI: At least it did
4 until I sat in front of it.
5 Thank you. Okay. Let's try this.
6 You're saying that the only real
7 monies that we're dealing with are
8 $2.6 billion, over five years?
9 MS. LASICKI: Well, not really.
10 That's not even real money at this point.
11 That money will be bonded. So they have to
12 sell bonds to raise that money.
13 ASSEMBLYMAN ABINANTI: But for 6,000
14 units --
15 MS. LASICKI: So it's not really
16 there.
17 ASSEMBLYMAN ABINANTI: -- is my math
18 wrong here, that's like $80 a unit or --
19 MS. LASICKI: No, it's much more than
20 that. I think you have zeroes off.
21 ASSEMBLYMAN ABINANTI: I may have the
22 zeroes off, but it's not --
23 MS. LASICKI: No, it's enough money to
24 create 6,000 units.

1 ASSEMBLYMAN ABINANTI: At how much?
2 MS. LASICKI: I don't have the number
3 off the top of my head. I can get it for
4 you.
5 But it is enough money, it's just that
6 it doesn't exist right now. They're going to
7 sell the bonds to raise that money, and then
8 we have to find the sites and get the
9 developers and --
10 ASSEMBLYMAN ABINANTI: Somebody do the
11 math for me, because 6,000 times --
12 ASSEMBLYWOMAN GUNTHER: It's
13 1.7 billion. Isn't it?
14 MS. LASICKI: Two-point-six billion
15 for 6,000 units.
16 ASSEMBLYMAN ABINANTI: That doesn't
17 give you very much money. Somebody with math
18 skills figure this out.
19 ASSEMBLYMAN OAKS: Four hundred --
20 ASSEMBLYMAN ABINANTI: How much? Four
21 hundred?
22 ASSEMBLYWOMAN GUNTHER: All right,
23 keep going.
24 ASSEMBLYMAN ABINANTI: That's the only

1 point I want to make, that 6,000 into
2 $2.4 billion is a very small amount of money.
3 If you take -- downstate, it costs $300,000
4 to do one home, let's say. Ten of --
5 MS. LASICKI: One unit. One unit.
6 ASSEMBLYMAN ABINANTI: One unit would
7 be 300,000.
8 MS. LASICKI: Right. So --
9 ASSEMBLYMAN ABINANTI: Okay. So 10
10 units would be 3 million. Right?
11 ASSEMBLYWOMAN GUNTHER: No. In this
12 kind of situation, they're like between --
13 anywhere between -- it could be 180 per unit,
14 180,000, with everything included, to 240.
15 That's not --
16 MS. LASICKI: Or even 300 or 350 on
17 Long Island.
18 ASSEMBLYWOMAN GUNTHER: Yes.
19 MS. LASICKI: But also 2.4 billion can
20 leverage other dollars.
21 ASSEMBLYMAN ABINANTI: Four hundred
22 units.
23 ASSEMBLYWOMAN GUNTHER: Four hundred
24 thousand per unit, that gives.

1 ASSEMBLYMAN ABINANTI: Okay.
2 MS. LASICKI: Four hundred thousand,
3 right. So anywhere from 180,000 to 380,000,
4 depending on where you are in the state.
5 But that money can leverage other
6 money. So it -- it -- I think somebody's
7 going to get me the actual number. But the
8 money will also be used to leverage tax
9 credits, potentially HUD dollars, potentially
10 other dollars that are available in other
11 state agencies. So it's not a straight
12 calculation.
13 Three hundred sixty a unit, $360,000 a
14 unit.
15 ASSEMBLYMAN ABINANTI: Three hundred
16 sixty thousand a unit for 6,000 units?
17 MS. LASICKI: Yeah.
18 ASSEMBLYMAN ABINANTI: Okay. I'll --
19 if my math is correct, it didn't sound like
20 very much, but okay.
21 MS. LASICKI: But I think -- I think
22 the point is that out of all of that money,
23 out of the $10 billion that -- the headlines
24 are $10 billion for 20,000 supportive housing

1 units -- there's 2.4 billion that needs to be
2 bonded before you can get the first 6,000
3 units. The next 14,000 units are a promise
4 in the outyears, 5 to 15 years; there's no
5 money there. And the operating dollars are
6 meant to be used in Years 3 to 5. So really
7 there's about $74 million out of the
8 $2.6 billion that's actually there.
9 CHAIRWOMAN YOUNG: Thank you.
10 CHAIRMAN FARRELL: Thank you.
11 Shaun Francois, president of Local
12 372, Board of Education Employees.
13 Oh, I met you.
14 MR. FRANCOIS: Good afternoon,
15 Chairman Farrell and Chairman Young and all
16 the distinguished members of the New York
17 State Senate Finance and Assembly Ways and
18 Means Committees.
19 My name is Shaun D. Francois I. I'm
20 the president of Local 372, District Council
21 37, and I represent over 23,000 school
22 supportive staff members within the New York
23 City public school system. I would like to
24 thank you for the opportunity to provide

1 testimony on the Governor's proposed budget
2 for 2016-2017 for mental hygiene.
3 I am here to provide testimony on
4 behalf of our 300 Substance Abuse Prevention
5 and Intervention Specialists, what we call
6 SAPIS, within the New York City public school
7 system, which is funded through the state's
8 Office of Alcoholism and Substance Abuse
9 Services.
10 These members perform essential
11 substance abuse prevention and intervention
12 services for the 1.2 million children of
13 New York City. SAPIS counselors help our
14 children cope with increased social pressures
15 from their peers by providing essential
16 mental and emotional support to ensure the
17 child's healthy adolescent development.
18 In 2006, there were 502 SAPIS
19 counselors throughout the five boroughs.
20 Today we are down to only 300 SAPIS serving
21 1.2 million New York City children. That is
22 a loss of 203 SAPIS counselors since 2006.
23 SAPIS counselors are present in approximately
24 1,200 New York City schools, totaling roughly

1 1 SAPIS -- I'll say that again -- that's only
2 1 SAPIS for every five schools. This is not
3 enough to combat the rising use of drugs and
4 increased social pressures our youth face
5 through their peers and social media.
6 With the growing prescription drug
7 epidemic, our youth are more vulnerable than
8 ever before. The increase in drug and
9 alcohol addiction, experiments and dependency
10 are our biggest challenge to provide support
11 for the increased amount of peer pressures
12 and still address any underlying mental or
13 emotional issues school children and their
14 families face each day.
15 We have students not only using more
16 drugs and alcohol, but we are witnessing an
17 alarming rise of prescription drug use
18 amongst high school youth, especially in
19 Manhattan and Staten Island. According to
20 the Centers for Disease Control, CDC,
21 45 percent of people who used heroin were
22 also addicted to prescription opioid
23 painkillers.
24 In addition, according to the 2013

1 New York City Department of Health and Mental
2 Hygiene Youth Risk Behavior Survey, 8 percent
3 of New York public high school students in
4 Grades 9 to 12 reported lifetime use of an
5 illicit drug -- cocaine, heroin, ecstasy, or
6 methamphetamine. Youth residing in
7 Staten Island are reporting the highest
8 proportion of illicit drug use, 12.8 percent,
9 followed by the youth who live in Manhattan,
10 11 percent.
11 Local 372 SAPIS counselors serve in
12 every 32 school districts and all students
13 from K-12, including special education. They
14 specialize not only in substance abuse
15 prevention but also provide students with one
16 on one counseling on anti-bullying, violence
17 prevention, confidence building, goal
18 setting, and gang prevention. And that's
19 just to name a few.
20 SAPIS counselors are also trained to
21 implement the most effective national
22 evidence-based programs available. These
23 programs include the Too Good for Drugs
24 curriculum, which is an evidence-based

1 program being used in classroom settings,
2 group sessions, and one-on-one youth
3 interventions. This program is increasingly
4 effective with youth exhibiting early signs
5 of drug use.
6 Having an assigned SAPIS counselor
7 providing a wide range of services including
8 individual and group counseling, early
9 intervention services, peer leadership
10 programs, positive youth development
11 activities, crisis intervention, referrals to
12 substance abuse and mental health services,
13 school-wide prevention projects, and parent
14 workshops will make a tremendous difference
15 in the lives of thousands of youth at every
16 school.
17 SAPIS counselors are critical in
18 laying a child's foundation to create vital
19 life skills needed to handle the increase in
20 social pressures. SAPIS counselors are
21 specially trained and deployed to respond to
22 serious events that affect school
23 communities, such as the death of a student
24 or a gang fight. Economically disadvantaged

1 students who are at the highest risk for
2 alcohol and substance abuse, gang
3 involvement, school suspension, disruptive
4 behavior, and multiple violations of the
5 discipline code are referred to SAPIS
6 counselors for intervention services. A
7 specific example of this would be, of the
8 139 high-level crisis situations from
9 September 2014 to March 2015, our SAPIS
10 counselors were deployed to assist in 76 of
11 the incidents.
12 In order for our youth to become
13 productive members of society, we need your
14 support of the SAPIS program to continue its
15 work. With the $2 million in funding from
16 the Legislature last year, and $2 million
17 from New York City, we were able to hire
18 54 new SAPIS counselors. That is five
19 additional SAPIS per borough. And the rest
20 were distributed between community schools.
21 For us to be able to maintain the
22 current number of employees and increase the
23 program, we are asking for an additional
24 $4 million in support from the Legislature.

1 The cost of a new hire SAPIS II worker
2 is $48,641, with fringe benefits totaling
3 $68,744. And with two years of service the
4 cost is $55,938, with fringe totaling
5 $79,057. The investment in these jobs
6 provides professional careers for New York
7 City residents, creates economic stability
8 for many New York City families, and hires
9 employees within the community. Without this
10 necessary funding, we will have to terminate
11 those newly added employees and reduce direly
12 needed services.
13 In 2009, the federal government ceased
14 funding through the Safe and Drug Free
15 Schools Act for our SAPIS counselors. In
16 New York's 2014-2015 state budget, OASAS
17 allocated $14,859,531 to the New York City
18 Department of Education to support the
19 services that these counselors provide.
20 We are committed to ensuring that this
21 proposal will result in the delivery of
22 effective prevention and intervention
23 services to the students and their families
24 in these schools. SAPIS counselors have

1 consistently implemented evidence-based
2 programs with fidelity. Our experienced and
3 committed staff will be models for the new
4 staff in providing the highest levels of
5 services to our students.
6 In conclusion, Local 372 is asking the
7 state legislature to allow us to maintain our
8 current number of employees, and provide
9 additional funding of $4 million. While
10 there are limited state resources, New York
11 State has always been a leader in making
12 opportunities for our children a priority.
13 Our goal is to encourage more programs that
14 are preventative rather than reactive. It is
15 our responsibility to provide our children
16 with the opportunities to thrive through a
17 safe and healthy learning environment.
18 I look forward to working with all of
19 you to make this possible. Again, thanks for
20 the opportunity to come before you. And any
21 questions you may have, present it to the
22 table.
23 Thank you.
24 CHAIRMAN FARRELL: Thank you very

1 much.
2 Senator?
3 SENATOR KRUEGER: Senator Diane
4 Savino.
5 SENATOR SAVINO: I just have one
6 question. President Francois, welcome.
7 So, if we increase 4 million, that
8 will allow you to keep what you have and
9 increase to how many more SAPIS workers?
10 MR. FRANCOIS: That would get -- we
11 have the current of 2 million that we had
12 before, from the last year budget.
13 SENATOR SAVINO: Right.
14 MR. FRANCOIS: Which gives us 54. So
15 two more million would give us an additional
16 54, which brings us to a hundred and some
17 SAPIS workers.
18 SENATOR SAVINO: Mm-hmm.
19 MR. FRANCOIS: But, Senator Savino, we
20 would -- we would -- I would like to add,
21 though, if we could have that as mandated or
22 try to get that to be a mandated structure so
23 every year we don't have to come back and
24 keep trying to add on money for different

1 SAPIS workers, if we can get that to be
2 recurring --
3 SENATOR SAVINO: Mm-hmm.
4 MR. FRANCOIS: -- I think that would
5 be something substantial that we need to
6 have.
7 SENATOR SAVINO: Is the city also
8 matching the increase from last year?
9 MR. FRANCOIS: Yeah, they did the last
10 year, sure did. Two million to 2 million.
11 So that became the 4 million.
12 SENATOR SAVINO: Are they proposing it
13 in the city budget now also?
14 MR. FRANCOIS: Yes, we will,
15 absolutely. Absolutely.
16 SENATOR SAVINO: Thank you.
17 See, but if we gave it to you and you
18 didn't have to come back, we would miss you.
19 (Laughter.)
20 MR. FRANCOIS: For sure. Appreciate
21 that. For sure. Absolutely.
22 SENATOR SAVINO: Thank you.
23 MR. FRANCOIS: Thank you so much.
24 CHAIRMAN FARRELL: Thank you.

1 SENATOR KRUEGER: Thank you.
2 MR. FRANCOIS: Okay. Thank you.
3 Appreciate it. Thank you.
4 CHAIRMAN FARRELL: Kelly Hansen,
5 executive director, New York State Conference
6 of Local Mental Hygiene Directors.
7 MS. HANSEN: Thank you.
8 CHAIRMAN FARRELL: Good afternoon.
9 MS. HANSEN: Good evening. Thank you
10 very much. Thank you very much for the
11 opportunity to present testimony to you.
12 My name is Kelly Hansen. I'm
13 executive director of the New York State
14 Conference of Local Mental Hygiene Directors.
15 I represent the 58 county mental health
16 commissioners in the state who are
17 responsible under statute for community
18 planning, oversight funding, and delivery of
19 services for adults and kids in the community
20 with mental illness, substance abuse, and
21 developmental disabilities. So while they're
22 separated at the state level, they're
23 connected, interchanged at the local level.
24 Given the time -- you have our

1 testimony, and you've seen a number of things
2 that we are interested in talking about. In
3 the spirit of time, I want to talk about
4 three things: Managed-care readiness, the
5 730 jail-based competency restoration for
6 felonies, and also to tell you a little bit
7 about what some of the county jails are doing
8 with some pretty exciting demonstration
9 projects using Vivitrol for individuals with
10 addiction who are reentering, being
11 discharged back into the community.
12 So, you know, you've heard from others
13 here that there's a cut to the managed care
14 readiness for the adult system. We obviously
15 would like that cut restored, and the reason
16 why is because this is the biggest
17 transformation the behavioral health system
18 has gone through in years. It is a huge
19 undertaking. The providers need help with
20 technical assistance, with IT which you know
21 costs a fortune, training of staff, being
22 able to become Medicaid billers -- we're not
23 done with this process yet, we have a lot
24 more to go on the adult side to get this as a

1 finely-tuned working machine, and we need all
2 the resources we can get.
3 On the children's side, also a
4 significant overhaul of the children's
5 system, and you heard Commissioner Sullivan
6 talk about the policy behind it. The policy
7 behind the revamp of the children's system is
8 solid, it's good, it identifies children
9 earlier, it recognizes trauma and the impact
10 of trauma in childhood and the risk of
11 addiction and mental illness later in life,
12 and it uses evidence-based practices. A huge
13 undertaking.
14 In order to do this, we need more than
15 $5 million in state share to do this. This
16 process is comparable to like turning an
17 aircraft carrier in a bathtub; I mean, it is
18 really huge. But it's a great model that
19 we're trying to pursue here, and it's going
20 to be really good for kids and families.
21 But if we don't have the staff that's
22 trained, if the counties that have the single
23 point of access for children and youth --
24 this is where the families enter the system

1 with a single point -- if we don't have the
2 assistance that we need to be able to do what
3 we do in terms of shepherding those kids
4 through the system and also to get them
5 services while working with the DSS
6 commissioner -- a lot of these kids are in
7 the custody of the commissioner because
8 they're in foster care. The counties work
9 closely with juvenile probation, family
10 court, the schools. Our role as being
11 imbedded in the community is going to grow
12 even more, and we need funding for that.
13 And also the measurements that you
14 heard -- Andrea Smyth from the Coalition for
15 Children's Behavioral Health, who's joining
16 us in this request, had mentioned that
17 there's no good kids' measures out there. We
18 asked nationally, and it's just not there.
19 But we need to be able to do something to
20 measure the success that we're having, we
21 hope to have, with this new model for the
22 kids.
23 So the other piece that you heard a
24 lot about today is the proposal to allow for

1 jail-based competency restoration for
2 individuals charged with a felony offense.
3 So the quick refresher on this, someone who
4 is charged with a felony and is determined to
5 be incompetent to understand the charges
6 against them and aid in their own defense
7 needs to be restored to competency, and that
8 activity takes place in either a state
9 psychiatric center or an OPWDD facility,
10 generally Sunmount and Tupper Lake and
11 Valley Ridge in Norwich.
12 So I know the conversation has been a
13 lot about cost, but that's not the issue for
14 the counties. And I canvassed my members. I
15 don't know of any county mental health
16 commissioner who's interested in pursing
17 this, and the reason why is because, number
18 one, we don't feel like a jail is a
19 therapeutic place to return someone to
20 competency. The jails aren't physical-plant-
21 structured that way to be able to do this,
22 they don't have the staff to do this. Jails
23 cannot and don't medicate over objection,
24 which in some cases can be a very important

1 part of recovering stabilization.
2 So we are opposing that. Well, I
3 mean, it's voluntary, and that's good, but in
4 the meantime the Executive has booked
5 $2 million in savings on this.
6 So what we are asking for instead is
7 for support for legislation that we have
8 which was recently reported out of the Senate
9 Mental Health Committee, and it's currently
10 under consideration in the Assembly Mental
11 Health Committee, which is a bill that we
12 refer to as the chargeback bill, meaning what
13 we're saying is that the county, for
14 individuals who are being restored, would pay
15 their 50 percent for the first 30 days and
16 after that it becomes a state responsibility.
17 And the way that this works now is the
18 individual who's charged with a felony is
19 under the custody of the sheriff. When they
20 go to a state facility to be restored,
21 they're then under the custody of either the
22 commissioner of the Office of Mental Health
23 or the commissioner of OPWDD. Yet the
24 counties are still charged 50 percent

1 per diem for the cost of this.
2 It's also very unpredictable to be
3 able to plan for. Counties could go five,
4 six years without a single 730 and then all
5 of a sudden they have four 730s and they have
6 a million-dollar charge to their budget.
7 So we will be approaching you for your
8 help and sponsorship and also support for our
9 chargeback bill, which would limit our
10 exposure to the first 30 days of competency
11 restoration.
12 Finally, I just want to take a second
13 to talk about some of the -- some of our
14 county jails are doing some pretty neat
15 things with trying to help people who are in
16 jail on a drug charge and are interested in
17 pursuing recovery once they are discharged,
18 in reentry. Part of the reason why this
19 particular location works is because in order
20 to use Vivitrol, which is the 30-day
21 injectable that has had great success, is the
22 person has to be sober for seven to 10 days.
23 If they have the injectable without that,
24 they become very sick because it instantly

1 puts the brain into withdrawal.
2 So someone who has been incarcerated
3 and is ready to come back into the community
4 is a very good candidate for success for
5 Vivitrol. So we have a number of counties
6 who have developed programs and are using
7 protocols that would allow the individual to
8 begin Vivitrol while in the jail, prior to
9 reentry, and then all the services are
10 wrapped around them, every service possible.
11 When they first are discharged back into the
12 community, that's the most fragile time for
13 someone who is entering back into the
14 community again.
15 So we have a number of counties that
16 are doing that. We're anxious to be able to
17 come back and report data and good
18 experiences.
19 So thank you very much, and I'll be
20 happy to take any questions that you have.
21 CHAIRMAN FARRELL: Thank you.
22 Assemblyman Oaks.
23 ASSEMBLYMAN OAKS: Yes. Do you have a
24 list of which counties are doing that?

1 MS. HANSEN: I can get that for you.
2 ASSEMBLYMAN OAKS: Thank you. I
3 appreciate it.
4 CHAIRMAN FARRELL: Further questions?
5 SENATOR KRUEGER: Yes.
6 Senator Boyle.
7 SENATOR BOYLE: Thank you, Kelly.
8 MS. HANSEN: Sure.
9 SENATOR BOYLE: Just a quick question.
10 From my time as chairman of the Senate Task
11 Force on --
12 CHAIRMAN FARRELL: Yours is not on.
13 SENATOR BOYLE: Oh, I'm sorry. Can
14 you hear me?
15 CHAIRMAN FARRELL: Yeah. Yeah.
16 SENATOR BOYLE: From my time as
17 chairman of the Heroin Task Force in the
18 Senate, we looked at Vivitrol and were very
19 impressed with it, but it was hugely
20 expensive. I don't know if the price has
21 come down. How would a county -- to me, I
22 think I remember like $1,000 a month or
23 something like that. How are the counties
24 handling that?

1 MS. HANSEN: Yes. The county is
2 working with the manufacturer, who is
3 donating the first shot in jail. Because
4 also, remember, there's no Medicaid dollars
5 going into a -- because of the inmate
6 exception.
7 The good news is that Vivitrol is
8 included on both the pharmacy formulary under
9 Medicaid managed care and the medical
10 formulary, to pay for the clinician to be
11 able to administer the shot. So that's good.
12 But the issue in the past, which
13 hopefully we're working through, has been the
14 buy-in bill. You would have to buy the drug
15 first, you know, for a specific person and
16 then get paid later, and it is -- it's a very
17 expensive drug. So we're very pleased that
18 this will be on the managed care -- that is
19 on the managed care formulary.
20 SENATOR KRUEGER: Great. I had pretty
21 much the same question. Thank you.
22 MS. HANSEN: Okay.
23 SENATOR BOYLE: Thank you.
24 CHAIRMAN FARRELL: Thank you.

1 MS. HANSEN: All right. Thank you.
2 CHAIRMAN FARRELL: Robert Lindsey,
3 CEO, Friends of Recovery New York. To close
4 this one.
5 MR. LINDSEY: Well, hello there.
6 CHAIRMAN FARRELL: Hello there.
7 MR. LINDSEY: Very grateful for the
8 opportunity to be here and very grateful for
9 your patience. This has been a long day for
10 you in particular.
11 My name is Bob Lindsey. I'm CEO of
12 Friends of Recovery New York. I'm honored to
13 be here today to talk about a public health
14 crisis of addiction in New York State.
15 Friends of Recovery New York
16 represents the voice of individuals and
17 families in recovery from addiction, families
18 who have had a family member who have lost
19 their battle with addiction, and others who
20 are impacted by addiction.
21 The stigma and shame that surrounds
22 addiction has prevented millions of
23 individuals and family members from seeking
24 help. Friends of Recovery New York is

1 dedicated to breaking down those barriers
2 created by stigma that result in
3 discrimination and policies that block or
4 interfere with recovery in terms of access to
5 addiction treatment, healthcare, housing,
6 education and employment.
7 And because of stigma, the more than
8 23 million Americans today that are living
9 life in recovery have been unwilling to come
10 forward and speak out. No more. Our voice
11 of lived experience in recovery must be heard
12 and must serve as a guide to all efforts that
13 address this issue.
14 Yesterday we had our advocacy day. We
15 had 300 advocates here, the majority of whom
16 were in recovery, family members in recovery,
17 families of loss -- an extremely powerful and
18 committed bunch of folks.
19 Regrettably, though, on a daily basis
20 the heartbreaking tragedy of active addiction
21 is played out in countless media stories in
22 community forums, in homes, and in families
23 across New York State. FOR-NY wants to thank
24 the Governor and the members of the Senate

1 and Assembly for listening to the people of
2 New York in an effort to respond to this
3 crisis. But now is the time to act. The
4 call to action in terms of budget
5 recommendations -- as we all know, the state
6 budget is more than a statutory requirement.
7 It is in fact a statement of priorities for
8 the policy activities of state government.
9 Clearly addressing the addiction crisis in
10 our communities is not a priority in
11 New York.
12 Senator Martins asked earlier should
13 we declare a state emergency. The answer is
14 absolutely yes. Take a look at how this is
15 devastating our communities. And as
16 taxpayers, the state-funded -- and we have
17 invested in OASAS, and local community-based
18 prevention, treatment, and recovery support
19 services -- is grossly inadequate to meet the
20 needs.
21 We are extremely grateful to OASAS for
22 all they've done with so little financial
23 support. The Combat Heroin PSAs, the Kitchen
24 Table Toolkit, leadership in trying to break

1 down some of the issues around insurance, on
2 and on -- their commitment about Youth
3 Clubhouses, Recovery Community Centers, all
4 desperately needed.
5 But literally, they are fighting a
6 forest fire with a garden hose. If you look
7 in terms of context, the increase in the
8 developmental disability budget this year is
9 $170 million. You've heard from many people
10 it's grossly inadequate. But that
11 $170 million represents 28 percent of the
12 entire addiction budget. And just to put it
13 in perspective, the reality is we've not made
14 the financial commitment to be successful in
15 battling the addiction crisis in our
16 communities.
17 It is time that we stop investing in
18 the problem -- which is active addiction --
19 and start investing in the solution, which is
20 all about recovery.
21 So our ask is very simple. And we're
22 very invested in supporting prevention,
23 treatment, and recovery services. Our ask,
24 though, is specifically about recovery. It

1 is the single greatest unmet need in the
2 addiction field. And that is we engage
3 people in prevention, we engage people in
4 treatment. But when they leave treatment,
5 the supports that they need, the supports
6 that their families need, are not in place.
7 So we're asking for a $50 million
8 investment in infrastructure to support
9 addiction recovery services for individuals
10 and families.
11 Number one, $10 million for recovery
12 community organizations in every community.
13 This is all-volunteer life and energy. There
14 are millions of people across New York State
15 passionately invested in this issue that will
16 do anything that they possibly can to create
17 change in their communities, but we need to
18 be able to organize them in a way that they
19 can do that work productively and positively.
20 Secondly, we need a recovery community
21 center in every country, $20 million. OASAS
22 received 90 proposals for Youth Clubhouses
23 and Recovery Community Centers, and you heard
24 earlier they can only fund six Recovery

1 Community Centers, they can only fund seven
2 Youth Clubhouses.
3 And then the third piece, peer
4 recovery coaches in every county.
5 The next phase is family support
6 navigators. Families are absolutely lost
7 when it comes to dealing with addiction
8 services. They are treated as the keeper of
9 the paycheck, the keeper of the insurance
10 card, the person providing the
11 transportation. They desperately need
12 information, education, and support so they
13 are able to face this crisis effectively, not
14 only for the family member they're concerned
15 about but for themselves as well. And our
16 failure to meet their needs and their support
17 is killing families, killing individuals.
18 So our commitment here is we're asking
19 for $50 million. But I absolutely guarantee
20 that there is a partnership that exists out
21 there in communities all across this state,
22 in your districts and every district across
23 the state, where families will do anything
24 that they possibly can -- volunteer, donate

1 their time, generate the kinds of resources
2 that are needed and necessary to get this job
3 done in the community. And that's the only
4 place where we will effectively address the
5 addiction crisis here in New York.
6 That $50 million can very easily and
7 very quickly become $200 million in terms of
8 volunteer commitment, donations, support. We
9 have Recovery Community Centers where they
10 want to get started, communities said we'll
11 donate the space, we'll donate the
12 renovation, we'll donate the work, the labor.
13 That partnership exists, but only if we make
14 that initial investment that gives us the
15 capacity to coordinate and manage those
16 resources and services.
17 So very simply -- I also included some
18 other issues around regulation and
19 legislation that are important to us as
20 individuals and families in recovery. I'm
21 glad to talk to you about those. But plain
22 and simple, without the dollar investment, we
23 will never effectively address addiction
24 service, the addiction crisis here in

1 New York State. We desperately need your
2 help and support. We will do everything that
3 we can to partner with you to make sure that
4 works across New York State and every
5 community.
6 So thank you for your time, and I'm
7 glad to answer any questions you might have.
8 CHAIRMAN FARRELL: Thank you very
9 much.
10 Questions?
11 SENATOR KRUEGER: Thank you.
12 CHAIRMAN FARRELL: Thank you.
13 MR. LINDSEY: Wonderful. Thank you
14 for your time.
15 CHAIRMAN FARRELL: We are now
16 adjourning for about two and a half minutes.
17 (Laughter.)
18 (Whereupon, the budget hearing
19 concluded at 4:50 p.m.)
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22
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24