

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

3 JOINT LEGISLATIVE HEARING

4 In the Matter of the
5 2014-2015 EXECUTIVE BUDGET ON
6 MENTAL HYGIENE

7
8 Hearing Room B
9 Legislative Office Building
10 Albany, New York

11
12 February 11, 2014
13 9:30 a.m.

14 PRESIDING:

15 Senator John A. DeFrancisco
16 Chair, Senate Finance Committee

17 Assemblyman Herman D. Farrell, Jr.
18 Chair, Assembly Ways & Means Committee

19 PRESENT:

20 Senator Liz Krueger
21 Senate Finance Committee (RM)

22 Assemblyman Robert Oaks
23 Assembly Ways & Means Committee (RM)

24 Senator David Carlucci
Chair, Senate Committee on Mental Health
and Developmental Disabilities

Assemblywoman Aileen Gunther
Chair, Assembly Committee on Mental Health

Senator Phil M. Boyle
Chair, Senate Committee on Alcoholism
and Drug Abuse

1 2014-2015 Executive Budget
2 Mental Hygiene
3 2-11-14

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5 Assemblyman Steven Cymbrowitz
6 Chair, Assembly Committee on Alcoholism
7 and Drug Abuse

8 Senator Mark J. Grisanti

9 Assemblywoman Ellen C. Jaffee

10 Senator Patrick M. Gallivan

11 Assemblyman Michael J. Cusick

12 Senator Cecilia Tkaczyk

13 Assemblyman Harvey Weisenberg

14 Senator Kemp Hannon

15 Assemblywoman Barbara S. Lifton

16 Assemblyman Raymond W. Walter

17 Senator Kathleen A. Marchione

18 Assemblyman Jeffrion L. Aubry

19 Senator Martin Golden

20 Assemblyman Joseph Saladino

21 Assemblywoman Earlene Hooper

22 Senator Simcha Felder

23 Assemblyman Clifford Crouch

24 Assemblyman Stephen M. Katz

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1 CHAIRMAN DeFRANCISCO: Today we're
2 having the last of our hearings on the
3 proposed budget of the Governor. And we're
4 having these hearings among the Senate
5 Finance Committee and the Assembly Ways and
6 Means Committee pursuant to the State
7 Constitution and legislative laws.

8 Today's hearing will be -- this
9 morning's hearing, because we have another
10 this afternoon -- will be limited to a
11 discussion of the Governor's proposed budget
12 for the Office of Mental Health, the Office
13 for People with Developmental Disabilities,
14 the Office of Alcoholism and Substance Abuse
15 Services, and the Justice Center for
16 Protection of People with Special Needs.

17 Following the presentation by each
18 speaker, the legislators will be limited to
19 questions for a period of seven minutes. If
20 they want to ask more, they'll have to wait
21 until the first round gets done, so everyone
22 has at least one opportunity to ask
23 questions.

24 I would really request -- I should

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 witness is Martha Schaefer Hayes, executive
2 deputy commissioner of the New York State
3 Office of Mental Health. If you would come
4 forward, please.

5 On deck is Helen DeSanto. And if
6 you're in the back of the room, kind of move
7 forward so we can keep the hearing moving.

8 Whenever you're ready.

9 EXEC. DEP. COMMISSIONER HAYES: Thank
10 you, Senator DeFrancisco, Assemblyman
11 Farrell, Senator Carlucci --

12 CHAIRMAN FARRELL: Can you pull your
13 microphone to you?

14 CHAIRMAN DeFRANCISCO: Is the light
15 out?

16 EXEC. DEP. COMMISSIONER HAYES: The
17 light's on. Can you hear me now?

18 CHAIRMAN DeFRANCISCO: Do you have
19 children?

20 EXEC. DEP. COMMISSIONER HAYES: Do I
21 have children?

22 CHAIRMAN DeFRANCISCO: I just would
23 like you to speak as if you're speaking to
24 your children.

1 EXEC. DEP. COMMISSIONER HAYES: I have
2 grown children.

3 CHAIRMAN DeFRANCISCO: That's the same
4 thing.

5 (Laughter.)

6 EXEC. DEP. COMMISSIONER HAYES: -- and
7 other members of the Legislature for inviting

~~EXEC. DEP. COMMISSIONER HAYES: -- and other members of the Legislature for inviting~~

1 changes in three key ways: first, in
2 supporting transformation to the Regional
3 Centers of Excellence that shift the focus of
4 care from institutional settings to
5 community-based care; second, in supporting
6 real integration of medical and mental health
7 care as behavioral health services are
8 included in managed care; and third, in
9 promoting true recovery and wellness through
10 the development of Health and Recovery Plan
11 (HARP) services, along with significant
12 expansion of supported housing.

13 Addressing the imbalance -- the
14 redesign of our mental health system through
15 the Regional Centers of Excellence, known as
16 RCEs. Institutionalizing individuals with
17 mental illness for long periods of time after
18 they have been stabilized hinders their
19 return to the community. The most
20 therapeutic method of treating any illness is
21 to address the problem before it requires
22 hospitalization. While inpatient
23 hospitalization may be critically important
24 for some individuals, it should be utilized

1 only when absolutely necessary.

2 Not only have studies proven that
3 community care is desirable over
4 institutional care, but the law requires it.
5 The Americans with Disabilities Act and the
6 United States Supreme Court Olmstead decision
7 require that individuals be placed in the
8 least restrictive setting to meet their
9 needs. Unnecessary use of costly inpatient
10 services diverts precious healthcare dollars
11 from preventive and community-based services
12 that keep individuals healthy and allow them
13 to lead productive lives.

14 So how do we, as the state, design a
15 system which reduces the long-standing focus
16 on institutionally based care and develops a
17 comprehensive care system which serves our
18 recipients better? In this year's Executive
19 Budget, reinvestment annualizing at
20 \$44 million is dedicated to the expansion and
21 development of state and voluntary operated
22 community-based resources in areas impacted
23 by the appropriate downsizing of inpatient
24 beds.

1 These community services include
2 crisis/respice beds, home and community-based
3 waiver service slots, supported housing,
4 mental health urgent care centers, mobile
5 engagement teams, first-episode psychosis
6 teams, peer-operated recovery centers, family
7 resource centers, evidence-based family
8 support services, in-home services for
9 families in crisis, suicide prevention
10 services and family concierge services.

11 The ideas for these services came out
12 of the deliberations of local stakeholders,
13 consumers, family members, local officials,
14 and many others who comprised the OMH
15 Regional Advisory Teams for the Regional
16 Centers of Excellence.

17 In order to assure that institutional
18 beds can be safely and effectively reduced,
19 \$25 million in "pre-investment" is available
20 in the 2014-2015 budget to put these critical
21 services in place as beds are being
22 downsized.

23 As we reinvest in community-based
24 services, we will create a system of care

1 that embeds evidence-based clinical
2 practices, offers individualized
3 patient-centered care, ensures the effective
4 coordination of care, and empowers individual
5 and family participation. This reinvestment
6 into community-based services will facilitate
7 early and better access to care and is
8 projected to serve 3,000 more individuals
9 with mental illness in the community. In
10 short, we will move closer to a system of
11 mental health care that emphasizes
12 prevention, wellness and recovery.

13 The cornerstones of recovery: housing
14 and employment. New York State has made
15 great strides in developing housing for
16 individuals with mental illness. OMH has
17 almost 38,000 housing units that can be
18 accessed by individuals with mental illness.
19 But despite these advances, there remains a
20 great need for safe, affordable housing for
21 these individuals.

22 The Governor's budget this year
23 recognizes the critical importance of
24 housing, by providing a targeted rental

1 stipend increase of \$550 annually for
2 downstate supported housing units located in
3 Westchester, New York City and Long Island,
4 and new resources for residential units,
5 including 200 units enabling individuals to
6 move out of nursing homes, 500 units for
7 individuals moving from adult homes, and
8 300 pipeline beds for New York/New York III
9 housing.

10 Employment is also a key ingredient to
11 recovery, and it helps individuals
12 participate and contribute to their
13 communities. Under Governor Cuomo, several
14 state agencies, including the Department of
15 Labor and OMH, created a New York Employment
16 Service System, referred to as the NYESS
17 system, which is tied to the federal Ticket
18 to Work initiative. NYESS is the first
19 statewide employment network in the United
20 States.

21 NYESS creates a real-time network of
22 providers working with multiple state
23 agencies using a single -- and this is
24 important -- single employment data and case

1 management system. NYESS helps provide
2 access for people with disabilities to
3 employment supports, and coordinates these
4 supports to New Yorkers with disabilities to
5 have the opportunity to work and achieve
6 economic self-sufficiency.

7 Health disparities and transition to
8 managed care. The budget also includes
9 \$120 million to integrate medical and mental
10 health care.

11 These dollars will fund system
12 readiness activities for the transition of
13 all Medicaid-funded behavioral health
14 services into managed care; enhance clinic
15 reimbursement to support integration of
16 behavioral and physical healthcare on-site in
17 primary care clinics; preserve critical
18 access for behavioral health inpatient and
19 outpatient services in certain geographic
20 areas at risk; establish enhanced Health Home
21 reimbursement for individuals receiving care
22 management under court-ordered Assisted
23 Outpatient Treatment, or AOT; and, finally,
24 provide for new home and community-based

1 services that will be included in the Health
2 and Recovery Programs (HARPs) under managed
3 care, including rehabilitation, peer support,
4 habilitation, respite, non-medical transport,
5 family support, employment centers, and
6 education and supports for self-directed
7 care. These quality-of-life services enable
8 individuals to achieve real and effective
9 recovery.

10 We have the opportunity to redesign
11 the system of care for mental illness so that
12 it reflects the needs of individuals and
13 their families and loved ones. Despite many
14 challenges we face in this redesign, the
15 Office of Mental Health is looking forward to
16 working with you, your staffs, and the mental
17 health community of stakeholders to make
18 mental health services in New York State the
19 finest in the nation.

20 Thank you again for the opportunity to
21 testify before you today. And I look forward
22 to responding to any questions that you may
23 have.

24 CHAIRMAN DeFRANCISCO: The first

1 questioner is Senator Carlucci, who is the
2 chairman of the Mental Health Committee in
3 the Senate.

4 SENATOR CARLUCCI: Great. Thank you,
5 Chairman DeFrancisco, and Chairman Farrell
6 and the other members that are here today.

7 Just a few questions. What's the
8 current status of the Regional Centers of
9 Excellence?

10 EXEC. DEP. COMMISSIONER HAYES: The
11 current status of the Regional Centers of
12 Excellence are actually outlined through the
13 budget. The plan that we have for next year
14 is to not to close any of our facilities, and
15 to consolidate our operations between
16 Western Children's and Buffalo. We are
17 looking primarily to downsize at these
18 various facilities, one ward, and to bring up
19 children's facilities that include crisis
20 care.

21 So the budget outlines the change in
22 the plan from where we were a year ago when
23 we met with you, and we are not looking to
24 close any facilities, and we're looking to do

1 the one consolidation.

2 SENATOR CARLUCCI: Okay. So no
3 closures. So why has the office not
4 rescinded any of the notice of closures?

5 EXEC. DEP. COMMISSIONER HAYES: That's
6 a very important question. As you know,
7 we're required to post notice. If we rescind
8 our notices, then we would begin the process
9 all over again.

10 And we have made a commitment through
11 the budget, you know, for the revised plan,
12 and that we need to maintain our resources in
13 order to fund the pre-investment that I
14 presented in my testimony. Pre-investment is
15 critical, you know, to beginning the process
16 of moving from institutional care to
17 community, the pre-investment is an essential
18 element of that.

19 SENATOR CARLUCCI: So what factors
20 will lead to the determination of the new
21 services in place to close those beds?

22 EXEC. DEP. COMMISSIONER HAYES: One of
23 the commitments that we have made, and was
24 clearly articulated in the Governor's

1 announcements for the Southern Tier and for
2 the northern counties, is a commitment to
3 review the overall success of development of
4 community services, and that we will be
5 moving --

6 SENATOR CARLUCCI: Can you pull the
7 microphone closer to you?

8 SENATOR HANNON: I can't hear anything
9 you're saying.

10 SENATOR CARLUCCI: Just pull the
11 microphone -- just speak closely to the
12 microphone.

13 EXEC. DEP. COMMISSIONER HAYES: Okay.
14 I'm sorry. I can hear the reverberation,
15 so . . .

16 SENATOR HANNON: Well, we can't hear
17 you.

18 EXEC. DEP. COMMISSIONER HAYES: Okay.
19 Sorry.

20 SENATOR KRUEGER: You might want to
21 try a different microphone. Sometimes they
22 work differently.

23 EXEC. DEP. COMMISSIONER HAYES: Well,
24 we'll try this. And just nod if you can't

1 hear me. Can you hear me now? Yes. Okay.

2 I'm sorry, the question was?

3 SENATOR CARLUCCI: What factors will
4 lead to the determination of --

5 EXEC. DEP. COMMISSIONER HAYES: Oh,
6 yes.

7 SENATOR CARLUCCI: -- closures? And
8 what -- you know, will there be a formal
9 process, in terms of services provided, to
10 then say, Okay, you can close these beds?

11 EXEC. DEP. COMMISSIONER HAYES: We've
12 made a commitment to review -- before we move
13 forward with anything, we will be reviewing
14 the array of services that are available,
15 both inpatient and community services, before
16 we reduce the capacity that we currently
17 have.

18 So the process for that will be the

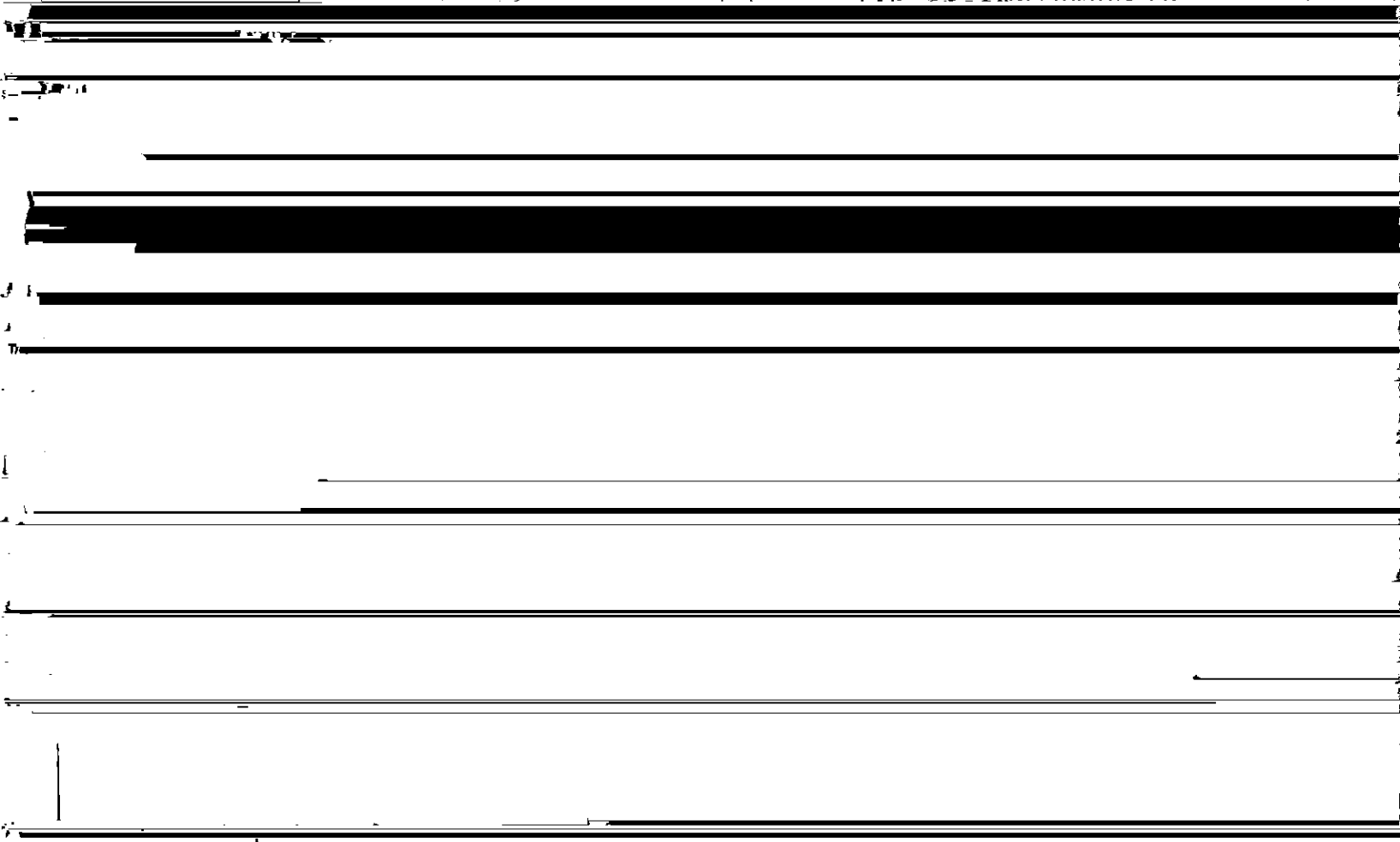
19

1 being met by those services before we
2 actually make any changes in the reduction of
3 services at our facilities.

4 SENATOR CARLUCCI: So what's the
5 time frame for the pre-investment?

6 EXEC. DEP. COMMISSIONER HAYES: The
7 pre-investment is dependent on the budget,
8 and our pre-investment would begin as soon as
9 we have the ability to do that.

10 SENATOR CARLUCCI: So do you believe
11 that the Regional Centers of Excellence, the
... .. implemented



1 when the investments are made, is there any
2 recourse for communities that find that,
3 okay, hey, this isn't working, or they
4 believe that something else would be more
5 beneficial? Is there any recourse for
6 communities?

7 EXEC. DEP. COMMISSIONER HAYES: Yes.
8 We're going to be working in two fronts, and
9 I think this actually would be a good moment
10 to talk about not only the behavioral health
11 and mental health side, but also the general
12 health side. We've been invited to
13 participate with the Health Department in
14 their regional development planning efforts.
15 And we are also working to develop our own
16 community-based regional teams for planning
17 purposes.

18 So in answer to your question, yes, we
19 will have community input with respect to the
20 services that we are planning on developing
21 as we proceed.

22 SENATOR CARLUCCI: Now, back to the --
23 rescinding the notice of closures. If the
24 office is not rescinding the closures, are

1 you anticipating to make closures this year?

2 EXEC. DEP. COMMISSIONER HAYES: Am I
3 expecting bed closures?

4 SENATOR CARLUCCI: Well, to close
5 facilities.

6 EXEC. DEP. COMMISSIONER HAYES: No, we
7 are not --

8 SENATOR CARLUCCI: Because there's
9 still --

10 EXEC. DEP. COMMISSIONER HAYES: No.
11 We are not -- we are not anticipating closing
12 facilities. The only one, as I mentioned
13 earlier, is the consolidation of Western
14 Children's with Buffalo.

15 SENATOR CARLUCCI: So it's just not
16 clear to me why the office would not rescind
17 those notice of closures if there are no
18 closures anticipated.

19 EXEC. DEP. COMMISSIONER HAYES: No,
20 the closure -- the closure is a different --
21 is really a different concept than reducing
22 wards.

23 When we reduce wards, we have to have
24 authority to do that as well. And that's

1

encompassed in the notice that we have

2

provided to date and if we were to proceed

1 EXEC. DEP. COMMISSIONER HAYES: Yes.
2 As you know, affordable housing is a key
3 issue nationally. And there was a study
4 done, you know, several years ago about the
5 affordability of housing. So it's a national
6 issue. And we recognize and know that this
7 is an issue for New York State.

8 Now, it's a variable issue depending
9 on, you know, where you're located in
10 New York. We in the budget are recognizing
11 that downstate -- New York City, Westchester,
12 Long Island -- where the fair market value
13 rates, rental rates have increased at a
14 significant percentage, the budget does
15 recognize and begins to move the system a
16 little closer.

17 Your question about, you know, why
18 that -- why those counties, we only have --
19 we make a decision through the budget process
20 what it is that we're focusing on. And for
21 us, we focused on those counties and those
22 areas where they're the greatest need.

23 We also -- I want to point out that
24 when you take a look at the monies that are

1 made available to supported housing, the
2 total stipend that's available for supported
3 housing, along with the contribution for the
4 recipients that are in the housing program,
5 depending on where you are, you're actually
6 at just below, we're approaching, or at fair
7 market rates.

8 So this is a complicated question.
9 It's very variable, depending on where you're
10 located in New York State.

11 SENATOR CARLUCCI: Well, really the
12 question is, is there a standard formula?

13 CHAIRMAN DeFRANCISCO: Excuse me. But
14 that zero has been glaring for a long time,
15 and I'm sure you noticed it at some point.
16 And in order to give everyone else a chance,
17 we're going to have to go on to the next
18 questioner, and we can come back.

19 SENATOR CARLUCCI: Okay. Thank you.

20 CHAIRMAN FARRELL: Thank you.

21 Aileen Gunther.

22 ASSEMBLYWOMAN GUNTHER: Good morning,
23 and thank you for being here today. I just
24 have a few questions. I don't want to use

1 too much of the time.

2 First of all, I want to know how you
3 are calculating bed closures. Because all of
4 us realize that, you know, the Olmstead Act
5 and the moving from institutionalization to,
6 you know, a home setting is very, very
7 important. But as I travel through the State
8 of New York and I look at the complexity of
9 the system, you know, an ACT team, you need
10 rehab, habilitation, pharmacy, in-hospital,
11 out-patient, crisis teams, mobile teams.

12 And, you know, I think that the
13 important thing is to have all those supports
14 in place prior to moving people out of the
15 institutionalized setting. So I'm wondering
16 how you're calculating those bed closures so
17 that we can understand what kind of true
18 reinvestments we'll get in the community.

19 EXEC. DEP. COMMISSIONER HAYES:

20 (Pause.)

21 ASSEMBLYWOMAN GUNTHER: Complicated.

22 EXEC. DEP. COMMISSIONER HAYES: Yes,
23 it's -- there are a lot of components, you
24 know, to this question, and you know, to the

1 issue of how to balance the system properly.

2 I think the first thing that I'd like
3 to say is that, you know, the Office of
4 Mental Health is concerned primarily on
5 providing appropriate service, and to do that
6 in a safe manner as we transition, you know,
7 to what we all know is and you have
8 recognized in your question, we all know
9 is -- is, you know, the most desirable place
10 to be.

11 We also, currently, are significantly
12 under our existing capacity. So the fact
13 that, you know, we are moving in this
14 direction, we're already moving in this
15 direction. We have capacity that is vacant
16 all over the system. And to bring us down,
17 you know, to the projections that are in the
18 budget, we're almost halfway there today. So
19 I think that we are well-positioned, you
20 know, to parlay the resources into the
21 community as it stands right now, and are
22 anticipating that you know, we will be
23 reviewing the inpatient capacity as we roll
24 out our community capacity.

1 ASSEMBLYWOMAN GUNTHER: Well, we talk
2 a lot about reinvestment, and I think that --
3 do you think \$25 million of pre-investment is
4 sufficient to ready ourselves for the
5 transition from institutionalization to, you
6 know, living in the community? Because, you
7 know, I think about closing 399 beds, and I
8 think about, you know, the waiting period
9 that we have for that community right now,
10 whether it's in New York City -- and, you
11 know, \$550 a year is really very small in
12 comparison to the rents of New York City.

13 But also in upstate New York, we have
14 the same difficulties, we have people
15 remaining in hospitals and psychiatric wards.
16 I was up in one last week and they were there
17 close to four months because there wasn't
18 anyplace for them to transition to. And I do
19 believe they should have a place to live and
20 an appropriate place with the case management
21 and all the services in place, but I just
22 don't know if that \$25 million, when I think
23 about the housing aspect and also the
24 psychiatric and the health aspect of it, how

1 are we going to -- you know, I know we can do
2 it, but I just -- it's confusing how that
3 \$25 million is going to really be enough.

4 EXEC. DEP. COMMISSIONER HAYES: Well,
5 what I'd like to point out is the \$25 million
6 is what's available in the current year, but
7 it fully annualizes at \$44 million. So the
8 actions that we're talking about in the
9 budget will result in a reinvestment of
10 \$44 million, when all is said and done. So I
11 do believe that \$44 million is -- you know,
12 will accomplish the objectives that, you
13 know, we have set out for ourselves.

14 I think the other point that I would
15 like to add to this, is that it's not only
16 the \$44 million that is made available -- is
17 being made available to us, but we have
18 resources -- as I identified, you know, in
19 the testimony -- elsewhere. We have
20 \$120 million identified in DOH's budget as
21 resources available to us in the community to
22 assist us in the broad and broader picture of
23 which RCEs and the development of state --
24 the transition in state facilities for

1 development of community services.

2 So this is not limited to the
3 \$44 million that is being made available
4 within OMH's budget, but we have the broad
5 array and tremendous support on the part of
6 the Health Department to parlay and move the
7 system from institutional care to community
8 with a \$120 million recommendation in the
9 budget.

10 ASSEMBLYWOMAN GUNTHER: My last
11 question is about the regional teams, and on
12 my wish list would be that people on the
13 ground would be included. Those, because the
14 uniqueness of different areas of upstate
15 New York, if you go to Ogdensburg or
16 Binghamton or Sullivan County -- and I just
17 want to know how they'll be chosen, you know,
18 as far as you're concerned.

19 EXEC. DEP. COMMISSIONER HAYES: Well,
20 we are working to develop regional teams,
21 regional planning teams. The scope of
22 exactly how those are going to be formulated,
23 I can't answer right now. But we are working
24 with the community commissioners to develop

1 that process.

2 As you know, we have five regions,
3 five regional field offices currently working
4 directly with the commissioners of local
5 counties. But I think the question here is

1 ASSEMBLYMAN OAKS: As well as
2 Assemblyman Katz.

3 CHAIRMAN DeFRANCISCO: Senator Hannon.

4 SENATOR HANNON: Good morning. Thank
5 you for appearing.

6 EXEC. DEP. COMMISSIONER HAYES: Good
7 morning.

8 SENATOR HANNON: You didn't think
9 you'd ever do this as an exec dep, did you?

10 EXEC. DEP. COMMISSIONER HAYES: You're
11 right.

12 SENATOR HANNON: So I -- that's what
13 commissioners get the high dollars for.

14 I'd like to focus on the formula you
15 talked about. Assemblywoman Gunther
16 mentioned this, and I didn't get a sense of
17 what type of formula the department is going
18 to do if money is going to follow the
19 individual to the community.

20 We have the \$25 million, which I don't
21 know how it's allocated this year, by region,
22 or by person. You spent -- on an annualized
23 basis, you say there's 44. I assume there's
24 other monies in the Medicaid budget, but I'm

1 not so sure what the view is as to -- your
2 department, as to what should go with an
3 individual, because a bed can be occupied
4 during the course of a year by several
5 individuals. But we're talking about money
6 for each of those individuals during the
7 course of the year.

8 So I don't see that there should be a
9 one-to-one, and I just wonder what
10 calculation you're using.

11 EXEC. DEP. COMMISSIONER HAYES: Okay.
12 The first thing is that on average, and I say
13 "on average," the reinvestment numbers were
14 calculated on \$110 per bed on average across
15 the system. So when you take roughly
16 400 beds coming out of the system times 110,
17 that's how you get to the \$44 million that I
18 identified earlier. So systemwide,
19 \$44 million on a full annual basis are being
20 made available, you know, to the system.

21 The allocation of various resources
22 that we're anticipating -- and I mentioned,
23 you know, supported housing as one -- is
24 being done on a basis of two supported

1 housing for every bed that's coming out of
2 the facility. So the calculation of how much
3 is available per area is dependent on the
4 number of beds.

5 Waiver slots is similarly, for
6 children, calculated on the number of
7 children's beds that are coming out.

8 And then, as I mentioned earlier, we
9 are expecting that we can serve over 3,000
10 additional individuals moving into the
11 community.

12 So to address your question about the
13 bed has a number of individuals -- a bed has
14 a number of individuals that cycle through
15 it, we anticipate that we can serve those
16 individuals as well as many more in the
17 community with the resources that are being
18 put into the community service system.

19 SENATOR HANNON: Let me just switch to
20 the Regional Psych Hospital for Long Island.

21 I share with Senator Carlucci the lack
22 of the recission of the closure notice.

23 Frankly, I think the history of our
24 experience in closure actually requires us to

1 have a recession before we go to a budget.

2 "Trust me" doesn't work.

3 Because I've been looking at what's
4 been happening at Sagamore, and I find that
5 there's a *de facto* closure. There is
6 reduction in the number of beds on a
7 continued basis. And I find that both the
8 director and the medical director of Sagamore
9 appear to be leaving the institution this
10 month. Those things, I don't believe,
11 happened coincidentally.

12 And I think that we need a firmer
13 sense of not closing it -- not because
14 there's any particular group or whatever that
15 I'm concerned about, but I'm concerned about
16 the system of taking care of people with
17 psychiatric problems, especially acute. I
18 don't find that there's a support system in
19 the region that I represent, and I think that
20 we need to really take a hard look at it.

21 I've been told orally -- I was at the
22 meeting when the RCE presented its findings,
23 and I've been told that -- they say it's
24 enough, there's capacity. I don't see

1 psychiatric hospitals that were in our
2 region. What they did was they emptied the
3 psychiatric hospitals, and they dumped them,
4 because we had housing availability in the
5 City of Long Beach -- a small city, three
6 miles long and a half a mile wide, but it was
7 a summer resort. So the rentals that they
8 had in the summer were filled up with
9 psychiatric patients.

10 It was unbelievable what took place.

11 ~~By~~ -- former police officer down there, we

1 place down on Long Island. We have an
2 epidemic of drugs. Prescription drugs,
3 they're no longer available; now it's heroin.
4 Hundreds of kids are dying, hundreds of
5 people are dying. Those people that are
6 addicted, there is no cure.

7 I mean, somebody, unfortunately, they
8 go into rehab, rehab for families, where
9 people are calling and saying to you -- you
10 know, are saying to me and to other of our
11 members in their offices, because it's
12 happening everywhere, but especially on
13 Long Island -- that there's no help. There
14 is no help. This is a problem that has to be
15 addressed. There are no resources.

16 And now we have a children's hospital
17 in Suffolk County and we're talking about
18 that closing that psychiatric center, as
19 Senator Hannon referred to. I mean,
20 everybody is -- who's going to take care of
21 the population in need here?

22 And the answer really is, you know, I

1 hiding this by saying we're going to make
2 things better.

3 In the City of Long Beach, we haven't
4 had a hospital for over a year. Ninety years
5 we had a hospital. I'm working very close
6 with the Health Department for somebody to
7 come in and work in that. South Nassau is
8 going to come in there and take over Long
9 Beach Hospital, which is going bankrupt.

10 But when you have 100,000 people there
11 on the beach, on a barrier beach, and you
12 don't have any support services, health or
13 mental health, and you talk about -- I mean,
14 in our country, I mean, you hear statistics
15 like one out of four people having a mental
16 problem or having difficulty emotionally and
17 mentally. And what are we doing here? We're
18 saying, Well, we're going to make it better.

19 Who's going to take care of the
20 people? Who's going to provide the resources
21 and the support services that are necessary?
22 Are they going to give money to a family and
23 say, Have your child taken care of? And my
24 question to you is where. And who's going to

1 do that? We can't even do that right now
2 with an emergency room. It's frightening.

3 But the psychiatric problems that
4 families have -- and there are a lot of dual
5 diagnoses, as you are aware, with people with
6 disabilities and mental problems. I mean,
7 cutting back and taking away a center or a
8 ... to be able to provide in-house the

1 resources that will be necessary without a
2 center, especially Sagamore. To be able to
3 be there, where people are going to know that
4 they have a resource that their family
5 members would be cared for. I just don't
6 want to see repeated what has happened to
7 people who are in trouble and their families
8 that are looking and reaching out.

9 It's devastating in our region. We
10 had a severe storm, as you know. People are
11 homeless. We have many, many mental
12 problems, emotional problems. You talk about
13 the physical needs and the lack of
14 electricity and food and jobs. We need help
15 and support. And we're not going to get the
16 resources in this budget.

17 So I just want everybody from the
18 Mental Health Committee at the highest level
19 to really understand the regional needs of
20 the people that you're supposed to be
21 serving.

22 EXEC. DEP. COMMISSIONER HAYES: So
23 could I perhaps allay some of the concerns
24 that you're raising in your comments?

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1 interrupt you? Just because we have two
2 cities, Glen Cove and Long Beach; both
3 hospitals are being downsized. I mean, we're
4 looking at an urgent care center. I mean --
5 and we don't have detox.

6 We have so many needs, is what I'm
7 saying to you. Money, you can give money to
8 who? To do what? We -- and you talk about
9 housing. We have homeless people still. We
10 don't have housing. I mean, it's not going
11 to work for the people in our region down on
12 the island.

13 EXEC. DEP. COMMISSIONER HAYES: So
14 there are a couple of other things that I
15 would like to point out. One is that there
16 is Article 7 language that does two things.
17 One, the first is for pre-managed care, a
18 reinvestment of all dollars associated with
19 any changes in both inpatient and ambulatory
20 services for general hospitals as well as
21 private psychiatric hospitals that are at
22 risk.

23 Those dollars are being reinvested in
24 the system to enable us to redesign and

1 provide services. Those dollars are not
2 getting lost to the system. I think this is,
3 you know, an incredibly important component
4 that is built into the budget to secure and
5 maintain the resources that are there today
6 into the redesign of the system.

7 So I think that one of the concerns
8 and certainly legitimate concerns that, you
9 know, we, representing mental health, is the
10 preservation of dollars, no matter where they
11 are in the system. And this Article 7
12 language is pre -- pre-language, in effect,
13 before we move into managed care.

14 The second point I'd like to make is
15 the other Article 7 language, you know,
16 that's in the budget that I think is also
17 critical is post-managed care. The dollars
18 that are being spent in mental health and
19 behavioral health in general are going to be
20 reinvested in the system as well. And the
21 commitment is being made through this
22 Article 7 language to do just that.

23 So I think that as we look at the
24 budget, we are committed, and I think the

1 Executive Budget reflects that, to maintain
2 and assure that the dollars that are targeted
3 toward behavioral health remain in the
4 behavioral health system, albeit transformed
5 however regionally is necessary.

6 ASSEMBLYMAN WEISENBERG: I mean, just
7 saying dollars on paper -- don't show me
8 where the money is going and who's going to
9 have access to use it and what facilities
10 would be available to utilize the necessary
11 treatment and support services. I'd like to
12 see things in action, not on paper, dollars
13 on paper, and programs.

14 Because you're saying that they're
15 going to get money. But where are they going
16 to use this money? We don't have resources
17 down there where -- if we don't have
18 hospitals and professional people taking care
19 of the needs of the people, we'll have a lot
20 of money saved, but we'll have a lot of
21 fallout and residue from people who are going
22 to suffer.

23 And I thank you.

24 EXEC. DEP. COMMISSIONER HAYES: Yes,

1 thank you.

2 CHAIRMAN DeFRANCISCO: Thank you.

3 Senator Tkaczyk.

4 SENATOR TKACZYK: Thank you, Chairman.

5 And thank you, Executive Deputy
6 Commissioner, for being here. I don't have a
7 lot of time, so I'm going to get to my
8 concerns about the budget.

9 First of all, I'm very disappointed
10 that the budget defers the cost-of-living
11 adjustments for community treatment workers
12 again. It's been six years since any COLA
13 was provided to workers. And we are now in a
14 position where many rural program providers
15 are going to be raising wages, because we're
16 increasing the minimum wage, and there is no
17 increase in contracts to support that.

18 But I want to spend some time talking
19 about the Community Mental Health
20 Reinvestment program. It's been discussed by
21 my colleagues. And, you know, I think that
22 the interest is that we need to get this
23 right, and we need to make sure. And I
24 appreciate your comment that the savings that

1 we're collecting from the downsizing of these
2 beds goes into community mental health
3 services.

4 So I just want to understand a couple
5 of things. We're downsizing the inpatient
6 psychiatric hospital bed census by 399 beds
7 during this upcoming fiscal year. It's my
8 understanding that the current estimate per
9 bed is about \$110,000 per year. According to
10 those figures, the closure of 399 beds would
11 result in an annualized savings of about
12 \$43 million. And the Executive Budget
13 allocates about \$25 million of reinvestment
14 this year.

15 EXEC. DEP. COMMISSIONER HAYES: Yes.

16 SENATOR TKACZYK: Okay. I'm glad I
17 understand that. I have a bill, though, from
18 a state psychiatric hospital that indicates
19 that the daily rate for a bed is \$1,117 per
20 day. That totals \$408,000 per bed per year.

21 So based on OMH's own figures, the
22 anticipated annualized savings from the
23 399 bed reductions for fiscal year 2004-2015
24 is about \$162 million. And I know that not

1 all beds will close immediately, so the
2 actual savings, from my calculations, is
3 around \$92 million.

4 So my question is, where's the other
5 \$67 million going? There's, I think, more
6 savings that are being seen by closing or
7 downsizing these 399 beds than the budget is
8 presenting.

9 EXEC. DEP. COMMISSIONER HAYES: Yes.
10 Well, when it comes to calculating savings,
11 it's always an interesting conversation.
12 Because -- because savings, depending on
13 whether you're talking about closing a

1 So since we are not closing any
2 facilities, we are reducing facility wards,
3 the savings numbers are really 110 per bed.

4 Now, I also want to point out that the
5 110 per bed, the savings associated with
6 this, and the reinvestment back into the
7 facility and the savings that comes out of
8 that, also is supporting the development and
9 the expansion of the supported housing units
10 that I cited in my testimony; you know, the
11 300 for adult homes, 200 for nursing homes
12 and for the pipeline beds.

13 So all of the resources we, in fact,
14 are investing in the system in excess of what
15 it is that we've identified in the \$110,000
16 per bed. So it's the variable -- to
17 summarize that, it's really a reflection of
18 the variable costs associated with reducing
19 the capacity at our facilities, it does not
20 reflect what the savings would be
21 attributable to actual facility closure.

22 SENATOR TKACZYK: Well, I would
23 challenge that. I'm sure there's more
24 savings that we can represent in the budget,

1 and we don't have the investment in place to
2 support full transfer of these types of beds
3 into the local community. And I'm going to
4 be asking the Governor to adjust in his
5 30-day budget amendment to reflect that that
6 reinvestment figure be increased to more
7 reflect the actual savings.

8 EXEC. DEP. COMMISSIONER HAYES: I
9 would just add that, you know, the Office of
10 Mental Health budget in total is growing by
11 1.6 percent. That's an investment of over
12 \$52 million, both on the State Operations and
13 the Aid to Localities side. So, you know, we
14 in fact are -- our budget reflects a very
15 strong commitment on the part of the
16 Executive, you know, to support all of the
17 initiatives that we've been talking about
18 today. And it more than covers the savings
19 associated with, you know, what we're talking
20 about in the RCE plan.

21 SENATOR TKACZYK: And I guess, because
22 I have a minute left, I just want to make a
23 point that the Community Reinvestment Act
24 that we're mentioning is 20 years old, but we

1 have not been investing the money we should
2 have been investing over those past 20 years.
3 And the infrastructure, the savings that
4 should have been going to those community
5 mental health programs and providers, never
6 happened in many years.

7 So we need to have a strong
8 reinvestment, a pre-investment, to get some
9 of these areas up to where they need to be,
10 to help move some of these patients from
11 institutions into community mental health
12 care.

13 EXEC. DEP. COMMISSIONER HAYES: I
14 think that's what this budget does represent,
15 a tremendous commitment on the part of the
16 Executive to do just that.

17 SENATOR TKACZYK: Thank you.

18 CHAIRMAN FARRELL: Assemblyman Crouch.

19 MR. CROUCH: Good morning.

20 EXEC. DEP. COMMISSIONER HAYES: Good
21 morning.

22 ASSEMBLYMAN CROUCH: And thank you for
23 being here.

24 First I'd like to just say I thank the

1 Department for working with us in the
2 Southern Tier and taking a second look at the
3 Greater Binghamton Health Center. I think it
4 was a reasonable and logical approach, rather
5 than just a July closing. But also helping
6 us implement a Center of Excellence for
7 adolescents there. I think it certainly is
8 something that's needed. That kind of leads
9 me into one of my questions.

10 I met with a number of school
11 superintendents in the past couple of months,
12 looking at what they have to deal with, with
13 their budget expectations. But one of the
14 things that was brought up, and it was very
15 high on the list of a number of
16 superintendents, was increased mental health
17 services in schools.

18 And if you look at increasing suicide
19 rates, addiction problems, bullying issues,
20 all of that stuff, certainly I can agree with
21 them, that's something that we need to do.

22 Can you divulge what a plan might be
23 from your office at increasing mental health
24 services at our schools across the state?

1 EXEC. DEP. COMMISSIONER HAYES: Well,
2 the Office of Mental Health has put a lot of
3 resources and a lot of effort into working
4 with children from very young ages with a
5 variety of programs.

6 One is that, you know, we're working
7 with primary care physicians and
8 pediatricians in the area of screening to
9 identify children in need of services before
10 it becomes a crisis and before, you know,
11 they become a part of the system of care.

12 In terms of schools, we provide -- we
13 have over 400 programs in various schools
14 across the state. And in those schools we
15 provide a series of services for children in
16 need, and who are identified in the schools.
17 So we do have an extensive network across the
18 state for services for children, I would say
19 not only in schools, but, you know, with
20 services, to try to identify them before they
21 are even in schools and in need of services
22 there.

23 ASSEMBLYMAN CROUCH: I know -- I know
24 you're out there. But the superintendents

1 are saying, We need more, we need more
2 services to deal with all of the issues that
3 I mentioned before -- you know, the bullying
4 activities. And there's a lot of
5 dysfunctional families, families under stress
6 because of not having jobs, you know, what's
7 going to happen. They've had to, you know,
8 take a second job or a job that doesn't pay
9 as much as they had before, so there's a lot
10 of stress out there in the rural areas.

11 And I guess I want to know, how are
12 you ramping up to provide the services?

13 EXEC. DEP. COMMISSIONER HAYES: Okay.
14 I think -- I think where I would go with this
15 is that part of the agency's proposal through
16 the RCE plan is the investment of resources
17 in the community for children in a variety of
18 services -- crisis services, family support
19 services. We expect that the dollars that
20 are made available through the pre-investment
21 are going to assist us in creating the
22 opportunity for services before children are
23 necessarily in school and need school
24 services.

1
2
3
4
5

So I think in response to your question for needed services, the investment in the community is going to assist us in that process.

ASSEMBLYMAN CROUCH: Where are they

1 services, as well as dollars that are going
2 to be available on the not-for-profit side.

3 So we fully expect a portion of those
4 \$44 million identified earlier to be
5 available in the community -- particularly,
6 you know, in those communities where we are
7 transitioning, such as Greater Binghamton,
8 where we're going to be developing crisis
9 capacity within the children's program. So I
10 think that the array of services that we are
11 planning on developing, which are
12 consistent -- and you know, our intention is
13 to make sure that it is consistent with the
14 recommendations that came from the community
15 about children's services -- will be there.

16 ASSEMBLYMAN CROUCH: Okay. All right.
17 Thank you.

18 CHAIRMAN DeFRANCISCO: Thank you.
19 Senator Boyle.

20 SENATOR BOYLE: Thank you, Deputy
21 Commissioner, for your testimony today.

22 And I would just like to address
23 Sagamore Psychiatric Center --

24 CHAIRMAN DeFRANCISCO: Excuse me. Do

1 you have your mic on?

2 SENATOR BOYLE: Oh, no. Thank you.

3 CHAIRMAN DeFRANCISCO: Now you do.

4 SENATOR BOYLE: Now, I do.

5 Regarding Sagamore Children's
6 Psychiatric Center, I understand that you're
7 going to hold off on any closures until a
8 study is completed and say that you're not --
9 you're just going to reduce the number of
10 beds.

11 My concern is this. Looking at the
12 potential numbers you're talking about, we
13 have two problems. One is family involvement
14 with these children who need psychiatric
15 treatment. Having these children go into the
16 City or upstate, even, when they get filled
17 in the City, it's just not going to allow
18 family members to go and be part of their
19 children's treatment -- as you know, as a
20 professional, needs to be done, it will help
21 the process.

22 And we're talking about two or three
23 hours each way to go see their kids a few
24 times a week. It's not plausible. And it's

1 going to hurt the treatment, it's going to
2 hurt the families.

3 Also, my concern -- obviously you're
4 familiar with the tragedy down in Virginia
5 with the state senator, Deeds, whose son
6 tried to kill him and then committed suicide.
7 He needed immediate psychiatric help, and he
8 couldn't get it. Beds were not available.

. that happen on

1 hospitals, and there is substantial capacity
2 in the Article 28 general hospital setting to
3 provide acute services for children. So we
4 do believe that there is capacity in
5 Long Island to, you know, to reconfigure how
6 the services are provided between the state
7 system and the Article 28 provider system.

8 The second point here is that we are
9 not only continuing to provide all of the
10 community services that Sagamore provides
11 today, but we have a significant investment
12 in Sagamore. And I have that number,
13 \$8.4 million, for the Sagamore area, for a
14 variety of community services. We also are
15 going to be developing an eight-bed crisis
16 intervention and service capacity at
17 Sagamore.

18 So I think with the realignment of the
19 service capacity between inpatient and
20 community, and the services that are
21 available within the Article 28 hospitals, we
22 believe that we are going to be able to
23 provide for the needs of children in
24 Long Island.

1 SENATOR BOYLE: I mean, I would
2 respectfully disagree with you. I'm very
3 concerned about the level of care that these
4 children need is greater than the community
5 services that you provided.

6 But that will be an ongoing debate in
7 this budget negotiation. Thank you.

8 EXEC. DEP. COMMISSIONER HAYES: Okay.
9 Thank you.

10 CHAIRMAN FARRELL: Ellen Jaffee.

11 ASSEMBLYWOMAN JAFFEE: Okay. Thank
12 you for joining us today.

13 Certainly we all have very real
14 concerns about the closures and the
15 consolidations and how they will impact the
16 patient care in our communities.

17 Question, given these closures and/or
18 consolidations, what kind of -- will there be
19 sufficient psychiatric bed capacity at the
20 private hospitals to assume for these
21 patients to provide the services to them, and
22 especially in emergencies? And what actions
23 has the department taken to assure that there
24 is availability of these inpatient beds for

1 patients under these circumstances?

2 EXEC. DEP. COMMISSIONER HAYES: Yes, I
3 think this is a critical question. And I
4 think that we are prepared, you know, to deal
5 with the question that you're raising.

6 As I mentioned earlier, this is a
7 broader question than just the Office of
8 Mental Health, it really encompasses the
9 Department of Health and health integration
10 and general hospitals that have jointly
11 licensed behavioral health, mental health,
12 psychiatric wards.

13 We have been invited to participate
14 with the regional teams at the Health
15 Department that the Health Department is
16 beginning to plan, to answer this very
17 question about what the planning needs are in
18 each region. I think it's critical. We're
19 delighted to have been included as part of
20 that process. So I think that there is a
21 mechanism for us to have that input in
22 assessing what the general need is.

23 I also mentioned that there's a
24 \$40 million amount included in the

1 \$120 million in the Department of Health
2 budget for the Office of Mental Health, or
3 Vital Access funds to assist hospitals in
4 risk areas, particularly those where
5 identified needs -- where there are
6 identified needs.

7 So I do believe that, you know, we
8 have a series of investments available to
9 find the right answer to the question that
10 you're raising in those areas where they're
11 at risk.

12 Finally, the Office of Mental Health
13 is also very -- it has made a commitment that
14 we're going to assure that before we move
15 forward with downsizing our inpatient, that
16 the overall capacity between inpatient and
17 community is working properly.

18 So I think you have an assurance from
19 us, and you have an investment in the budget
20 in not only the \$44 million that I've cited,
21 but also the monies in the Health Department
22 budget, to help support answering the
23 questions, you know, that you're raising.

24 ASSEMBLYWOMAN JAFFEE: One of the

1 issues that has also up in my discussions in
2 the community regarding the consolidations is
3 the availability of the mental health
4 services for our children, our youth, and how
5 this would impact that access and
6 availability. And within the same context,
7 what would be the point of access for people
8 in need, as we move to this new system that
9 is being developed?

10 EXEC. DEP. COMMISSIONER HAYES: I'm
11 sorry, could you repeat the last part?

12 ASSEMBLYWOMAN JAFFEE: Two sides to
13 this. With children, what would be the
14 opportunity -- with the closures and the
15 consolidations, what would be the
16 availability of mental health services for
17 our children? And that could be an issue.

18 And also, what would be the -- and the
19 second part would be, what would be the point
20 of access for those in need, to be able to
21 get it -- to have access into the system and
22 assistance in terms of their need?

23 EXEC. DEP. COMMISSIONER HAYES: Right.
24 I think we all know, particularly for

1 children, the best treatment course is to
2 identify need early. So -- and not to invest
3 our resources in the institutional outcome
4 when we don't look from a preventive
5 perspective and a prevention perspective.
6 And so that's really what we're talking about
7 here, and what this budget represents.

8 I talked earlier about the kinds of
9 services that have been identified through
10 the RCE teams and that, you know, we as an
11 agency have also been actively working on an
12

1 resource centers, we were talking about
2 family support centers, we have in-home
3 services, suicide prevention services, a
4 whole series of services --

5 ASSEMBLYWOMAN JAFFEE: Where would
6 they be able to access these services?

7 EXEC. DEP. COMMISSIONER HAYES: I'm
8 sorry?

9 ASSEMBLYWOMAN JAFFEE: Where would be
10 the sites to access those services?

11 EXEC. DEP. COMMISSIONER HAYES: These
12 sites would -- these would be in the
13 community. We would -- we're anxious to move
14 forward with the development of these -- of
15 this capacity in the community, partly
16 through the parlance of state staff to
17 provide these services, as well the
18 not-for-profits, who would have access to the
19 pre-investment funds.

20 ASSEMBLYWOMAN JAFFEE: I've heard from
21 many of the providers their concern about the
22 \$25 million in terms of that being sufficient
23 in terms of actually providing that shift and
24 reinvesting and bringing people back into the

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currently invested in investment assets. He

1 are very complete. Could you make them less
2 complete?

3 (Laughter.)

4 CHAIRMAN DeFRANCISCO: And if they're
5 less complete, no doubt there will be a
6 follow-up question.

7 The next questioner is Senator
8 Gallivan.

9 SENATOR GALLIVAN: Thank you,
10 Chairman.

11 Good morning, Commissioner. As I
12 understand, your testimony was that the only
13 closure of a facility will be the Western
14 New York Children's Psychiatric Center?

15 EXEC. DEP. COMMISSIONER HAYES: Yes,
16 it's a consolidation of Western Children's
17 with Buffalo Psychiatric Center.

18 SENATOR GALLIVAN: All right. So the
19 West Seneca Children's Psychiatric Center
20 will be closed? Is that correct?

21 EXEC. DEP. COMMISSIONER HAYES:
22 Western New York Children's Center will be
23 consolidated with Buffalo Psychiatric Center.

24 SENATOR GALLIVAN: Will children still

1 be going to the same campus that they're
2 being served at now?

3 EXEC. DEP. COMMISSIONER HAYES: No,
4 the children will be going to the Buffalo
5 Center.

6 SENATOR GALLIVAN: Okay. So that
7 physical campus in the rural school
8 setting -- peaceful, serves families well --
9 will be closed; is that correct?

10 EXEC. DEP. COMMISSIONER HAYES: The
11 facility -- the children will be served in
12 Buffalo.

13 SENATOR GALLIVAN: That's not my
14 question. Will that facility be closed?

15 EXEC. DEP. COMMISSIONER HAYES: Yes.

16 SENATOR GALLIVAN: Thank you.

17 The original plan called for closures
18 in other places across the state. And so
19 far, children in Binghamton, their place will
20 not be closed; Elmira, not closed;
21 St. Lawrence not closed; Sagamore, not
22 closed. Are the children in Western New York
23 less important? Why aren't they given the
24 same consideration?

1 EXEC. DEP. COMMISSIONER HAYES: Well,
2 let me talk a little bit about what -- what
3 the plan is at Buffalo. First of all, the
4 facilities are approximately 15, 16 miles
5 apart --

6 SENATOR GALLIVAN: I can't -- I
7 apologize for not hearing you.

8 EXEC. DEP. COMMISSIONER HAYES: -- 15
9 or 16 miles apart.

10 The second is that the capacity that
11 currently is being served at Western
12 Children's is the capacity that we are going
13 to be providing in Buffalo. Thirty-six beds
14 are moving from Western New York Children's
15 to Buffalo.

16 The physical planned space is
17 comparable; I believe 70,000 square feet is
18 what's going to be made available within the
19 Buffalo Psychiatric Center. The Children's
20 Center will be completely a separate center,
21 with separate entrance, separate treatment
22 space, separate residential space, separate
23 recreation --

24 SENATOR GALLIVAN: When you say "the

1 physical planned space," do you mean the
2 square footage?

3 EXEC. DEP. COMMISSIONER HAYES: Yes.

4 SENATOR GALLIVAN: Or the setting?

5 EXEC. DEP. COMMISSIONER HAYES: Yes,
6 I'm talking about the square footage and the
7 location within the Buffalo Psychiatric
8 Center.

9 SENATOR GALLIVAN: Have you been to
10 both locations?

11 EXEC. DEP. COMMISSIONER HAYES: I'm
12 sorry?

13 SENATOR GALLIVAN: Pardon me? Have
14 you -- have you personally been to the
15 Buffalo Psychiatric Center?

16 EXEC. DEP. COMMISSIONER HAYES: I have
17 been to the Buffalo Psychiatric Center. Not
18 recently, however.

19 SENATOR GALLIVAN: And the Western
20 New York Children's Psychiatric Center?

21 EXEC. DEP. COMMISSIONER HAYES: No, I
22 have not been to the Western --

23 SENATOR GALLIVAN: Pardon me?

24 EXEC. DEP. COMMISSIONER HAYES: No, I

1 have not been to the Western.

2 SENATOR GALLIVAN: You have not.

3 While you might be dedicating similar square
4 footage, and presumably similar services, it
5 is not the same setting. At all. In any,
6 shape or form.

7 As a matter of fact, there was a body
8 of research that came about in the '60s and
9 '70s that indicated inpatient children's
10 facilities should not be situated together on
11 the same grounds, despite separation of
12 doors, sight and sound, whatever it might be,
13 with adult facilities.

14 As a result of that, the children who
15 were previously being provided services at
16 the Buffalo Psychiatric Center were moved to
17 the grounds of the Western New York
18 Children's Psychiatric Center. Is this
19 research no longer valid?

20 EXEC. DEP. COMMISSIONER HAYES: Well,
21 we operate -- and this is standard practice
22 across the nation and across the state --
23 that children's programs exist within
24 psychiatric centers. And that is how we

1 operate largely within New York State.
2 Article 28 hospitals similarly operate with
3 both children's and adult wards, you know, in
4 coexistent space.

5 So I think -- I think the question
6 that you're raising here, you know, is, are
7 we going to be able to provide the same
8 quality of care that we have currently at

1 EXEC. DEP. COMMISSIONER HAYES: I'm
2 sorry, say that again. I can't hear --

3 SENATOR GALLIVAN: This is the only
4 children's facility in the state that will go
5 back to adult facility grounds?

6 EXEC. DEP. COMMISSIONER HAYES: In
7 our -- in the plan as it stands.

8 SENATOR GALLIVAN: Back in December
9 when several of the other decisions regarding
10 closures were reversed, the Governor on two
11 different occasions in the press release
12 said, and I'll quote it, "No further
13 implementation of the Regional Centers for
14 Excellence plan will take place until OMH, in
15 consultation with community and mental health
16 advocates, evaluates the effectiveness of the
17 expanded community services on the need for
18 inpatient beds."

19 My question is, has this consultation
20 with the Western New York community and
21 mental health advocates in Western New York,
22 has that conversation taken place since the
23 Governor said that it would?

24 EXEC. DEP. COMMISSIONER HAYES: I .

1 think the budget represents what the regional
2 plan is, as it's modified from the original
3 plan.

4 SENATOR GALLIVAN: Okay. But back in
5 December, December 19th, the Governor said
6 "No further implementation will take place
7 until OMH, in consultation with community and
8 mental health advocates, evaluates the

9 ~~refers to the~~ "

1 the course --

2 SENATOR GALLIVAN: For Western New
3 York.

4 EXEC. DEP. COMMISSIONER HAYES: Over
5 the course of the year. But the budget
6 represents our position that there will be a
7 consolidation of Western New York and
8 Buffalo.

9 SENATOR GALLIVAN: I don't have time
10 to go into the reduction in the number of the
11 beds, and I know a number of my colleagues
12 have talked about that. There is a great
13 need -- I don't believe that these children
14 can be served on an adult campus.

15 My background is law enforcement in
16 the Buffalo area. I was a trooper, I have
17 the Sheriff of Erie County. We responded
18 assisting Buffalo Police Department on a
19 number of occasions when security was
20 breached at the Buffalo Psychiatric Center.
21 People in the community were raped, people in
22 the community were murdered, terrible things
23 happened, people were victimized.

24 If children are on that campus, they,

1 too, will be victimized. There will be
2 security breaches. We wish that there
3 wasn't, but it happens. It happens across
4 the state, it happens across the country.
5 But I think this is very problematic.

6 I'll leave you with this. The type of
7 patient being served at the Children's Psych
8 Center is severely affected with trauma. I

1 Center. "It was a place that came kept me
2 safe for almost a year and a half, safe from
3 the [redacted] [redacted] safe from the

1 to receive a report relative to an escape
2 from Creedmoor that happened in about the
3 last two or three months. I've never heard
4 what the result was, were there security
5 changes put in place after that escape. You
6 don't need to respond to anything, but you
7 need to get me that.

8 The second is, are you aware how much
9 of your budget is devoted to individuals who
10 are incarcerated in this state who have
11 suffered from mental illness?

12 EXEC. DEP. COMMISSIONER HAYES: Off
13 the top of my head, I have -- I have a series
14 of different numbers. But the breakout
15 specifically for services that's provided in
16 DOCCS facilities, I don't have that number.

17 ASSEMBLYMAN AUBRY: Okay. But you
18 can get that number to me?

19 EXEC. DEP. COMMISSIONER HAYES: We'll
20 get that to you, yes.

21 ASSEMBLYMAN AUBRY: I'd like to see a
22 comparison of what you have spent over the
23 last five years, if that was possible. And
24 if you know, the caseloads that are being

1 handled both in local facilities, if you have
2 oversight there, and in the state facilities.

3 EXEC. DEP. COMMISSIONER HAYES: What I
4 can tell you is that we serve over 8,000
5 individuals in the DOCCS facilities, and we
6 have, you know, over 500, I think close to
7 550 staff that --

8 ASSEMBLYMAN AUBRY: Do you oversee
9 individuals in local jails and county jails?

10 EXEC. DEP. COMMISSIONER HAYES: Not in
11 jails. Not in jails, but in prison.

12 ASSEMBLYMAN AUBRY: Only prison.

13 EXEC. DEP. COMMISSIONER HAYES: We
14 have extensive programs --

15 ASSEMBLYMAN AUBRY: So the local
16 lockups are local responsibility for the
17 provision of services?

18 EXEC. DEP. COMMISSIONER HAYES: But I
19 should also say, we do have local -- we have
20 programs of training on the local side with
21 mental health. So it's not that we don't
22 have mental health services and the training
23 for individuals on that --

24 ASSEMBLYMAN AUBRY: In the event

1 where -- in the prisons, the individual care,
2 your commissioner is the responsible party
3 for that care, as you see it?

4 EXEC. DEP. COMMISSIONER HAYES: Well,
5 as I said, we have played a very significant
6 role in that --

7 ASSEMBLYMAN AUBRY: No, no. I didn't
8 ask you whether you played a role. I wanted
9 to know, are you the responsible party for
10 the services provided to individuals who have
11 mental illness who are in prison?

12 EXEC. DEP. COMMISSIONER HAYES:
13 Largely, yes.

14 ASSEMBLYMAN AUBRY: Largely.

15 EXEC. DEP. COMMISSIONER HAYES: Yes.
16 Because -- because DOCCS also -- we do a lot
17 of training, for example, with DOCCS staff
18 around suicide prevention. And so, you know,
19 when we look at the array --

20 ASSEMBLYMAN AUBRY: So you're
21 indicating to me that that's a shared
22 responsibility?

23 EXEC. DEP. COMMISSIONER HAYES: In
24 certain areas. We --

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ASSEMBLYMAN AUBRY: So if -- if
someone -- and I'm doing this only because we
have a short period of time and we could be
here all day.

EXEC. DEP. COMMISSIONER HAYES: Sure.

ASSEMBLYMAN AUBRY: So if there is a
complaint against the services, do you

that kind of information from

1
2
3

ASSEMBLYMAN AUBRY: So in the particular provision of services that are provided to inmates who are...

1 mental health, why would we not see
2 corrective behavior come before somebody has
3 to sue you?

4 EXEC. DEP. COMMISSIONER HAYES: We
5 have a very active program. We -- we provide
6 screening for mental health services for
7 every inmate that comes into the correctional
8 system.

9 ASSEMBLYMAN AUBRY: Right.

10 EXEC. DEP. COMMISSIONER HAYES: From
11 that --

12 ASSEMBLYMAN AUBRY: I'm down to two
13 minutes. So I presume you have no answer for
14 that question. Let me -- right. An
15 explanation of what you provide doesn't
16 answer the question.

17 And I know you're here standing up for
18 folks who didn't come, and I appreciate that.
19 But these are issues that we take on year
20 after year after year, with no seeming change
21 in the way in which the agency proactively
22 tries to improve what goes on for these
23 individuals. And that is troublesome to me,
24 because it ends up costing us money.

1 And in times when I hear my colleagues
2 complain about the inability to fund services
3 across the board, if we're wasting state
4 money because we're not acting proactively to
5 make things better and avoid suits, it seems
6 to me to be a problem.

7 And I just -- I've heard this, you
8 know, from commissioner to commissioner,
9 regime to regime, and it's hard to get
10 somebody to take responsibility. So I'm
11 hoping that we will now begin to accept the
12 responsibility and the loss of funds that
13 happens when we don't fulfill that
14 responsibility.

15 EXEC. DEP. COMMISSIONER HAYES: I'm --
16 I just need to react a little. I'm
17 surprised, because New York State stands out
18 in the nation for what it has accomplished in
19 the delivery of mental health services. And
20 so I'm perhaps missing the -- the point here,
21 but, you know, we have done tremendous --

22 ASSEMBLYMAN AUBRY: The backwardness
23 of the rest of the country doesn't impress
24 me. What impresses me is New York State

1 being the --

2 EXEC. DEP. COMMISSIONER HAYES: But we
3 are a leader --

4 ASSEMBLYMAN AUBRY: -- the state that
5 we are and continuing to improve. We can't
6 rest on our laurels when we get constant
7 stories of people degenerating in these
8 facilities and then coming back out to
9 communities where we're removing services.
10 Which continues to impair their lives and the
11 lives of the communities that they come back
12 to. So hurray, we've done it better than
13 everybody else, but.

14 EXEC. DEP. COMMISSIONER HAYES: Well,
15 we would certainly --

16 ASSEMBLYMAN AUBRY: Ninety seconds, so
17 you don't have to --

18 EXEC. DEP. COMMISSIONER HAYES: Well,
19 we would certainly like to have further
20 conversation with you on these issues.

21 CHAIRMAN DeFRANCISCO: Senator
22 Grisanti.

23 SENATOR GRISANTI: Thank you,
24 Chairman.

1 Commissioner, I'm from the Western
2 New York region, and I find it -- I find it
3 odd that nobody from your facility or
4 yourself or the commissioner, actually went
5 to the West Seneca Psychiatric Facility to
6 see how these children are being taken care
7 of.

8 Now, Senator Gallivan asked you a very
9 simple question, I didn't hear the answer to
10 it. Maybe you gave it, maybe you didn't.
11 There was research in 1960 and 1970 that
12 showed children should not be mixed in with
13 adults at psychiatric facilities. That is
14 why they were moved to the West Seneca
15 Psychiatric Facility.

16 What has changed? Do you have the
17 research on why they should be put back to an
18 adult facility and be the only one in the
19 state that that's happening to?

20 EXEC. DEP. COMMISSIONER HAYES: Well,
21 let me first address your question about has
22 anyone gone to look at the facility. Our
23 acting commissioner, Dr. Sullivan, has gone
24 out and has personally taken a look at both

1 sites. So we have actively been at the
2 sites. I personally have not, but we have,
3 obviously our acting commissioner has, and
4 staff have gone out. So we have seen the
5 sites.

6 We operate, across the state,
7 facilities that have both children and adults
8 in the same physical plant with separate --
9 clear separate space. And what's proposed is
10 a completely separate operation for children,
11 with a separate entrance, separate
12 residential capacity, separate recreational
13 space.

14 So I think that the concern about the
15 intermingling of children and adults is one
16 that we are addressing. We do this at all of
17 our facilities, and we're going to do this at
18 Buffalo as well.

19 SENATOR GRISANTI: There's actually
20 going to be a cut in space, there's actually
21 going to be a cut in programs?

22 EXEC. DEP. COMMISSIONER HAYES: No,
23 there will not be.

24 SENATOR GRISANTI: What we're talking

1 about, we're talking about children that have
2 mental illnesses that are going to see, at
3 some point, adults on the same ground that
4 have mental illnesses. And do you know what
5 they're going to think to themselves? "Is
6 that going to be me in 20 years?"

7 What I'm saying is, you need to keep
8 it separate. If it's a cost of money, that
9 is absolutely ridiculous that it's money
10 rather than how these children are going to
11 be taken care of at a facility that has a
12 proven track record for decades that it
13 works. And you need to look at it again.

14 And I'm still waiting for the
15 research. And if you have the research that
16 changed from the 1960s and '70s to 2014,
17 today, when did that change?

18 Thank you very much.

19 EXEC. DEP. COMMISSIONER HAYES: Thank
20 you.

21 CHAIRMAN FARRELL: Assemblywoman
22 Lifton.

23 ASSEMBLYWOMAN LIFTON: Good morning,
24 Deputy Commissioner.

1 EXEC. DEP. COMMISSIONER HAYES: Good
2 morning.

3 ASSEMBLYWOMAN LIFTON: One of the
4 concerns I'm hearing from my district about
5 closures, now or over time, is -- as many
6 people have said -- the availability of good
7 community services and what's going to be
8 happen out in the community. And of course I
9 support Olmstead and all the ways that it's
10 appropriate for that to be implemented.

11 But one of the concerns I'm hearing
12 is, you know, like SROs are being developed.
13 Certainly in my community -- I don't know
14 what that picture looks like statewide -- but
15 the concern is that people might be put in
16 SROs for housing -- which is terrific.
17 Housing very important, very supportive of
18 that -- but that the services aren't really
19 available on-site. There isn't supervision,
20 there certainly aren't deeper services, if
21 you will.

22 Most of the -- I suspect maybe all of
23 that community aren't people who are going to
24 be driving, don't have driver's licenses, may

1 not be on a bus route. What about, you know,
2 is there any thinking or planning about SROs
3 and having services available right there,
4 right nearby, so that people can readily get
5 to those communities? It's nice to say, Oh,
6 there's services here, but will people in
7 SROs be able to get to those services or
8 other -- whatever the housing arrangements
9 might be?

10 EXEC. DEP. COMMISSIONER HAYES: I
11 think that's a very good question and a very
12 important one.

13 In order to have successful lives in
14 the community, it's important that the
15 services be accessible and readily
16 accessible. So part of any plan for how we
17 move forward with the development of services
18 in the community is to make sure that we have
19 the linkage, you know, through the care
20 management plans that many of the individuals
21 have that are residing in these homes, that
22 those services be available on a recurring
23 basis, and accessible.

24 So yes, I think if we -- you know, and

1 the challenge of moving the system from
2 institutional to community is to assure that
3 what we do in the community is matched up to
4 where people live and the types of services
5 that will help keep them in the community.
6 If we don't do that well, then we're not
7 going to be able to do the transformation
8 that we're talking about.

9 Further, I do think that the budget
10 offers us a lot of opportunities for the
11 development of those community services. And
12 I mentioned -- you know, we've talked a lot
13 about the OMH component of this with the
14 reinvestment plan. But I think it's really
15 part of the larger plan of moving into
16 managed care and the dollars that are out
17 there, \$120 million that's in the budget to
18 support the development of community-based
19 services. All critical.

20 The other piece of this is to make
21 sure that we do the integration between
22 health and mental health. This is not just a
23 conversation about mental health or
24 behavioral health. This is not just a

1 conversation about looking at the person in
2 their totality.

3 And, you know, as a state and as a
4 nation, we've siloed those services. We've
5 siloed the individual. And in order to have
6 a successful life in the community, we have
7 to do a better job. That's really what, you
8 know, the future is. And that's where we're
9 headed with both the managed care and the
10 integration care.

11 ASSEMBLYWOMAN LIFTON: Is all that SRO
12 money, is that all housing money? It doesn't
13 come out of OMH, SROs, the funding to build
14 SROs?

15 EXEC. DEP. COMMISSIONER HAYES: Well,
16 we have substantial funds in our budget. As
17 I mentioned earlier, we --

18 ASSEMBLYWOMAN LIFTON: For SROs?

19 EXEC. DEP. COMMISSIONER HAYES: Well,
20 we do a variety of beds. We do community
21 residences all the way to the supported
22 housing. It's a continuum of care, and so
23 SROs are in that continuum of care. You
24 know, we lead the nation in the number of

1 residential units that are available to
2 individuals with mental illness. You know,
3 38,000 is what we have currently --

4 ASSEMBLYWOMAN LIFTON: So tell me what
5 the current state of that thinking and
6 planning is. Would there be people, really
7 trained people -- not just someone to manage
8 housing, you know, in terms of basic services
9 and food and whatever, but also
10 therapeutically trained people, social
11 workers and other trained people who can
12 actually help with the delivery of care and
13 help make sure that the right things happen?

14 EXEC. DEP. COMMISSIONER HAYES: Right.
15 Well, as I was indicating, we have a variety
16 of programs. And every program has a
17 slightly different model for the type of
18 support services that are being provided. So
19 in our community residences -- those are our
20 most integrated service and residential
21 model -- all the way to supported housing
22 units, which are really apartments in the
23 community. Our efforts really have been to
24 moving housing into the community in the

1 apartment settings, with a lot of wraparound
2 services.

3 And this budget does have substantial
4 funds to support individuals coming into
5 those types of housing arrangements out of
6 adult homes, out of nursing homes. So the
7 wraparound services that I think you're
8 talking about are -- the funds for those are
9 in the budget.

10 So depending on the type of
11 residential program we have, we have a
12 variety of support capacities and I think
13 what's critical, because we focus very
14 intently on the development of the apartment,
15 the supportive apartment -- referred to as
16 supported housing programs -- a lot of
17 support funds available in the budget to help
18 individuals as they move into those settings.

19 ASSEMBLYWOMAN LIFTON: Thank you.

20 EXEC. DEP. COMMISSIONER HAYES: You're
21 welcome.

22 CHAIRMAN DeFRANCISCO: I just had a
23 couple of questions.

24 Everybody is talking about closures,

1 and there's a children's unit at Hutchings
2 that is getting closed, and it's going to be
3 merged with another facility somewhere near
4 Utica, if I'm not mistaken. Is that correct?

5 EXEC. DEP. COMMISSIONER HAYES: Yes.

6 CHAIRMAN DeFRANCISCO: Are you
7 familiar with this? I don't want to --

8 EXEC. DEP. COMMISSIONER HAYES: Yes.

9 CHAIRMAN DeFRANCISCO: Okay. And the
10 question that Senator Gallivan asked was a
11 question that I've had and many of my
12 constituents have had: What are you doing,
13 Senator, when the Governor reversed the
14 decision to close Ogdensburg and to close a
15 children's unit in Binghamton? We're right
16 in the middle, the centermost location, if
17 it's a concern -- if you're try to
18 consolidate it and keep things together, at
19 the central location would seem to make the
20 most sense, so parents can visit and the
21 like.

22 What is different about Hutchings?

23 EXEC. DEP. COMMISSIONER HAYES: Well,
24 the good news with Hutchings is that we

1 actually are reducing the -- only by one
2 unit. We had originally, in the plan,
3 planned to reduce and move the capacity to
4 Mohawk Valley. So the plan as it stands
5 right now is a reduction of one ward at
6 Hutchings.

7 I think when we take a look at --
8 CHAIRMAN DeFRANCISCO: Okay, that's --
9 you've answered it. I don't want to take a
10 look at.

11 But the question is, the entire
12 children's unit, psychiatric unit, is being
13 removed. I don't know, is that the one unit
14 you're referring to?

15 EXEC. DEP. COMMISSIONER HAYES: Yes.
16 There are two -- there are two units
17 currently.

18 CHAIRMAN DeFRANCISCO: When this unit
19 closes, if it closes, tell me what children's
20 psychiatric services will still be at
21 Hutchings.

22 EXEC. DEP. COMMISSIONER HAYES: Okay.

23

1 \$2 million associated with that unit closure
2 which will assist in all of the capacity of
3 services that I mentioned throughout the
4 testimony, to assist in providing services to
5 children in the community so that they don't
6 need to have inpatient capacity.

7 CHAIRMAN DeFRANCISCO: Well, that -- I
8 don't quite get that. I don't understand
9 that. Because if the children's unit is
10 closing and those children in the Central
11 New York area are going to have to go some
12 50-some-odd miles away, and their parents and
13 friends would have to -- the beds that are
14 being closed, they're not there, there's no
15 remaining beds for children with psychiatric
16 problems; correct?

17 EXEC. DEP. COMMISSIONER HAYES: Well,
18 there will be beds. And we are also going to
19 be developing crisis respite capacity. We're
20 expecting to have six beds for crisis respite
21 capacity there.

22 So while we're downsizing the unit,
23 we're -- we're going to be providing a series
24 of alternatives. One is this crisis capacity

1 which, you know, we're expecting to be six
2 beds. But we're also going to be developing
3 a lot of the diversions necessary to help
4 children and their families in the community.

5 The other point I'd like to make is
6 that in taking a look --

7 CHAIRMAN DeFRANCISCO: I -- time is
8 running by.

9 EXEC. DEP. COMMISSIONER HAYES: Yes,
10 sure.

11 CHAIRMAN DeFRANCISCO: But I just --
12 because I really don't understand. Because
13 either it's the people in the district are
14 telling me something that's totally untrue --
15 could you just provide me with something in
16 writing, number one, what's leaving
17 Hutchings, including the number of beds that
18 are going to be closed, and what -- I'm just
19 talking about children now -- and what is
20 going to remain under the current plan.

21 EXEC. DEP. COMMISSIONER HAYES: Okay.
22 We certainly can provide that to you.

23 CHAIRMAN DeFRANCISCO: Because I
24 understand that there are no beds -- maybe

1 we're talking acute and non-acute, but I'd
2 like to have something in writing. And I
3 appreciate it.

4 EXEC. DEP. COMMISSIONER HAYES: Yeah.
5 Well, we have -- we can provide that to you.

6 CHAIRMAN DeFRANCISCO: Thank you.

7 CHAIRMAN FARRELL: Assemblywoman
8 Gunther to close.

9 ASSEMBLYWOMAN GUNTHER: You know, when
10 we talk about pre-investment and investment,
11 I think that all of us don't want to see any
12 family member hospitalized at any time. And,
13 you know, I would say that with the
14 reinvestment and the investment, to make sure
15 that every county has a mobile crisis unit.

16 And I think that -- and I have spoken
17 to the commissioner about it, that an
18 important part would also be a pediatric
19 mobile crisis. I know in New York City, my
20 son is a teacher, and they send the
21 ambulance. If we were able to send
22 experienced nurse practitioners into those
23 school districts, into those homes, to divert
24 that child from going to hospitalization, it

1 would really be better for the child and
2 better for the family. You're treating the
3 child in a family setting, hopefully, and I
4 think that to invest in that is very, very
5 important.

6 And I also, as chair of the Mental
7 Hygiene Committee, would have to say that we
8 have to also reinforce the fact that most of
9 the people in New York State who suffer from
10 mental illness are not violent, that they are
11 not a threat to the community. They are our
12 brothers, our sisters, our mothers and
13 fathers. And the fact that we're creating
14 housing that has seniors and low-income, it
15 has people that have had crises in mental
16 illness -- you know, mental illness, again,
17 is like any healthcare issue, diabetes or
18 whatever -- diabetes, cardiac issues, we all
19 have that moment in our life that things just
20 aren't right. Sometimes we have to go back
21 and, you know, get a tune-up.

22 But otherwise we have to make sure
23 that we don't create that stigma. Because
24 when you walk down the street and you see

1

somebody that has had a crisis and they're a

2

healthy person today, it's an example to

... I have to bring

1 just as a response to that, I do think that's
2 what our budget represents. It's an
3 incredible, you know, investment in just all
4 of what you're talking about.

5 ASSEMBLYWOMAN GUNTHER: And most of
6 our children and our folks are seeing the
7 primary physician and our pediatrics. And,
8 you know, that screening tool in every aspect
9 of healthcare is so, so important, so we can
10 make sure that we don't have to have
11 hospitalization, we can treat those folks in
12 their home with their family. And making
13 sure that our school districts -- we can
14 share services between districts and
15 counties, but we need that in the school.
16 Often there's transportation, upstate and
17 downstate.

18 The clinics, whether dental,
19 healthcare, have worked, and we have to do
20 that with mental health.

21 EXEC. DEP. COMMISSIONER HAYES: Yes.
22 Thank you.

23 CHAIRMAN DeFRANCISCO: Thank you.

24 And to close for the Senate is

1 Senator Carlucci.

2 SENATOR CARLUCCI: Great. Thank you,
3 Chairman.

4 Just to follow up on a few points
5 where we left off last time. Back to the
6 rental stipend increase, was there a formula
7 that determined that increase?

8 EXEC. DEP. COMMISSIONER HAYES: A
9 formula? What we basically did was try to
10 come close -- closer to fair market rental
11 rates. We know that, you know, this is a
12 significant issue, and we've attempted to
13 address that in locations that have the most
14 significant issues. And that's not to
15 minimize that there are other issues in other
16 communities, but that's what we're able to
17 do.

18 I think the budget is a representation
19 of where one -- you know, where one sets
20 priorities for funding. And it's a balance,
21 it's always a balance of where you're going
22 to put your funding. And this is, you know,
23 this is a step in the direction to address
24 the issue.

1 SENATOR CARLUCCI: So just so we're
2 clear, there was really no formula that was
3 taken into consideration to determine which
4 communities would get this increase?

5 EXEC. DEP. COMMISSIONER HAYES: I
6 thought you were asking a formula for the
7 actual dollar amount.

8 But we did look to see where the most
9 significant issues were. And so yes, a
10 formula in that sense.

11 SENATOR CARLUCCI: So there is a
12 formula?

13 EXEC. DEP. COMMISSIONER HAYES: I'm
14 sorry? There is a formula?

15 SENATOR CARLUCCI: Yes. Is there a
16 formula at this point --

17 EXEC. DEP. COMMISSIONER HAYES: But
18 it's not a formula. It's really saying, you
19 know, where have been the most -- where do we
20 have the most serious differential --

21 SENATOR CARLUCCI: Because I think
22 what's really hard for us to really see is
23 how -- you know, we talk about downstate, and
24 we have Westchester, all of Long Island and

[REDACTED]

[REDACTED]

1 market rental rates and what the fair market
2 rental rates have been.

3 SENATOR CARLUCCI: Now, to follow off
4 of what Senator Tkaczyk had talked about with
5 trying to get to really the essence of where
6 that \$110,000 comes from. And another
7 question, in terms of how that was figured
8 out and is there a formula that you
9 determined in terms of, okay, this bed will
10 equal \$110,000. Because as the Senator had
11 mentioned, the numbers that she had
12 calculated are much higher than what is
13 coming from the Office of Mental Health.

14 So is there something that we can look
15 to so that we can feel comfortable in that
16 \$110,000 number?

17 EXEC. DEP. COMMISSIONER HAYES: Yes,
18 I'm sure we could provide something that
19 gives you the differential between what was
20 variable cost versus fixed cost for our
21 agency --

22 SENATOR CARLUCCI: Yes, because I
23 think what -- you know, when it comes to the
24 rental issue, when it comes to the

1 reinvestment issue and these numbers, it's
2 hard for us to really understand what the
3 logic was from OMH in terms of coming up with
4 these numbers.

5 And this information, I think, would
6 be helpful to us when we're negotiating the
7 budget and trying to figure out, hey, is this
8 the real number. That would be very helpful
9 to get really -- if there's a standard
10 formula that you're using that we could see

1 But as we're looking at this only as a
2 one-year initiative with a commitment to
3 review where we stand as we go through the
4 process of transformation, we are talking 399
5 for 2014-2015.

6 SENATOR CARLUCCI: So there's 650
7 potential beds that could be closed under the
8 closure notices that are out there?

9 EXEC. DEP. COMMISSIONER HAYES: Yes.

10 SENATOR CARLUCCI: And you're
11 anticipating taking advantage of 399 bed
12 closures?

13 EXEC. DEP. COMMISSIONER HAYES: Right.

14 And I think -- I think it's important,
15 and I've said it a couple of times, but I
16 really do think it's important, the budget
17 document is what is on the table. That is
18 the plan. And that is, you know, if it's
19 passed, is what the Office of Mental Health
20 will be doing.

21 SENATOR CARLUCCI: Can you repeat that
22 last part? What did you say?

23 EXEC. DEP. COMMISSIONER HAYES: I said
24 the Office of Mental Health will do whatever

1 is consistent with the budget as it's passed.
2 And we assume that that, you know, is the
3 Executive Budget that we have with 399 beds
4 in the plan right now.

5 SENATOR CARLUCCI: Yeah, because it
6 would make sense to rescind the -- for the
7 wards that you're not closing, to rescind
8 those notices.

9 EXEC. DEP. COMMISSIONER HAYES: I
10 would have to take this back to our counsel's
11 office, you know, for a complete assessment.
12 But it's my understanding that if we were to
13 rescind, then we would have to replace it
14 with new notices. And new notices, as I
15 mentioned earlier, would create issues for
16 our ability to do the pre-investment that's
17 necessary for us to do all of what we've been
18 talking about today.

19 SENATOR CARLUCCI: Well, I think
20 that's what we could use clarification on, is
21 to see, hey, would you have to start over, or
22 could you rescind it for the wards that you
23 don't anticipate closing.

24 EXEC. DEP. COMMISSIONER HAYES: I'll

1 have to take that to counsel. I can't answer
2 that question.

3 SENATOR CARLUCCI: I appreciate it.

4 [REDACTED] And then when it comes to the

1 the Regional Centers of Excellence.

2 So that question is not one that I
3 could answer unilaterally. I think that the
4 catchment areas, you know, will see some of
5 these services. So I don't know that there
6 is a county that wouldn't, you know, in the
7 end have some -- you know, see some impact
8 from the reinvestment.

9 But, you know, we really are talking
10 about focusing in those areas where we have
11 reductions of inpatient anticipated

1 ASSEMBLYMAN OAKS: We've been joined
2 by Assemblyman Walter.

3 CHAIRMAN DeFRANCISCO: And the next
4 speaker will be Arlene Gonzalez-Sanchez. And
5 she's close, so we're all set.

6 DEP. COMMISSIONER DeSANTO: Okay.

7 Good morning, Senator DeFrancisco,
8 Assemblyman Farrell, Senator Carlucci,
9 Assemblywoman Gunther and other distinguished
10 members of the Senate and Assembly. I am
11 Helene DeSanto, deputy commissioner of the
12 New York State Office for People With
13 Developmental Disabilities, OPWDD. I would
14 like to thank you for the opportunity to
15 testify today regarding Governor Cuomo's
16 2014-2015 Executive Budget proposal for
17 OPWDD.

18 The Governor's Executive Budget
19 supports the continued implementation of
20 important reforms and advances OPWDD's
21 Transformation Agenda. To ensure OPWDD
22 delivers the most integrated and
23 cost-effective services possible, the
24 Governor's budget refocuses the service

1 delivery system on transitioning individuals
2 from segregated settings -- such as
3 developmental centers, intermediate care
4 facilities and sheltered workshops -- to
5 community-based support systems. The
6 Executive Budget includes \$9 million in new
7 resources to fund more integrated and
8 appropriate service opportunities in the
9 community, which will enable more than
10 300 individuals to transition from
11 institutions to more integrated community
12 opportunities. OPWDD will also explore new
13 opportunities for community-based housing, by
14 participating in the New York State Money
15 Follows the Person (MFP) demonstration
16 program.

17 OPWDD continues to seek authorization
18 from the federal government to make
19 additional changes that will improve
20 coordination of long-term care, increase the
21 flexibility of services provided to
22 individuals with developmental disabilities,
23 and improve overall service quality and
24 outcomes.

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The budget proposal provides the necessary resources for OPWDD to meet its staffing and contractual needs while delivering quality services to enrich the lives of the people we serve. In partnership with the newly formed Justice Center for the Protection of People with Special Needs

1 of individuals with developmental
2 disabilities, and offer greater opportunities
3 for self-direction and independence.

4 Under Governor Cuomo's leadership,
5 OPWDD accomplished many goals in 2013,
6 including:

7 Transitioning a total of 148
8 individuals from the Finger Lakes and Taconic
9 ICFs, 54 of whom transitioned to an
10 MFP-qualifying residence, in line with
11 OPWDD's transformation agreement and Governor
12 Cuomo's goal of improving the overall quality
13 and cost-effectiveness of community-based,
14 person-centered services;

15 Building a sustainable infrastructure
16 for non-certified/non-traditional housing
17 options across all systems, now and in the
18 future. Progress made includes the
19 development of 83 new housing units and the
20 addition of six new homeowners;

21 Increasing supported employment
22 services and competitive employment by
23 fostering partnerships with businesses and
24 the state education system. As of November

1 2013, there were 10,355 individuals with
2 developmental disabilities enrolled in
3 supported employment. Of these individuals,
4 7,404 were competitively employed in an
5 integrated setting earning at least minimum
6 wage;

7 Improving the quality of our workforce
8 by increasing hiring and training standards
9 for direct support professionals and adopting
10 the National Alliance for Direct Support
11 Professionals' Code of Ethics;

12 Adopting regulations requiring the
13 immediate notification to law enforcement of
14 all incidents of physical and sexual abuse

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1 simultaneously improving the quality of
2 services and oversight that OPWDD can
3 provide. We will continue to improve the
4 services New Yorkers with developmental
5 disabilities access in the present, and
6 ensure the sustainability of the system into
7 the future.

8 I would like to thank members of the
9 Legislature for supporting our ongoing
10 inclusion efforts. Thank you for caring
11 about the people we serve, thank you for
12 respecting their civil rights and dignity,
13 and thank you for your continued support of
14 our efforts to develop community living
15 opportunities. It has made a difference in
16 people's lives and will continue to do so.

17 Thank you for your time today and
18 support of our mission. OPWDD looks forward
19 to working with our partners in the
20 Legislature, and all of our stakeholders, in
21 the continuing effort to improve our system
22 and make it the best in the nation -- one
23 New Yorkers can all be proud of.

24 I welcome your questions.

1 CHAIRMAN DeFRANCISCO: Senator
2 Carlucci.

3 SENATOR CARLUCCI: Great. Thank you.
4 And thank you, Deputy Commissioner DeSanto.

5 So the first question I have is about
6 when -- we're moving, we're shifting away
7 from sheltered workshops. What is being done
8 to make sure that individuals are being
9 placed in integrated employment
10 opportunities?

11 DEP. COMMISSIONER DeSANTO: Thank you.
12 We actually have a very comprehensive plan
13 that we have put together that addresses a
14 number of facets, starting with young adults
15 transitioning from school and hopefully being
16 able to be ready to work, and also putting in
17 place some other services, such as a service
18 called Pathway to Employment, which assists
19 people in the transition process. Also,
20 enhancing our supported employment payment
21 rates and other areas such as that. We also
22 have looked at it over a six-year period, and
23 have tried to look at incremental change to
24 assist people.

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SENATOR CARLUCCI: So a six-year
period moving outward?
DEP. COMMISSIONER DeSANTO: Yes,
that is correct.



1 SENATOR CARLUCCI: So a few other
2 questions.

3 Is there any new funding in OPWDD's
4 budget for individuals living at home, or on
5 their own?

6 DEP. COMMISSIONER DeSANTO: There is,
7 Senator. There is actually an investment of
8 \$35 million in this budget which would be
9 matched by federal funds. And so we are
10 looking to create services that would be
11 valued at about \$70 million in the coming
12 budget year.

13 SENATOR CARLUCCI: And could you
14 explain some of the savings we have here,
15 \$7.7 million realized from out of state
16 placements? Where is that -- can you explain
17 where that number comes from?

18 DEP. COMMISSIONER DeSANTO: Yes. What
19 we are looking at doing is, obviously,
20 returning individuals from out-of-state
21 schools. We have a number of individuals who
22 have aged out in those schools, and we would
23 like to have them return as quickly as we can
24 create the appropriate plans for them.

1 The budget proposes to rationalize the
2 amount of funds that the state pays to
3 residential schools, both in and out of the
4 state, and bring it more in line with adult
5 service funding. So that would result in a
6 savings.

7 SENATOR CARLUCCI: So is it a savings
8 of the cost of tuition, of out-of-state
9 placements?

10 DEP. COMMISSIONER DeSANTO: It would
11 bring our payment more in line with adult
12 service payment, and not continue to pay a
13 school tuition level. That's the . . .

14 SENATOR CARLUCCI: Okay. And what
15 does OPWDD provide in terms of an individual
16 who is currently out of state, moving in
17 state, and if they challenge the placement
18 that they're in? What recourse do they have?

19 DEP. COMMISSIONER DeSANTO:
20 Individuals who are on transitional funding,
21 which is a small number of people that we
22 have out of state, have a due process that's
23 built into the law. And other individuals
24 who are out of state on continued emergency

1 funding really don't have the same legal due
2 process.

3 So we would work with families --
4 that's what we really have done along the
5 way, is work with them and come up with
6 appropriate service options in the state that
7 they agree with.

8 SENATOR CARLUCCI: So would you say is
9 there a gap in the regulations, then, for
10 this group of individuals -- I guess we're
11 saying 97 individuals that will be coming in
12 state. So is there a gap in the regulations
13 that doesn't give them the same protections?

14 DEP. COMMISSIONER DeSANTO: I'm not
15 sure about the regulations, Senator, but I do
16 know what the transitional funding law
17 provides, and I know that that is the group
18 to whom it's provided.

19 So, you know, I wouldn't comment on,
20 you know, is there a gap there. I can just
21 tell you that that's the way it is.

22 SENATOR CARLUCCI: So I guess these
23 97 individuals aren't entitled to the same
24 due process as someone already in the state?

1 DEP. COMMISSIONER DeSANTO: Not -- not
2 by law, that's correct.

3 SENATOR CARLUCCI: Okay. So that's
4 not there.

5 And then as we transition to managed
6 care, what's being done to ensure that -- you
7 know, the financial burden is really going to
8 DOH? What are we doing to ensure that DOH is
9 working with OPWDD and the Mental Health
10 Department?

11 DEP. COMMISSIONER DeSANTO: We
12 actually have had very close ongoing work
13 between the Department of Health and OPWDD.
14 We have many staff that are working together
15 to ensure that this planning is well done and
16 that there is a good continuity there.

17 So I would tell you that it's a daily,
18 weekly, process with many hours spent in
19 collaboration with the Department of Health.

20 SENATOR CARLUCCI: Okay. And since we
21 have a minute left, back to the sheltered
22 workshops. And you had mentioned this
23 six-year plan. Is it a six-year plan? Is
24 that what you're talking about?

1 DEP. COMMISSIONER DeSANTO: Yes, there
2 is plan for transitioning away from sheltered
3 workshops, and it includes a whole variety of
4 approaches. We see it happening over, you
5 know, a period of time. We also know that
6 some individuals in those sheltered workshops
7 will probably get to a point of retirement,
8 so we've considered that as well, as we've
9 looked at the population that's currently
10 there, and how that might work differently
11 going forward.

12 SENATOR CARLUCCI: And the Pathways to
13 Employment, does that depend on the budget in
14 terms of that 9.1, or close to \$11 million?

15 DEP. COMMISSIONER DeSANTO: It -- it
16 does. I believe it does.

17 SENATOR CARLUCCI: Thank you.

18 DEP. COMMISSIONER DeSANTO: You're
19 welcome.

20 CHAIRMAN DeFRANCISCO: Assemblywoman
21 Gunther.

22 ASSEMBLYWOMAN GUNTHER: The first
23 topic I want to cover is the Front Door and
24 the availability of services for folks that

1 live at home. And the complaint is that it
2 takes a very -- the process takes a very,
3 very long time. And beyond that, often they
4 don't get those services. And of course as
5 far as I'm concerned, that they are living at
6 home, the cost to the State of New York is
7 much less, and are we going to do something
8 just to look at the process to make it easier
9 for them to get the services that they need.

10 DEP. COMMISSIONER DeSANTO: Yes, we
11 are well aware, as you are, of a lot of
12 feedback that we've received. It is a new
13 process, and we are working very hard to
14 streamline it. We are talking with various
15 stakeholders about that, and we certainly
16 have engaged in a whole variety of
17 approaches, including a survey of people that
18 have been engaged in the process in other
19 areas where we are working on streamlining,
20 so we're well aware of it.

21 Certainly getting services to people
22 in the communities living at home in an
23 efficient manner that's timely, that meets
24 their needs, is absolutely of paramount

1 importance to us. And we understand the
2 concerns.

3 ASSEMBLYWOMAN GUNTHER: To use the
4 workforce for those facilities that are
5 closing, those who are familiar with all the
6 services, that might be a good position if
7 you had to add some staff.

8 The other thing I want to bring up is
9 the COLA. Again, these direct care workers,
10 they're taking care of a very fragile
11 population. And again, the amount of money
12 that they make, they often have to work two
13 to three jobs. I know that, having worked in
14 the hospital myself, turning in position,
15 getting people up and down, doing the things
16 that you have to do to make sure that, number
17 one, no decubitus -- all the care that they
18 provide, and they do go above and beyond.
19 Most of the time, as I've gone out since I
20 have this position, they're part of their
21 family.

22 So again, this COLA is so, so
23 important to these folks, so they don't have
24 to work two and three jobs.

1 The other question I have to ask you
2 is, how much money do we spend on
3 out-of-state placements in the State of
4 New York? I don't know if you have a
5 number --

6 DEP. COMMISSIONER DeSANTO: On a total
7 basis?

8 ASSEMBLYWOMAN GUNTHER: Yes.

9 DEP. COMMISSIONER DeSANTO: I would
10 have to get back to you about that.

11 ASSEMBLYWOMAN GUNTHER: Some of the
12 out-of-state placements are younger, the cost
13 is covered by the SED. But then beyond
14 that -- and we are bringing these folks home,
15 and do you think we'll be able to provide
16 them with the services that they need in
17 New York State?

18 DEP. COMMISSIONER DeSANTO: Yes,
19 absolutely. Right now, you know, as I
20 alluded to earlier, we are spending
21 considerable state dollars to support people
22 who remain out of state once they've gotten
23 to the adult years. And we work very hard to
24 allow the people to come back to New York

1 State services to be closer to their
2 families. We're not always successful, for a
3 variety of reasons.

4 And certainly the money we invest in
5 the out-of-state school really would be
6 better spent in New York State services. So
7 that's really how we're looking to move.

8 ASSEMBLYWOMAN GUNTHER: We have a lot
9 of children in out-of-state also at this
10 point in time. Are we planning to bring them
11 back and creating the services that they need
12 in the State of New York?

13 DEP. COMMISSIONER DeSANTO: Well, as
14 children are placed through their school
15 systems, we don't really participate directly
16 in the placements. But as we become aware of
17 children who are eligible for our services
18 and may be out of state, we like to work with
19 those families and those individuals and
20 possibly have them return while they're still
21 school age.

22 ASSEMBLYWOMAN GUNTHER: My other
23 question is about the sheltered workshops.
24 You know, often that's, you know, in my

1 experience, we have quite a few, we have
2 New Hope, many places up in Sullivan and
3 Orange County, and some of the folks do go to
4 sheltered workshops. And they really enjoy
5 the salary that they get so they have
6 additional monies to be able to spend in the
7 community.

8 And what is going to happen -- so a
9 lot of times we can't get them the employment
10 other than the sheltered workshop. We've
11 done some pretty innovative things in
12 Sullivan County. They opened their own
13 dollar store and, you know, the residents are
14 working there. But if they can't get
15 employment, are we going to subsidize them so
16 they still have that?

17 DEP. COMMISSIONER DeSANTO: Yes. I
18 mean, I think there are a whole lot of
19 creative things, as you've mentioned, that
20 people have done with individuals, some of
21 whom probably would not be able to earn a
22 competitive wage. They do very meaningful
23 activities, sometimes volunteer activities,
24 or sometimes other kinds of assistance to

1 people in their community.

2 So there are a lot of very creative
3 things that are done. And our goal is to
4 have people be more integrated into those
5 kind of situations, because I think that's
6 when you see that wonderful networking that
7 happens for people, and really the things
8 that enrich people's lives. So yes.

9 ASSEMBLYWOMAN GUNTHER: Thank you.

10 DEP. COMMISSIONER DeSANTO: You're
11 welcome.

12 CHAIRMAN DeFRANCISCO: Senator
13 Tkaczyk.

14 SENATOR TKACZYK: Thank you, Chairman.
15 Thank you, Deputy Commissioner, for
16 being here.

17 I too am concerned about the COLA
18 increases, this being the sixth year, is that
19 correct, that we have not given a COLA
20 increase?

21 DEP. COMMISSIONER DeSANTO: OPWDD has
22 had some trending of our services, and also
23 had a healthcare initiative for direct
24 support workers in previous years, so it's

1 not quite six years for us.

2 We could get you, actually, some
3 background information on how those different
4 enhancements have worked over recent years in
5 our system.

6 SENATOR TKACZYK: I would appreciate
7 that.

8 But with the minimum wage going up to
9 \$8.75 this fiscal year, do you know the
10 number of community-based employees who might

1 be recognized, you know, as we look at the
2 rates that providers are paid and the hours
3 that individuals work.

4 That would be something that would be
5 reported in cost reports that providers must
6 make to us, and then taken into consideration
7 on the rate side.

8 SENATOR TKACZYK: Okay. With regard
9 to housing, how are you identifying people
10 who need housing assistance?

11 DEP. COMMISSIONER DeSANTO: Well,
12 through our regional offices -- we have five
13 regional offices, and people come to us with

14 many different types of...

1 fact that we want to move folks out of
2 institutions and into community settings, how
3 are you assessing the housing needs statewide
4 for the population you're serving so that we
5 can be assured that the housing needs of that
6 population are being addressed and the
7 housing development to meet those needs is
8 occurring?

9 DEP. COMMISSIONER DeSANTO: Yes,
10 that's a good question, Senator. And we have
11 taken a comprehensive look at all of our
12 institutional settings that factors in our
13 downsizing and closure plans. It looks at
14 the needs of the people that live on our
15 various campuses and tries to project the
16 kinds of housing that might be needed, some
17 of which would be in our waiver programs,
18 some of which would probably be more
19 independent types of housing, but with other
20 kinds of assistance.

21 And we certainly are trying to move
22 much more in the direction of person-
23 controlled types of settings. But we
24 actually have done a whole analysis, and so

1 that's how we are ensuring that we would have
2 the appropriate mix of housing supports.

3 SENATOR TKACZYK: So I would
4 appreciate taking a look at your analysis.
5 Do you have a report that talks about the
6 housing needs and how you're going about --

7 DEP. COMMISSIONER DeSANTO: We could
8 certainly sit down and review that with you.
9 You know, it looks at where housing exists
10 now, and what parts of the state where people
11 may be moving, what their levels of
12 disabilities are. We could certainly share
13 that with you.

14 SENATOR TKACZYK: Do you have a
15 waiting list for people requesting housing?

16 DEP. COMMISSIONER DeSANTO: We have a
17 list of people who have requested a variety
18 of housing supports. And what we like to do
19 is work with families to see really what
20 kinds of supports they're looking for, to be
21 sure that they know all of the available
22 options that are out there are for
23 individuals.

24 Because often families will request

1 something because it's the only type of
2 service they're familiar with. And so we're
3 working very hard to try to say, you know,
4 our array of services is increasing and the
5 level of supports one can get in their own
6 home community is growing. So we would like
7 to make that available to people.

8 SENATOR TKACZYK: In the remaining
9 time that I have left, I wanted to talk about
10 SED, the State Education Department. For the
11 coming school year ending in 2012 (sic),
12 June 2012 -- this is according to the State
13 Education Department -- less than 50 percent
14 of children with IEPs are graduating from
15 high school.

16 What is OPWDD doing in conjunction
17 with SED to improve graduation rates and

1 needs and provide the adequate education for
2 those children when their budgets are getting
3 cut? And are you talking with SED about
4 these issues?

5 DEP. COMMISSIONER DeSANTO: Yes.
6 There would not be actual funding within
7 OPWDD budget that would support programs in
8 schools. But the kind of funding that would
9 be in our budget supports individuals living
10 at home and assists families to enable the
11 child to continue to live at home
12 successfully. So it might be after-school
13 supports, it might be a recreation program.

14 And I know that those aren't specific
15 to the school curriculum per se, but often
16 they assist with the stability of the family
17 and the individual and hopefully might enable
18 them to be more successful in school.

19 SENATOR TKACZYK: But I want to be
20 clear that the school, if the supports aren't
21 available locally, and the child is placed in
22 a residential setting, the school is paying
23 for that residential setting, which is very
24 costly. Is that correct?

1 DEP. COMMISSIONER DeSANTO: The school
2 would be paying the tuition portion of a
3 residential school --

4 SENATOR TKACZYK: Which also includes
5 the housing.

6 DEP. COMMISSIONER DeSANTO: There
7 are -- I believe there's some other funding
8 that would also go to the housing. But the
9 school districts do bear a heavy burden for
10 residential school placement, absolutely.

11 SENATOR TKACZYK: I would appreciate
12 OPWDD working with school districts to help
13 our children so that we understand how we're
14 supporting these kids, and making sure that
15 it's not overburdening our school districts
16 and is meeting the needs. And I'd appreciate
17 talking to you further about that.

18 Thank you.

19 DEP. COMMISSIONER DeSANTO: Okay.

20 Thank you.

21 CHAIRMAN FARRELL: Assemblyman Crouch.

22 ASSEMBLYMAN CROUCH: Yes,
23 Commissioner, thank you. I have a lot of
24 concern with the closing or potential closing

1 of Broome Developmental Center. Currently,
2 what's happening to the population that are
3 being released as we speak?

4 DEP. COMMISSIONER DeSANTO: I'm sorry,
5 I didn't -- what's happening with --

6 ASSEMBLYMAN CROUCH: The population of
7 Broome Developmental Center, there's people
8 that are being released ongoing as we speak.
9 What is happening? Where are they going?

10 DEP. COMMISSIONER DeSANTO: Yes.
11 Currently on the Broome campus there are
12 about 125 people who live there. We are in
13 the process of -- as we are on, you know, all
14 of our campuses -- assessing needs of people
15 and determining individuals who have reached
16 a point in their treatment where they are
17 ready to move into the community. And that
18 is probably the process that you're referring
19 to.

20 ASSEMBLYMAN CROUCH: Well, I've
21 heard -- I can't substantiate it, but I've
22 heard that they've kind of expedited some of
23 the releases, and I'm just saying what -- you
24 know, have they been told to move them out or

1 to get a directive from your office to move
2 them out as quick as possible? Again, the
3 question, where are they going?

4 DEP. COMMISSIONER DeSANTO: For all of
5 the individuals on our campuses, we create a
6 plan for them that provides the kind of
7 community supports that they need and that
8 they are interested in. So the only way that
9 someone might leave a campus precipitously is
10 if they choose to go, and if they're on a
11 status where they're free to leave.

12 Most people that live on our campuses
13 are in exactly that situation. Most of them,
14 though, agree that they would like to get
15 community supports, and we work with them to
16 create those community supports.

17 ASSEMBLYMAN CROUCH: What would have

1 DEP. COMMISSIONER DeSANTO: Actually,
2 in recent years a very small number. We
3 actually over time have had less and less
4 reliance on our campus-based settings. And
5 that really is one of the reason why we're,
6 you know, looking at downsizing them and
7 closing them.

8 ASSEMBLYMAN CROUCH: What percentage
9 of the population that are there are
10 considered sex offenders or have had some
11 type of history of that offense or would be
12 considered violent?

13 DEP. COMMISSIONER DeSANTO: Yes, and I
14 know that is a concern of people. It is a
15 very small percentage, not just on that
16 campus, but certainly of the developmental
17 disabilities population. And these are
18 individuals, if they are on our campuses,
19 that have, you know, agreed to receive
20 treatment there.

21 And certainly we work with all people
22 that we serve to try to assist them in
23 getting to a more independent point in life.

24 ASSEMBLYMAN CROUCH: If you're moving

1 them out to a group home, what type of
2 notification do you give to the community?

3 DEP. COMMISSIONER DeSANTO: Well, we
4 would certainly follow the laws that are
5 required for sex offenders to register if
6 they are covered by that particular law.

7 And certainly there are a lot of ways
8 in which people in the public can remain
9 informed of individuals in their communities,
10 whether they're connected with us, or many
11 others who are not, through DCJS.

12 ASSEMBLYMAN CROUCH: I know at the
13 closing of the Monroe facility there was a
14 lot of angst in the community that there were
15 sex offenders that had been moved in, there
16 was no notification. Can you speak as to
17 that?

18 DEP. COMMISSIONER DeSANTO: I can.
19 And, you know, certainly, we appreciate the
20 concerns that are raised. Safety of people
21 is of paramount importance to us, and we have
22 a very rigorous process by which we assess
23 individuals' needs and put the necessary
24 kinds of supports and protections in place so

1 that they can live successfully in the
2 community.

3 ASSEMBLYMAN CROUCH: Shifting over to
4 closing of the workshops, I hear you say that
5 there's going to be some training to get them
6 jobs integrated into the community. That
7 seems like -- I mean, it's very laudable.

8 But I want to go to Delaware County,
9 where there's I believe over 100 people that
10 are involved in workshops in that area. And
11 Delaware is a very rural county, 1100 square
12 miles. The system is set up now with -- they
13 don't have a normal busing system, but they
14 have the Delaware County busing system that's
15 been developed, a lot of it through Medicaid
16 transportation, but also transporting of
17 individuals with developmental disabilities
18 to get to the workshop. And that system has
19 been in place, it works good.

20 Right now, I've been told that they're
21 not allowed to accept any new people that
22 come into the workshop. Number one, I guess,
23 what's happening to those people? Are they
24 just staying home and sitting in the corner

1 watching TV? Or, you know, they're not being
2 trained, as I understand, for anything.

3 DEP. COMMISSIONER DeSANTO: We have a

1 at it, there's not going to be enough
2 opportunities to provide for these people.
3 And right now they've got something that they
4 go to work every day, they enjoy, they see
5 their friends, it's a social event for them.
6 They're doing something very constructive,
7 it's a -- it's good mental hygiene for them.

8 And we seem to be closing the door and
9 taking that away. And the family quite often
10 can't handle that person at home, because
11 they have to work too. So, you know -- and
12 if you found 100 jobs in Delaware County for
13 each one of these individuals, what does the
14 transportation system now look like? Instead
15 of like a school system bringing everybody
16 into one campus, you're going to have a
17 problem getting everybody out to all the
18 reaches of Delaware County.

19 DEP. COMMISSIONER DeSANTO: Yes.

20 ASSEMBLYMAN CROUCH: That's larger
21 than the State of Rhode Island.

22 DEP. COMMISSIONER DeSANTO: I
23 appreciate the concern.

24 ASSEMBLYMAN CROUCH: I mean has that

1 been thought of that? Is that Plan B or --

2 DEP. COMMISSIONER DeSANTO: Yes. I
3 mean, I think we are looking at, you know, as
4 I said, a host of options. One of them being
5 affirmative business approaches, where one
6 can take a workshop setting and really try to
7 make it more along the lines of a business
8 enterprise. That's one of the ways in which
9 we can work with situations.

10 I mean, I think you have to look at
11 each one individually and really look at each
12 situation, and as we transition over time,
13 really determine the best approach in each
14 instance.

15 ASSEMBLYMAN CROUCH: And don't get me
16 wrong, I --

17 CHAIRMAN DeFRANCISCO: Excuse me,
18 before she gets you wrong. Do you see that
19 clock there that's been on zero for a long,
20 long time?

21 ASSEMBLYMAN CROUCH: I just had one
22 final comment, no question.

23 CHAIRMAN DeFRANCISCO: All right.

24 ASSEMBLYMAN CROUCH: I'm very much

1 aware that a lot of these individuals are
2 very capable of good things. I employed a
3 person myself for 16 years with a
4 developmental -- a disabled person. A very
5 loyal employee, very talented in many ways,
6 and we were able to, you know, use his
7 talents as part of the business. But some of
8 them have -- would have a lot more difficulty
9 than this gentleman did, assimilating a
10 position in a regular job.

11 But I just leave that as a comment.
12 And I don't want anybody left at home not
13 doing something constructive. We need to
14 help these individuals.

15 DEP. COMMISSIONER DeSANTO: Yes.

16 Thank you.

17 ASSEMBLYMAN CROUCH: Thank you.

18 CHAIRMAN DeFRANCISCO: Thank you.

19 Just a couple of questions from me.

20 If your department decides to change the
21 placement or services for a developmentally
22 disabled individual who's in an adult
23 facility operated or certified by OPWDD, are
24 there due-process rights? I mean, is there

1 some -- what are those due-process rights?

2 DEP. COMMISSIONER DeSANTO: Yes. In

3 New York State we have a regulation that's

4 governs OPWDD, Part 633, and there's a

5 specific part of that regulation that speaks

1 CHAIRMAN DeFRANCISCO: Okay. But the
2 families are residents of the state, correct?

3 DEP. COMMISSIONER DeSANTO: That's
4 correct.

5 CHAIRMAN DeFRANCISCO: And the state
6 is paying for it, the facility that they're
7 in outside the state. And presumably the
8 process calls for those individuals to be
9 moved back in the state. So what's the
10 rationale that these New York State
11 residents, whose families still live here,
12 what's the rationale that they don't get the
13 same rights?

14 DEP. COMMISSIONER DeSANTO: Well,
15 Senator, I'd probably want someone with a
16 better legal mind than mine -- but my
17 understanding would be that, you know, our
18 regulations govern services that are provided
19 within the state, and people that receive
20 those services within the state.

21 CHAIRMAN DeFRANCISCO: This obviously
22 is an issue that's going to be in the budget
23 with respect to the 100 people moving back
24 into the state.

1 OPWDD, would they have -- would your
2 department object to language put in with
3 whatever is the final result with these 100
4 individuals, would you have any objection to
5 due-process rights being put along with that
6 proposal if it was approved?

7 DEP. COMMISSIONER DeSANTO: I think we
8 certainly want to take a look at it.

9 CHAIRMAN DeFRANCISCO: Ah-hah. Good
10 answer. Okay. Well, start taking a look at
11 it, would you please?

12 DEP. COMMISSIONER DeSANTO: okay.

13 CHAIRMAN DeFRANCISCO: Thank you.

14 ASSEMBLYMAN OAKS: Assemblyman
15 Weisenberg.

16 ASSEMBLYMAN WEISENBERG: Thank you,
17 Commissioner, for being here.

18 The aging out, the process that we're
19 talking about, the Open Door policy, on
20 Long Island, Suffolk and Nassau County, from
21 research, meeting with parents and families
22 that are impacted, it's really sort of a very
23 emotional situation to think that while they
24 are covered by the schools, they have

1 happiness, they have success, the kids are
2 out of the house, they're doing things,
3 sociability, interaction. Just listening and
4 hearing parents respond when they feel that
5 this is coming to an end -- now, I just want
6 you to be aware, because we're aware, next
7 June there's going to be 400 kids graduating
8 at a school, and there are 40 slots
9 available.

10 The pain and the suffering of parents
11 who are very emotionally involved, who are
12 saying "If we have something that it's
13 working and it's successful, why do we have
14 to end it?" And then they say to me they're
15 going to -- there's no position, what -- how
16 are we going to pay -- what's going to happen
17 to these other children other than the
18 40 slots?

19 And I don't know what your answer is
20 to that. But when I see the budget, and
21 we're cutting 5 percent of the budget, I'm
22 saying, wait a minute, are you aware of the
23 problem, the consequences that are existing?
24 What are we going to do to be able to meet

1 the needs of these children and families?
2 And I have a parent saying, "All I want is
3 the Governor or somebody to come down and
4 spend a day in my house so you understand."

5 You know, we're talking about
6 employment and employability. Even if you're
7 stuffing an envelope, this child is out of a
8 facility, he is now with other children,
9 there's socialization, he has a life, he has
10 some kind of socialization that is so vitally
11 important than just being in a facility, and
12 there's some kind of happiness and success.
13 And we're taking that away. And the parents
14 are desperate because, as was just defined
15 earlier -- I mean, a lot of these parents,
16 it's difficult. You're so grateful to be
17 able to have that respite. Or to be able to
18 go to work. And you know what the economic
19 conditions are, especially on Long Island
20 after the devastating storm. People are
21 really, really uptight in regard to this
22 issue.

23 So I don't know what your response is,
24 but I'm making you aware as best I can, if

1 you have 400 people graduating out of a
2 school and leaving programs with 40 slots,
3 there's desperation down there.

4 If you have any kind of an answer that
5 you can tell me that there's something
6 planned, I would like to hear it, if you have
7 it.

8 DEP. COMMISSIONER DeSANTO: Yes. We
9 certainly are aware, particularly in
10 Long Island, that there is an ongoing --
11 every year, an ongoing number of people who
12 are graduating and aging out of school. Our
13 regional office there makes us aware, very
14 much in detail, and I know that you know
15 those people who are there and you work
16 closely with them, and they're great
17 advocates.

18 We certainly have funds in this budget
19 to support kids aging out. I think there has
20 been some concern or some misconception that
21 people with, perhaps, greater levels of need,
22 will not have the kind of day supports that
23 they need. But we are certainly working with
24 providers to create those kinds of integrated

1 opportunities that will really enable those
2 kids to have meaningful things to do, and
3 enable those families to be reassured that
4 their family members will have the kind of
5 supports that keep them safe and productive.
6 So we can continue to work with families on
7 Long Island in that regard.

8 ASSEMBLYMAN WEISENBERG: What funding
9 is available for those kids that are not
10 going to be able to get placed and that
11 they're going to be at home? I mean, the
12 thought. Unless you really have direct
13 contact, either you're a parent or a family
14 member. You know, it's so difficult. I
15 mean, it's not that you can give a voucher to
16 somebody and say "Somebody will come in and
17 help you."

18 DEP. COMMISSIONER DeSANTO: Yes.

19 ASSEMBLYMAN WEISENBERG: I mean, is
20 there a -- I don't know how we're going to
21 answer these problems. These are all
22 emotional, very sensitive issues, and we're
23 dealing with people and their quality of
24 life. Not only the child in need, but the

1 entire family.

2 DEP. COMMISSIONER DeSANTO: Yes,
3 absolutely. And this budget does provide a
4 good amount of funds to enable us to provide
5 the kind of supports we have traditionally
6 provided.

7 We actually have looked at the last
8 several years' track record of the kind of
9 funding that's been required to meet these
10 needs, and I can assure you that what is in
11 this budget more than meets the levels that
12 we've seen in the last few years, so enabling
13 us to support kids coming out of school and
14 the various other kinds of needs that people
15 bring to us.

16 ASSEMBLYMAN WEISENBERG: Just a
17 question on federal mandates that require

1 placement, which I spoke of earlier.

2 We try to work with families to make
3 sure they know all the options that might be
4 out there. Because often there are instances
5 where families will say, you know, if I could
6 get this type of support in my home, I'm not
7 really ready to have the person move on, and
8 that kind of thing.

9 ASSEMBLYMAN WEISENBERG:

10 Unfortunately, there will be very few.

11 Is there anybody here representing the
12 Justice Center today? Or is that your job as

1 DEP. COMMISSIONER DeSANTO: Thank you.

2 SENATOR KRUEGER: Senator Mark
3 Grisanti.

4 SENATOR GRISANTI: Thank you,
5 Chairwoman.

6 Commissioner, good afternoon.

7 DEP. COMMISSIONER DeSANTO: Good
8 afternoon.

9 SENATOR GRISANTI: How much new
10 funding -- and this will be new funding --
11 does the Executive proposal contain to
12 develop services for people living at home
13 with their families?

14 DEP. COMMISSIONER DeSANTO: So there
15 is \$35 million that -- with the federal
16 share, which of course is -- the very bulk of
17 our services are federal matching. So it
18 would equate to \$70 million on an annualized
19 basis.

20 SENATOR GRISANTI: Thank you. How
21 much of the funding is for day programs, do
22 you know?

23 DEP. COMMISSIONER DeSANTO: Actually.

1 really is all-inclusive of day supports,
2 residential supports, assistance for people
3 leaving school and so on. And as I said just
4 a moment ago, we're really trying to approach
5 it individually with people that come forward
6 to us with needs.

7 But we have looked at it more globally
8 to say, you know, what has been our
9 experience in recent years with the amount of
10 funding needed to meet those various needs.
11 And this is certainly well in line with what
12 we would need to meet the various types of
13 needs that people present over the course of
14 a year.

15 SENATOR GRISANTI: Now, for the day
16 programs, is that also -- if it's inclusive,
17 is it also inclusive for the funding for
18 in-home support services as well?

19 DEP. COMMISSIONER DeSANTO: That would
20 be correct, Senator.

21 SENATOR GRISANTI: The same thing.
22 And how much of the funding is for
23 out-of-home residential options? Is that in
24 that --

1 DEP. COMMISSIONER DeSANTO: That would
2 be also included there.

3 SENATOR GRISANTI: Okay. Do we know
4 what the options, the type of options are
5 that are available with regard to that?

6 DEP. COMMISSIONER DeSANTO: For
7 out-of-home services?

8 SENATOR GRISANTI: Right.

9 DEP. COMMISSIONER DeSANTO: There
10 certainly are options for people who are more
11 independent to be out on their own and
12 possibly to have their own apartment or their
13 own home. And then there are certainly
14 options for people that need more support,
15 24-hour support, to receive those kinds of
16 assistance as well.

17 SENATOR GRISANTI: So if it's
18 all-inclusive, is there a mechanism that's
19 set out yet as to how they're being located?
20 You mentioned that -- I mean, what are you
21 doing, like a case-by-case type of analysis
22 in each department? How are you going to do
23 that?

24 DEP. COMMISSIONER DeSANTO: Yes. And

1 I understand, you know, that there's concern
2 about kind of equity of access across the
3 state.

4 SENATOR GRISANTI: Right.

5 DEP. COMMISSIONER DeSANTO: We have
6 certainly, in years past, we have looked at
7 allocations to our five regions that were
8 based on demographics and some other factors.

9 We also have some money that we keep
10 centrally available to assist people with
11 certain kinds of needs, and we're actually,
12 right now, considering what's the best
13 approach to make sure that we can have the
14 most seamless access to services.

15 SENATOR GRISANTI: Okay. Now,
16 according to OPWDD's -- the transformation
17 agreement that's been in place, it seems
18 that -- you know, and this is a gross amount,
19 but it's more than a half a billion dollars
20 that's been cut from OPWDD.

21 And agencies themselves have not been
22 provided the resources to have wage increase
23 to DSPs, the disability service providers,
24 who are the backbone, in my opinion, of the

1 system. And Governor Cuomo's Justice Center
2 has a goal to provide for a healthy and
3 safety environment for people with
4 developmental disabilities. But I'm not
5 finding any. Is there any funding in the
6 Executive Budget proposal for OPWDD to
7 address the issue of taking care of the DSP
8 workers?

9 DEP. COMMISSIONER DeSANTO: The budget
10 this year defers the COLA to next budget year
11 and then provides for the next three budget
12 years. I believe that's in the Article 7
13 language to bring that forward. After this
14 budget year.

15 SENATOR GRISANTI: So after this
16 deferment this year, next year, next three
17 years, there is a COLA increase?

18 DEP. COMMISSIONER DeSANTO: That's
19 correct.

20 SENATOR GRISANTI: Okay. And the
21 Executive Budget financial plan includes a
22 gap-closing plan through '17, 2017-2018. The
23 plan calls for the reduction of spending of
24 the mental hygiene budget from 1450 to

1 \$164 million, based on revised forecasts for
2 community, based on that development and
3 expansion, efforts to return individuals from
4 more out-of-state placements, as you talked
5 about, and continued efforts to expand
6 community services to reduce institutional
7 cost. How much of the \$164 million is coming
8 out of the OPWDD budget?

9 DEP. COMMISSIONER DeSANTO: I'm not
10 sure that I'm exactly following your
11 question. I know that there was something
12 that showed in the budget that was actually
13 appropriation authority that was being
14 reduced, but it wasn't related to cash
15 available in the budget. And that may be
16 what you're referencing. So perhaps we can
17 speak about that at a later time.

18 SENATOR GRISANTI: Okay. Because a
19 concern is is that I'm trying to find out how
20 many beds and other programs in the OPWDD
21 system are not being opened in order to close
22 that budget gap.

23 And the reason why basically I say
24 that, and this is something that was brought

1 up by the Assemblyman, the waiting list for
2 housing in New York State continues to grow.
3 According to your own offices of April 1,
4 2012 statewide there were 10,000 people on the list.

1 include individuals with severe cognitive
2 disabilities who are currently aging out of
3 the state education system.

4 And, you know, the bigger picture in
5 all this is the larger issue: What do we do
6 with individuals who become too old for the
7 services provided? The children and young
8 adults, leaving them at home to do nothing,
9 is not the answer.

10 So I'm trying to get a sense over
11 these past couple of years, and I've had
12 legislation. I have a bill providing
13 \$50 million to your offices to develop more
14 housing for people with disabilities.
15 Because if people think that, you know, that
16 their parents are going to -- I mean, if we
17 think that parents are going to live forever
18 to take care of them, that's not a very good
19 strategy.

20 So we need to figure out, especially
21 when you hear the stories of parents that are
22 in their 70s, that are in their 80s and have
23 kids that are 50, 60 years old, what's going
24 to happen to these kids? And with these

1 housing opportunities or what we can do, I
2 truly believe your offices need that
3 additional influx of money and to open up
4 more housing opportunities, and I'm just
5 trying to get your opinion on that.

6 DEP. COMMISSIONER DeSANTO: You know,
7 I think that -- as I said earlier, there's
8 really a growing number of ways and options
9 that we have to support people with
10 residential needs. And what we'd really like
11 to do is look at all the people who have
12 expressed a desire for a residential setting
13 and determine what really is the best way to
14 support them.

15 I would tell you that some of the
16 people who've requested a group home setting
17 have requested it over the years because that
18 was about the only thing we could offer
19 people. And there are many people who, when
20 they realize that they can be supported
21 differently, are interested in that. Not
22 all. And I think a misconception is that we
23 have kind of moved away completely from
24 people that need more intensive 24-hour

1 support, and that's not the case. I think
2 what we're trying to do is balance it so
3 people who really need it can access it, and
4 people who can and want to be more
5 independent can do that as well.

6 SENATOR GRISANTI: If we could
7 expedite that, that would be great.

8 I just have two quick points; I know
9 I'm at zero. I sent a letter to the
10 Governor, and I believe a copy to your
11 office, that in Revenue Bill Part U the
12 Governor increased the youth tax credit
13 proposal from 6 to 10 million. And what I'm
14 asking for is I asked for an amendment to his
15 budget and I'm asking you to be supportive

1 restoration basically is based on the amount
2 of savings the private providers are able to
3 accrue through audits and program
4 efficiencies over time. At this time cuts
5 are still continuing, and that \$90 million
6 that may have come through audits and program
7 efficiencies, it's not hard cash or cash
8 spending.

9 Do we see that coming back somehow to
10 those offices to disburse that throughout the
11 state? Or pretty much what you outlined in
12 the budget, that's pretty much it?

13 DEP. COMMISSIONER DeSANTO: Well, you
14 know, we worked with providers to try to come
15 up with ways to meet the budget requirements
16 of this year for reductions that would not
17 impact direct services. And I know that the

1 agreed upon with our stakeholders of how we
2 could achieve those savings.

3 SENATOR GRISANTI: I think if there
4 can be any increase -- because I think there
5 is going to be a shortfall. For residential
6 support it needs an increase, day activities
7 needs an increase, employment opportunities
8 need an increase, transition pools need an
9 increase. You know, those are all things
10 that I ask you consider.

11 And I appreciate your time. Thank
12 you.

13 DEP. COMMISSIONER DeSANTO: Thank you,
14 Senator.

15 CHAIRMAN FARRELL: Thank you.
16 Assemblywoman Jaffee.

17 ASSEMBLYWOMAN JAFFEE: Thank you,
18 Mr. Chair.

19 Thank you for joining us today.

20 I do want to share the concerns that
21 were raised by the Senator and many of my
22 colleagues regarding the capacity of the
23 system as well. You noted that there are
24 waiting lists and significant numbers who are

1 in need of the services, and there is concern
2 that they will be able to have access to the
3 services that are provided, especially those,
4 in addition, who are aging out of the system.
5 And that is a concern that I have as well.

6 And many of our providers, while, you
7 know, last year we were able to give them
8 additional funds and reinstitute the funds
9 that had been cut, they're still struggling
10 with offering, you know, these services and
11 assuring that those who are working within
12 the system are offered the best of care.

1 And how do we then move forward and
2 say, "Well, they need to be returned,"
3 arbitrarily make the decision that they need
4 to be returned to New York? And if the sites
5 are not available for them to be able to
6 respond to their very severe behavior
7 disorders and the issues that are very
8 significant for most of these individuals,
9 how does the state provide options for them?
10 If the in-state system cannot offer them what
11 they need, then what are the options?

12 What was mentioned was a due-process
13 system. That's something I think would be
14 essential. And I hope that we can put that
15 within the context of the budget. But also,
16 if this trial placement doesn't work, do they
17 have the right of return? Can they go back
18 to a system that really provided services
19 where they could function? And these
20 parents are struggling with this situation as
21 it is being proposed.

22 DEP. COMMISSIONER DeSANTO: Well, you
23 know, we have a long track record of working
24 with families whose loved ones have gone out

1 of state. And certainly, you know, we well
2 appreciate, you know, the significant stress
3 that puts on a family. Any transition from
4 school to adulthood for families with a
5 disabled individual certainly we know is a
6 very stressful time.

7 And so we try to work with families.
8 We spend a lot of times give getting to know
9 the needs of the individual and really trying
10 to match that individual with a provider who
11 would be able to meet the person's needs
12 hopefully in the community closer to the
13 family. We've done it successfully with
14 hundreds and hundreds of individuals. And,
15 you know, the best-case scenario is working
16 closely with the family and getting them
17 comfortable with the new services.

18 So, I mean, that really is the
19 direction we would like to go. I know a lot
20 of these youngsters do have very significant
21 challenges in their lives. Often you can
22 connect a family to someone in New York who
23 has a family member with similar kinds of
24 needs, and they can begin to feel comfortable

1 with the fact that they can be well-served
2 back here in New York.

3 ASSEMBLYWOMAN JAFFEE: The concern I
4 have is that many, many of these individuals
5 are in these out-of-state placements because
6 there was nothing that could respond to their
7 needs in New York State. And so there is a
8 very real fear among the families of what is
9 available now. And if there really isn't
10 something that can respond, what other

11 alternatives do they have?

1 wasn't the availability of an existing
2 service at a particular point in time. And
3 some of these have been years and years ago,
4 and I think our system has evolved to another
5 place as well.

6 ASSEMBLYWOMAN JAFFEE: Well, I hope
7 that we are able to provide, given that we
8 are evolving to a new approach and a new
9 system, that we can not just make decisions
10 that are just based on a framework that is
11 being presented, but something that actually
12 responds to the needs of those most in need
13 in our community.

14 I taught special education for many



1 recognize and assure that they are provided
2 the services that not only will this
3 individual need to be able to function, but
4 also a family be able to sustain their
5 lifestyle too. It's very challenging. And I
6 hope that as you move forward looking at the
7 [REDACTED] list in terms of the numbers that

1 But unfortunately, you know, as we sit
2 here and negotiate a multi-billion-dollar
3 budget, direct service providers remain some
4 of the lowest-paid workers in the healthcare
5 industry. And that's really a shame. And
6 then we wonder, you know, when we hear these
7 reports about neglect and abuse, when people
8 are forced to work two or three jobs just to
9 maintain a family and to live here in the
10 State of New York.

11 So to that end, myself and my
12 colleagues, we put forth legislation last
13 year that we passed in both houses, got on
14 the Governor's desk, to finally create a
15 credentialing program for direct service
16 providers, those that want to have a career
17 in protecting and helping our most vulnerable
18 populations. Right now there's not a path
19 for them.

20 And so unfortunately the Governor
21 vetoed our legislation, sent back a veto
22 message which said that the Governor was
23 committed to the professionalism of direct
24 service providers, and said that the federal

1 government had provided a grant to the Office
2 of People With Developmental Disabilities to

1 curriculum that addresses many of the areas
2 that really gets to how people are supported
3 by a direct support professional. Because
4 it's a very unique relationship that one has
5 with that kind of support need that many
6 people with disabilities have.

7 And it really -- the core curriculum
8 was put together by a group of stakeholders,
9 actually with also some national
10 participants, to really look at the qualities
11 that one would want to have in the direct
12 support field.

13 And we have put together the core
14 competencies, and part of the grant is
15 assisting us to roll those out in various
16 parts of the state to provide assistance to
17 our providers in how we can really focus the
18 training of our staff and the support of our
19 staff to be competent in these various areas
20 that we feel are essential.

21 SENATOR CARLUCCI: So what type of
22 dollars would be needed to institute a
23 credential program in the State of New York?

24 DEP. COMMISSIONER DeSANTO: I probably

1 am not the best versed to speak to that. I'm
2 sure there are others with a better sense of
3 that. We could certainly work with you to
4 look at, you know, what it really takes to
5 roll something like that out and implement
6 it.

7 But again, I would just like to
8 reinforce that it is an area of, you know,
9 the direct support worker that we are very
10 interested in and committed to, certainly.

11 SENATOR CARLUCCI: Okay. Well, I look
12 forward to working with you on that important
13 issue.

14 In the budget there's 250 beds being
15 eliminated. Could you elaborate on where
16 those beds are coming from?

17 DEP. COMMISSIONER DeSANTO: I believe

18 that you might be referring to the downsizing



1 into community settings. I believe that's
2 what you're referencing.

3 SENATOR CARLUCCI: And again, in
4 regard to the sheltered workshops and the
5 plan that you have in place, I know we
6 received a general overview back in October.
7 Have you elaborated on that? Is there a
8 completed plan in place right now?

9 DEP. COMMISSIONER DeSANTO: There's a
10 draft plan that you can find on our Internet
11 site that we can certainly provide you with.
12 And if you'd like more discussion about all
13 the elements of the plan, it's very
14 comprehensive and well thought out.

15 SENATOR CARLUCCI: And will there be a
16 final plan? Is it going to stay in draft
17 form or --

18 DEP. COMMISSIONER DeSANTO: We're
19 working with the federal government, with
20 CMS, around finalizing it. It's one of the
21 cornerstones of our transformation agenda.
22 And, you know, we hope to be able to, you
23 know, say that it's final very soon.

24 SENATOR CARLUCCI: Yeah, that would be

1 extremely helpful, to have a final detailed
2 plan that the Legislature can look through
3 and review, given the fact that we're cutting
4 services that are being provided for
5 sheltered workshops. It kind of seems to me
6 putting the cart before the horse. And I
7 think that we should really get a good look
8 at that and have a final version before we
9 move forward on these cuts.

10 DEP. COMMISSIONER DeSANTO: I
11 understand, Senator.

12 SENATOR CARLUCCI: Thank you, Deputy
13 Commissioner.

14 CHAIRMAN FARRELL: Thank you.

15 Harvey Weinstein for a --

16 ASSEMBLYMAN WEISENBERG: It's been
17 going on 25 years. Weisenberg. I mean, I'm
18 not holding my --

19 (Laughter.)

20 CHAIRMAN FARRELL: I'll get it.

21 ASSEMBLYMAN WEISENBERG: Look, it's
22 wear and tear.

23 Let me give me something very straight
24 and emotional. I've been involved for

1 47 years as a parent of a special child.
2 I've lived and worked with so many people
3 that are blessed to be able to take on the
4 obligation and responsibilities of a direct
5 care service provider.

6 Yesterday we passed a resolution
7 honoring the direct care service providers in
8 the Assembly, unanimously acknowledging who
9 they are and what they do.

10 I have to tell you, in the last
11 month -- well, maybe over a month, I've
12 spoken to over 2,000 different people, from
13 New York City and all across Long Island,
14 every agency, everybody that I know, these
15 wonderful people who are there dedicating
16 their life, that take two buses to go to
17 work, have mandatory double shifts. Long
18 Island Developmental Center, I've been
19 involved with them for years. I'm talking
20 almost 50 years. And the outcry. And the
21 ability to retain good people, and people to
22 be able to stay in the jobs that they're
23 doing.

24 They do this because, as one described

1 to me, "God gave me this gift." I know my
2 children, I know my people, and I'm here to
3 take care of them. But I can't afford to
4 live here, I can't afford to stay on my job.
5 It's stressful. It's devastating to me and
6 my family.

7 If I can give you one message in
8 regard to this COLA, there isn't anybody that
9 I know that doesn't feel that we have to do
10 something. First COLA, 2006. '07, '08, '09,
11 '10, '11, '12, '13, '14, nothing. We have to
12 give these people some money. I promised
13 them. It's personal already. I promised
14 them that at least their voice would be
15 heard.

16 But everybody that I speak to says,
17 This is terrible. People flipping hamburgers
18 are making more money than changing diapers
19 and feeding and taking care of people that
20 can't care for themselves. We have to be
21 forceful where you need somebody to advocate.
22 Not about -- and I've said this before, not
23 about dollars; but about people. And in
24 order to keep the good and blessed people

1 that are there, we have to pay them so they
2 can live and survive.

3 That's my message to administration.
4 We had over a hundred in two days, we sent a
5 letter to the Speaker asking for him to
6 negotiate to do the best he can to get some
7 kind of dollars in there for a COLA for our
8 people.

9 Please. I mean, let's make this not a
10 political issue but a personal issue. Let's
11 do the best we can for the people who need it
12 the most. That's my plea to you.

1 You've been there for six months. Let me
2 know what's happening so I can speak for or
3 against. But all the information I have
4 indicating that things aren't happening like
5 they should be happening. I mean, it's kind
6 of frightening when you realize -- and people
7 should know this, but from 2008 to 2012, we
8 had 83,000 cases of neglect and abuse. We
9 have people that are losing their life in the
10 facilities.

11 And you know what, we call and we find
12 out whether they call the Justice Center, and
13 they say, "It happened before we opened up in
14 December." So we have nobody to take care of
15 it. OPWDD was going to investigate, but
16 nobody from OPWDD is there because they're at
17 the Justice Center. And families are
18 reaching out, looking for information.

19 All we want to do is to have some kind
20 of communication. Let's show what's real.
21 If it's good, then we support it. If it
22 isn't good, then I want to know why it isn't
23 working. And so do so many people. We're
24 all in this with a common issue.

1 We both want success. We know what we
2 want to achieve. And I thank you for your
3 help and your participation. And I listen to
4 hear your voice.

5 Thank you.

6 DEP. COMMISSIONER DeSANTO: Thank you.

7 CHAIRMAN FARRELL: Thank you, Harvey.

8 SENATOR KRUEGER: Thank you very much
9 for your testimony this morning. We're done
10 with our questions for you.

11 DEP. COMMISSIONER DeSANTO: Thank you.

12 (Applause from audience.)

13 SENATOR KRUEGER: And next up is the
14 New York State Office of Alcoholism and
15 Substance Abuse, Arlene Gonzalez-Sanchez,
16 commissioner.

17 And just to keep note, in theory we
18 are now on the 10:30 testifier. But in
19 preparation, after the Office of Alcoholism
20 and Substance Abuse Services is Harvey
21 Rosenthal from NYAPRS, followed by
22 Glenn Liebman, Mental Health Association in
23 New York State.

24 Good afternoon, Commissioner.

1 COMMISSIONER GONZALEZ-SANCHEZ: Good
2 afternoon.

3 Assemblyman Farrell, Senator Krueger,
4 Assemblyman Cymbrowitz, and distinguished
5 members of the Senate and Assembly Alcohol
6 and Drug Committees, my name is Arlene
7 Gonzalez-Sanchez, and I am the commissioner
8 of the New York State Office of Alcoholism
9 and Substance Abuse Services.

10 I want to begin by thanking you for
11 your support of our mission at OASAS and for
12 providing me the opportunity to present
13 Governor Cuomo's 2014-2015 Executive Budget
14 as it pertains to OASAS.

15 OASAS oversees one of the nation's
16 largest addiction services systems with more
17 than 1,600 prevention, treatment and recovery
18 programs. OASAS treatment programs assist
19 about 100,000 people on any given day and
20 more than 240,000 individuals every year.

21 The 2014-2015 Executive Budget
22 reflects the Governor's ongoing efforts to
23 fundamentally improve services and supports
24 for individuals with chemical dependencies

1

and/or gambling problems. As part of this

2

~~offer this budget number 0570 1-13-14~~

1 program by increasing capital resources from
2 \$50.9 million in the previous year to
3 \$54.9 million in 2014-2015. The year-to-year
4 increase will support the cost of ongoing bed
5 development and continuing health and safety
6 preservation projects necessary to sustain
7 the infrastructure of community-based and
8 institutional programs. Furthermore, the
9 five-year capital plan assumes OASAS' capital
10 spending will grow to \$75 million by
11 2017-2018.

12 In addition, the Executive Budget
13 includes a \$120 million Medicaid investment
14 that will allow OASAS and OMH to capitalize
15 on opportunities to implement the move to
16 Medicaid managed care. Investments that are
17 specific to OASAS include \$5 million to
18 support OASAS' plan to restructure
19 residential services and \$5 million of
20 \$40 million that is targeted to preserve
21 critical access to inpatient rehabilitation
22 services in certain geographic areas.

23 In addition, OASAS and OMH will have
24 access to \$30 million in funding for new

1 1915(i)-like home and community-based support
2 services, \$20 million for system readiness
3 activities to develop the infrastructure and
4 capacity to transition services for adults
5 and children into managed care, \$15 million
6 for enhancements to clinic reimbursement to
7 support integration of behavioral and
8 physical health, and \$10 million for Health
9 Home Plus reimbursement for individuals
10 receiving care management under a court order
11 for assisted outpatient treatment.

12 This budget also includes Article 7
13 language to reinvest Medicaid savings for
14 behavioral health services to expand
15 community-based services. For instance, OMH
16 and OASAS will develop plans with DOH to
17 reinvest Medicaid savings from behavioral
18 health programs that may close, or have
19 already closed, to ensure that capacity is
20 preserved in the impacted communities. These
21 funds will be made available for reinvestment
22 into community programs.

23 DOH, OASAS, and OMH will reinvest any
24 behavioral health savings acquired as we move

1 toward a fully managed system of care.

2 Furthermore, managed care plans will
3 reimburse providers at the established APG
4 rates for two years following implementation
5 of Medicaid managed care.

6 Now I would like to share with you a
7 few accomplishments OASAS made in the past
8 year to improve the lives of all New Yorkers.

9 We have worked to increase training to
10 police, sheriffs and mental health workers on
11 how to use Narcan, a medication to quickly
12 and safely reverse an opioid overdose and
13 save a person's life.

14 OASAS recognizes that the demands of
15 military service have often made the
16 adjustment to civilian life a difficult one.
17 Many veterans turn to alcohol and substance
18 abuse upon their return home. To address
19 these issues, OASAS provided \$3.3 million in
20 capital funding to open a new veterans'
21 treatment facility with 25 beds in western
22 New York. An additional 25-bed facility in
23 the North Country is expected to open soon.

24 We launched a new veterans web page

1 that contains resources specifically for
2 veterans and their families. We also
3 implemented new protocols for our 24-hour
4 toll-free HOPEline, to identify callers who
5 have served in the military and provide them
6 with additional information or referral
7 services.

8 Housing is an important factor in
9 supporting a person's recovery. As part of
10 the New York/New York III program, OASAS
11 funded 70 new units of permanent supportive
12 housing for homeless families struggling with
13 substance use disorders. Additionally, as a

14

1 problem with adolescent opioid addiction.
2 OASAS also supports prevention
3 services in every county in New York State.
4 We are in the process of implementing a 2013
5 law under which OASAS will work with the
6 State Education Department to make underage

1 SENATOR TKACZYK: Thank you. Thank
2 you, Chairwoman.

3 Good morning, Commissioner. As I was
4 reading your testimony, I ended up having
5 lots more questions. So if we can't get to
6 all of them, I would appreciate sitting down
7 with you and getting more information.

8 In your testimony you talked about
9 some of the investments -- \$5 million to
10 support OASAS's plan to restructure
11 residential services, and \$5 million out of
12 \$40 million targeted support to preserve
13 critical access to inpatient rehabilitation
14 services in certain geographic areas. Could
15 you explain what that means and where is that
16 money going, and what are you doing to
17 restructure the residential services?

18 COMMISSIONER GONZALEZ-SANCHEZ: Sure,
19 absolutely.

20 We're in the process of restructuring
21 our intensive residential programs simply
22 because as we move to a managed-care system,
23 there is a tremendous need to restructure how
24 we do, especially, our residential treatment.

1 Currently the model does not really take into
2 account all the work that the providers do.
3 Neither do they get reimbursed for a lot of
4 things that they do. So it became very
5 evident that we had to start restructuring
6 moving forward. It's a win/win both for the
7 providers and for the individuals that they
8 serve. This is really patient-centered,
9 individually focused.

10 And so we took that whole piece on
11 this year, and \$5 million has been identified
12 in the budget as the state's share of part of
13 the funding as we move into this

14 restructuring piece. Currently, you

1 stabilize the individual. They should be
2 able to bill for those clinical services.
3 Currently, they cannot. In this new model
4 they will be, hopefully, as we finalize it
5 with CMS.

6 The next phase will be rehabilitation.
7 And then the last phase will be reintegration
8 into the community.

9 So in other words, the long-winded
10 explanation is that that's to show the
11 federal government that we are putting our
12 share, if they would also approve our model.

13 The other \$5 million is as we
14 transition ourselves into the next phase of
15 managed care, there are some critical
16 services, inpatient rehab being one of them,
17 that we are going to need to try to sustain
18 the system until we finally move into the
19 last phase of Medicaid managed care. And
20 that's what that \$5 million will represent.

21 SENATOR TKACZYK: Okay, thank you.

22 You also state that DOH, OASAS and OMH
23 will reinvest any behavioral health savings
24 acquired as we move towards a fully managed

1 system of care. How do you measure that
2 savings?

3 COMMISSIONER GONZALEZ-SANCHEZ: How do
4 we measure that? Well, the understanding is
5 that once we coordinate care, we integrate
6 some services, the expectation is that there
7 will be savings and those savings should be
8 reinvested back into the system, the
9 behavioral health system that it came from,
10 and not go elsewhere.

11 SENATOR TKACZYK: Okay, thank you.

12 And you mentioned Narcan, the
13 medication to help reduce opiate overdose.
14 I appreciate that being in there. There's
15 been a lot of concern about heroin abuse, and
16 we're seeing it everywhere in the state.

17 And I wanted to talk about the beds
18 you have available to help people who are
19 trying to recover from opiate abuse and
20 heroin abuse. And the amount of money you
21 talked about in the capital project, what do
22 you see as the need for the beds that we
23 need? Because some of these clients will
24 need long-term residential care, and they may

1 not be accessing beds. How do you assess
2 where the needs are?

3 And I know you talked about 25 on Long
4 Island and 25 new beds in Western New York.
5 That, to me, is a drop in the bucket, from
6 what I'm hearing. So how do you assess the
7 needs with regard to our long-term
8 residential treatment beds and make sure that
9 we have what our public needs?

10 COMMISSIONER GONZALEZ-SANCHEZ: Well,
11 thank you for that question or statement.

12 I have to say you're right, 25 in
13 Long Island and 25 in the Buffalo region
14 could be viewed as not enough. But it's a a
15 good start. It's a good start, and I think
16 it speaks to what we're doing at OASAS where
17 we're constantly working with the different
18 stakeholders, primarily the local
19 governmental units, to assess what are the
20 needs in their particular regions and to come
21 up with a plan to collaboratively address
22 those needs.

23 So moving forward, we will continue to
24 work with the LGUs and the various

1 stakeholders to identify what new needs there
2 are in the respective communities and address
3 them the same way we addressed those 50 beds,
4 that to some they may think it's not enough,
5 but it was a great start. It was a good
6 start. And I think it speaks to the fact
7 that we are focusing, we acknowledge that
8 there is an issue, and we are addressing it
9 as much as we can. And moving forward we
10 expect to continue to do that as well.

11 SENATOR TKACZYK: Well, I think it
12 would help us to understand what the needs
13 are from the legislators' perspective: What
14 do you need in the budget to address the
15 needs? So I agree it's a great start. I
16 don't think it's enough. And how do we
17 assess what else do you need with regard to a
18 capital project budget? Because you need to
19 start projects, they take time to develop.

20 So my question is more about how do we
21 determine what do you need on a regular
22 annual basis to build the infrastructure you
23 need to have the appropriate number of beds
24 throughout the state?

1 COMMISSIONER GONZALEZ-SANCHEZ: Well,
2 first let me speak on the capital. There's
3 enough capital in our budget to sustain
4 existing capital projects and future capital
5 projects. So I'm comfortable that with the
6 amount of money in the capital we have enough
7 money.

8 In terms of need, again, we work with
9 the local governmental units to assess -- I
10 hear that we don't have enough capacity, we
11 don't have enough beds. But when you look at
12 the data that we get from our providers, our
13 treating providers, there's always capacity
14 in our system. It's not just a matter of
15 capacity, it's also an issue of maybe
16 insurance, which is another issue.

17 And we have already had preliminary
18 discussions with the insurance counterpart on
19 the state level to address those, and how
20 does the parity law that was passed impact on
21 OASAS.

22 So it's not just one thing. There are
23 a couple of different areas. And we have
24 really been very proactive in the department

1 to take whatever measures we can to expand on
2 existing services. We also have repurposed a
3 lot of dollars in our system to address the
4 imminent needs. That's how we were able to
5 set up those 50 beds in Long Island and in
6 Buffalo.

7 So it's a multipronged response. I
8 can't say "This is what I need." I mean,
9 it's a lot of different stakeholders coming
10 to the table, working with us to identify not
11 only what the needs are, what is the real
12 core issue, and then working together to have

1 exploded, not only in every single corner of
2 New York State but in the country. Whether
3 it's front page headlines or we hear about it
4 from other friends or families, there's an
5 issue and there is a situation that we have
6 to deal with and we have to do it together.

7 We look at the budget, and it looks as
8 if it's a flat budget. It's the same as last
9 year. But with that increase in abuse, in
10 prescription drug abuse and heroin abuse,
11 first, is there any reinvestment language in
12 the budget that specifically relates to
13 addressing the prescription drug and heroin
14 crisis? And what is the plan that OASAS has
15 for dealing with this crisis right now?

16 COMMISSIONER GONZALEZ-SANCHEZ: Okay,
17 thank you, Assemblyman.

18 First and foremost, there is nothing
19 in the language specifically for prescription
20 drug or opiate overdoses other than the
21 Narcan piece. However, there is funding in
22 the budget and there is flexibility in the
23 budget that will allow me to repurpose monies
24 to address the imminent needs that we have.

1 So while there is no specific number
2 amount or language in the budget to just
3 address the opiate overdose or the
4 prescription drugs, there is flexibility in
5 the budget for me to assess needs and address
6 them as we need to.

7 ASSEMBLYMAN CYMBROWITZ: But the need
8 has been there not just now, but last year
9 and the year before. Providers need
10 additional dollars to deal with the crisis.
11 How do we move those dollars without waiting
12 for another six months, a year, two years to
13 get the money to the providers to deal
14 directly with this crisis?

15 COMMISSIONER GONZALEZ-SANCHEZ: Again,
16 Assemblyman, you know, we need to work with
17 our local governmental partners.

18 They develop the local plans. In
19 those plans they advise us as to where the
20 needs are. We need to work with them as a
21 partner, number one. And similarly, to also
22 repurpose existing dollars from programs that
23 may not be providing the level of care or the
24 appropriate care that we need them to and

1 repurpose them to those that are providing
2 imminent programs or programs that we need to
3 address.

4 So that's how we will continue to move
5 forward. I also would like to just highlight
6 that OASAS has also been trying to work
7 within our means, and we, you know, have
8 written guidance on our regulations to make
9 our outpatient regulations more flexible so
10 that providers can detox, for example,
11 individuals in the community who will then
12 not need to have to go inpatient into a
13 hospital.

14 We have done this throughout this past
15 year. These are all things that will help
16 our system as we move forward. And as you
17 well know, you know, opiates do not need to
18 be detoxed in an inpatient facility. Opiates
19 can and should be detoxed on a community-
20 based level. Currently our OTPs, outpatient
21 treatment providers, with guidance that we
22 wrote, have the ability to do mild to
23 moderate detox in the community.

24 Again, that is something that we

1 didn't have before, we have now, and it gives
2 us the ability to treat primarily some of the
3 cases that we're seeing with the youth and
4 the adolescents in the various communities
5 that overdose or are addicted to opiates and
6 heroin.

7 ASSEMBLYMAN CYMBROWITZ: You mentioned
8 detox services. Could you talk about how
9 much money is allocated specifically for
10 detox services, and how many detox programs
11 are there in the state and where are they
12 located?

13 COMMISSIONER GONZALEZ-SANCHEZ: I
14 don't have that specific information. I
15 could get that to you. But I do know that we
16 do have detox services in most of the state.
17 But I will be more than glad to get that
18 information to you.

19 ASSEMBLYMAN CYMBROWITZ: Is there a
20 way that residential programs can become
21 community detox programs? Is that something
22 that they can work with your office on
23 developing? Because of the increase in
24 addiction and the fact that we're looking to

1 do outpatient detox programs. And with the
2 cut in the number of dollars, maybe we can
3 utilize residential programs to help us.

4 COMMISSIONER GONZALEZ-SANCHEZ: That's
5 an interesting model. I'll have to think a
6 little bit more about it.

7 But let me just say that the way we're
8 transitioning our intensive residential, you
9 could say that's probably part of it. I
10 mean, I haven't thought of detox, but
11 certainly the first phase of the clinical
12 intervention, maybe we could look at a detox
13 portion and so on and so forth.

14 But at this point I'll need to review
15 that further before I could proceed to ...

1 In general, we have prevention
2 treatment programs and we have prevention
3 programs. We have prevention treatment
4 programs in every region of the state. We
5 have a very strong prevention program
6 throughout the state as well. We work with
7 the local schools, the board of ed, BOCES.
8 We have numerous workers in the various
9 schools that work with kids, especially in
10 the middle schools, that do best-practice
11 models in the schools. They address
12 prescription drug misuse, underage drinking.
13 They also address the gambling issue at this
14 early age.

15 So we have quite a bit of programs
16 throughout the state, especially in the
17 schools.

18 ASSEMBLYMAN CYMBROWITZ: Can we look
19 at the reallocation of funds towards that?

20 COMMISSIONER GONZALEZ-SANCHEZ: I'm
21 sorry?

22 CHAIRMAN DeFRANCISCO: Assemblyman,
23 we're trying to treat everybody the same,
24 including you. So you get an extra shot if

1 you want one later on.

2 ASSEMBLYMAN CYMBROWITZ: Okay.

3 CHAIRMAN DeFRANCISCO: Senator Boyle.

4 SENATOR BOYLE: Thank you, Chairman.

5 Thank you, Commissioner, for your

1 body, but I can say that these people are
2 going through repeated treatments. Okay? If
3 it only took a few days or we can do it on an
4 outpatient basis, I don't think we'd see the
5 number of overdoses and the number of repeat
6 treatments for these young individuals.

7 So I think we need to look at the
8 science a little bit more and certainly
9 consider increasing the beds, making it a
10 priority. We need to increase the treatment
11 availability, the beds available, both on
12 Long Island, in the City, and upstate,
13 because these are not normal times. This is
14 a heroin and overdose crisis.

15 (Applause from audience.)

16 COMMISSIONER GONZALEZ-SANCHEZ:

17 Senator, like I previously acknowledged, this
18 is a big concern for us and for this
19 administration. And we will continue to work
20 with the stakeholders to identify the areas
21 where there is a need and address it
22 accordingly.

23 CHAIRMAN FARRELL: Assemblywoman
24 Gunther.

1 ASSEMBLYWOMAN GUNTHER: Good

2 afternoon.

3 COMMISSIONER GONZALEZ-SANCHEZ: Good

4 afternoon.

5 ASSEMBLYWOMAN GUNTHER: You know, I
6 looked up some of the statistics in some of
7 the areas right around my county -- I live in
8 Sullivan, but a few areas around the county.
9 And the incidence -- I noticed that the
10 prescription that was most filled were
11 Oxycontin, Percocet. They were on the top of
12 the list.

13 And, you know, we do an outcry about
14 cardiac disease in women. And I think that,
15 you know, a message has to go about the
16 dangers of prescription drugs and, you know,
17 making sure you don't keep them in your
18 medicine cabinet. Because you see more and
19 more and more people addicted to that. And
20 once you get addicted to that, of course
21 there's more heroin use, because it's cheaper
22 than buying the other stuff on the street

1 so many places. And I just think that, you
2 know, the education is vital.

3 COMMISSIONER GONZALEZ-SANCHEZ: I
4 agree. And to that point, I also need to say
5 that we've been working collaboratively with
6 the Department of Health. And I just took
7 out a couple of pamphlets that we have that
8 we have circulated through our prevention
9 coalitions to the various schools, to the
10 family members, talking about prescription
11 drugs, talking about the medicine cabinet,
12 talking about the impacts that it has.

13 So we're very cognizant, and we are
14 working really diligently in that
15 perspective.

16 ASSEMBLYWOMAN GUNTHER: We have a
17 captive audience. All of our young people
18 have to take a health class in order to
19 graduate from high school. And, you know,
20 making this part of the curriculum, like
21 we've done so many other things, I think
22 would be -- number one, they're a captive
23 audience, and number two, I think it's so, so
24 important. And thank you for the great work

1 that you do.

2 COMMISSIONER GONZALEZ-SANCHEZ: Thank
3 you.

4 CHAIRMAN DeFRANCISCO: Thank you.
5 Senator Krueger.

6 SENATOR KRUEGER: Thank you. Good
7 afternoon.

8 You reference services for veterans in
9 your testimony, but I'm a little confused.
10 We know that there's an enormous growth in
11 substance abuse and alcoholism for returning
12 veterans, particularly those who have been
13 suffering from PTSD. But how does the
14 state's role in providing services integrate
15 with or be different than eligibility through
16 the Veterans Administration for services?
17 Are we able to draw down any funds from the
18 Veterans Administration when we're providing
19 the services at the state level?

20 COMMISSIONER GONZALEZ-SANCHEZ: No,
21 we're not.

22 SENATOR KRUEGER: And do we have any
23 data on what number of veterans we thought

1 for our services?

2 COMMISSIONER GONZALEZ-SANCHEZ: I
3 don't have that data, Senator, but I believe
4 that question should be asked to the director
5 of the Veterans Affairs that we have. He
6 would certainly have that data. I don't.

7 SENATOR KRUEGER: You don't have that
8 data. Do you know how many veterans are in
9 your system this year, or comparatively over
10 time?

11 COMMISSIONER GONZALEZ-SANCHEZ: I
12 don't have that. But I could go back and
13 check, and if I have it I'll be more than
14 glad to submit it to you.

15 SENATOR KRUEGER: And my understanding
16 is that the new Affordable Care Act does
17 provide expanded eligibility for substance
18 abuse and alcoholism treatment. So are we
19 helping ensure that veterans receive health
20 insurance on our health market exchange so
21 that we can make sure we get them covered for
22 these services?

23 COMMISSIONER GONZALEZ-SANCHEZ: We're
24 treating veterans just like we treat anyone

1 that is served in our system. So the answer
2 to your question will be yes.

3 SENATOR KRUEGER: You talked about
4 managed care and the impact it will have on
5 determining the type of services people get.
6 One of the issues that's been raised to me by
7 some providers in my city is that managed
8 care isn't going to recognize peer-to-peer
9 services or, necessarily, the sort of
10 drop-in-center model for people who may have
11 graduated out of a residential treatment
12 program. And I'm just wondering, how are we
13 confronting that issue here in the state?

14 COMMISSIONER GONZALEZ-SANCHEZ: Thank
15 you for that question. That's really a great
16 question for me, at least.

17 Well, first let me just say that OASAS
18 has taken a very proactive approach in
19 developing what we're calling a LOCADTR tool,
20 a level of care, treatment, assessment tool
21 that we have developed. And the idea here is
22 to ensure that the needs of the addiction
23 population is taken into concern when you're
24 deciding what level of care the individual

1 needs.

2 In other words, it's not just a
3 clinical model, it's model that takes into
4 consideration some of the social supports
5 that people in addiction who are in active
6 recovery need. So we're somewhat ahead of
7 the game in that perspective.

8 SENATOR KRUEGER: And I guess a
9 variation of the same question, very often
10 the research shows that when you help
11 somebody move past addiction, the number-one
12 thing you can do for them is ensure that they
13 find a job with adequate income to meet their
14 own needs but also to keep them from falling
15 back through depression and other issues into
16 becoming readdicted.

17 So in a managed-care model, how are we
18 going to ensure that we're helping people not
19 just deal with the immediate addiction, but
20 move into a new phase of their life with
21 employment so that they don't show up as a
22 statistic for recidivism?

23 COMMISSIONER GONZALEZ-SANCHEZ: Again,
24 that's what we're couching as 1915(i)-like

1 services, which are the peer support, the
2 supports that people need to stay stable in
3 the community. We have packaged all that
4 under the 1915(i) programs that we talk
5 about. And we've been working to include
6 that as a continuum of care. And our
7 recovery centers as well.

8 SENATOR KRUEGER: So your managed-care
9 contracts for people with substance abuse and
10 alcoholism problems in fact require these
11 services to be provided?

12 COMMISSIONER GONZALEZ-SANCHEZ: We'll
13 have those services as part of the continuum,
14 recovery coaches and so on and so forth, yes.

15 SENATOR KRUEGER: Thank you.

16 CHAIRMAN FARRELL: Mr. Cymbrowitz,
17 second go-round.

18 ASSEMBLYMAN CYMBROWITZ: Thank you.
19 Thank you, Mr. Chair.

20 We talked about the reallocation of
21 funds that you're able to use. We were
22 talking about preventive services that funds
23 could be used towards those programs. We
24 were also talking about savings for managed

1 care, the transition to managed care. For
2 both those pots of funds, you know, if they
3 really do exist, what criteria will the
4 agency use to determine where those funds
5 should go?

6 COMMISSIONER GONZALEZ-SANCHEZ: We'll
7 work with the local government, again, to
8 identify what areas and what needs are in
9 those particular areas. We will then, the
10 department will then make our own assessment
11 and analysis of the need. And then we will
12 proceed with funding programs as we normally
13 do.

14 ASSEMBLYMAN CYMBROWITZ: Could you
15 give us an update on the transition into
16 managed care, what that's been like for the
17 population served?

18 COMMISSIONER GONZALEZ-SANCHEZ: For
19 the addiction population?

20 ASSEMBLYMAN CYMBROWITZ: Mm-hmm.

21 COMMISSIONER GONZALEZ-SANCHEZ: I have
22 to say I'm pretty satisfied, very satisfied
23 with the fact that we have been included in
24 all of the discussions with the Department of

1 Health and Mental Health. Which, frankly
2 speaking, that probably would not have
3 happened a couple of years ago. But we are
4 at the table, and I'm very grateful for the
5 fact that we are -- and not for me, but for
6 the people that we serve, and that we're able
7 to represent their needs as we move into this
8 managed system of care.

9 It's very clear the managed-care
10 companies themselves have realized they need
11 to address the underlying addiction issues if
12 we really want to make a change in primary
13 health.

14 So the answer is I've been very happy
15 and satisfied with our participation at the

1 ASSEMBLYMAN CYMBROWITZ: Well, you're
2 talking about using outpatient services, that
3 there's no need for -- that opiate detox that
4 needs to be done inpatient should be done
5 outpatient. So --

6 COMMISSIONER GONZALEZ-SANCHEZ: I
7 didn't say that we had to. I mean, it gives
8 the ability of hospitals that if they don't
9 want to do inpatient detox, there is the
10 ability to do outpatient.

11 We in our budget did not identify any
12 reduction in any level of service. This is
13 just another flexibility that we have in our
14 system that we don't have to detox people in

1 maybe we can implement this year?

2 COMMISSIONER GONZALEZ-SANCHEZ:

3 Absolutely. And also with the guidance that
4 we wrote that gave flexibility for these
5 outpatient programs to be able to do these
6 services and also bill for them, also helps
7 the providers as well as us.

8 ASSEMBLYMAN CYMBROWITZ: Could you
9 talk a little bit about adolescent
10 residential treatment beds and how much money
11 is allocated for that?

12 COMMISSIONER GONZALEZ-SANCHEZ: Again,
13 I'll get back to you on the specific number
14 of how many dollars we have in the
15 adolescents. I don't have that specific
16 number with me right now.

17 ASSEMBLYMAN CYMBROWITZ: Could you
18 also let me know how many treatment beds you
19 have?

20 COMMISSIONER GONZALEZ-SANCHEZ: For
21 adolescents?

22 ASSEMBLYMAN CYMBROWITZ: For
23 adolescents.

24 Again, with the increase in opiate and

1 heroin abuse, the Executive Budget really
2 does not emphasize treatment at all for youth
3 and young adults. And that's something that
4 we're concerned about as the explosion
5 continues: How are we going to deal with it?

6 COMMISSIONER GONZALEZ-SANCHEZ: Again,
7 we will continue to assess the need. We will
8 work with our local governmental units. And
9 as I repurposed money last year, we will
10 continue to do that as we move forward as
11 need be.

12 ASSEMBLYMAN CYMBROWITZ: Okay, thank
13 you. Thank you very much.

14 COMMISSIONER GONZALEZ-SANCHEZ: Thank
15 you.

16 ASSEMBLYMAN CYMBROWITZ: Thank you,
17 Chairman.

18 CHAIRMAN FARRELL: Thank you.
19 Senator?

20 CHAIRMAN DeFRANCISCO: Senator Tkaczyk
21 for Round 2.

22 SENATOR TKACZYK: I just have a quick
23 follow-up question. You mentioned that one
24 of the hurdles to accessing residential

1 treatment for heroin and opiate abuse is that
2 it may be an insurance problem. Are there
3 any proposals in this budget or have you come
4 up with any suggestions on how to address
5 that?

6 COMMISSIONER GONZALEZ-SANCHEZ: Well,
7 we're looking to address that. Already we've
8 had preliminary discussions with the
9 commissioner for Insurance.

10 It's become known to us that there are
11 individuals, working families, that have
12 private insurance that the insurance may not
13 cover the services. And that gets translated
14 into there's no treatment beds. It's not
15 that there's no beds, it's that the insurance
16 may not cover it.

17 So in light of that, we've already
18 been in discussion with the State Insurance
19 Division to discuss this issue and, more
20 importantly, look into the language in the
21 Parity Act and see how that really translates
22 on the addiction side.

23 SENATOR TKACZYK: Thank you.

24 CHAIRMAN DeFRANCISCO: Thank you very

1 much, Commissioner. Appreciate your
2 testimony. And we're going to have to bid
3 you adieu right now. Thank you.

4 COMMISSIONER GONZALEZ-SANCHEZ: Okay,
5 thank you.

6 CHAIRMAN DeFRANCISCO: Harvey
7 Rosenthal is the next speaker, executive
8 director of NYAPRS, to be followed by Glenn
9 Liebman. And since Harvey has done this so
10 many times, I know he knows how to do it
11 efficiently. Quickly.

12 MR. ROSENTHAL: Good afternoon. Thank
13 you to the chairs and members of the
14 respective committees. I've been here so
15 long I've rewritten my testimony three times,
16 so I hope I can make sense of it.

17 CHAIRMAN DeFRANCISCO: Just one
18 version would be fine.

19 MR. ROSENTHAL: That's good.

20 I'm the executive director of the
21 New York Association of Psych Rehab Services.
22 We're a statewide coalition of consumers and
23 providers located throughout the state.
24 State mental health policy is a personal

1 matter for us. I'm in recovery myself, as
2 are most of my staff.

3 The feedback we're giving you today
4 comes from our members in all kinds of
5 settings, including regional forums in
6 Newburgh, Hempstead, Brooklyn, White Plains,
7 Batavia, Saranac Lake, Binghamton, and
8 Syracuse.

9 You've seen our members out in
10 evidence. They were here a few weeks ago
11 wearing the orange hats and chanting, out on
12 the steps of the Capitol, "Reinvest in my
13 recovery."

14 I will say I understand that there
15 were some references to my community and
16 characterizations as rapists and murderers,
17 and we object to that. I just want to say
18 that.

19 So since 1981 we have believed that
20 all people with psychiatric disabilities can
21 recover substantially, even the most
22 disabled, if they're afforded the right mix
23 of services. Unfortunately, community
24 service expansions has lagged well behind the

1 need, while the vast majority of our OMH and
2 Medicaid dollars have been trapped in the
3 institutions of the past -- state hospitals,
4 adult homes, nursing homes, and the avoidable
5 repeat use of expensive local Medicaid
6 emergency and inpatient services.

7 This budget is a groundbreaking budget
8 that promises a \$205 million allocation,
9 which is more than I've ever seen in my
10 40 years as a provider and advocate. It
11 gives great hope to us. Our members have
12 stood by and watched hospitals stay open that
13 we no longer need, beds stay open that we no
14 longer need. Those are mental health dollars
15 that are trapped there. We've seen Medicaid
16 be inflexible and not be able to really serve
17 the need.

18 That's why reinvestment, which is all
19 over this budget, is precious to our members:
20 reinvestment from state hospitals, again,
21 from adult and nursing homes, from the
22 reduced use of Medicaid emergency and
23 hospitals.

24 So we played a prominent role in 1993

1 in the Community Reinvestment Act. You'll
2 see some pictures on the back of this
3 document that memorialize that. And in those
4 years, between 1994 and 1998, we closed five
5 hospitals and pumped over \$200 million to
6 give rise to the community recovery system.

7 Unfortunately, since then, we seem to
8 have been unable to close a hospital. We
9 have 24 hospitals, three times more than any
10 state in the nation. And, you know, that
11 really makes it impossible to really keep up
12 with the need.

13 You know, I've heard through
14 throughout the day a contradiction. On the
15 one hand I say hear legislators saying we
16 can't close hospitals, they're needed exactly
17 where they are. But on the other hand, I
18 hear again and again we need more in the
19 community. And I don't know how we're going
20 to reconcile that without redirecting funds
21 and closing beds and coming up with new
22 policies.

23 This budget, as you heard many times,
24 is reinvesting \$44 million on an annualized

1 basis. Now, I heard today, if I understand
2 it, that the \$40 million that's also paying
3 for adult homes and nursing home beds in the
4 community and \$6.5 million to pay for
5 supportive housing rent increases are also
6 coming from reinvestment. I've heard that
7 now two or three times.

8 That means, therefore, we're
9 reinvesting \$90 million, which would mean the
10 average cost of a bed is \$225,000. I'm not
11 sure what sense to make of that, but that's
12 what I've heard today.

13 So as I said before, these are
14 groundbreaking sort of allocations we've long
15 waited for. We've long wanted to see state
16 hospitals downsize and move into the
17 community. We appreciate the amount of money
18 that you're talking about. There are bills
19 that Assemblywoman Gunther and Senator
20 Carlucci have proposed that would really look
21 into and reinvest the full value of beds. We
22 certainly welcome that.

23 We appreciate the budget's proposal to
24 move state workers and resources into the

1 community. We want to see a maximum of
2 resources move into the nonprofit sector.

3 In terms of Medicaid, this is the
4 boldest initiative I've seen. I said before
5 Medicaid was very inflexible. New York is
6 applying for the most flexible form of
7 Medicaid, the 1915(i) services. That's going
8 to allow us to fund a huge influx of recovery
9 services that we currently haven't been able
10 to.

11 So you have state hospital dollars and
12 Medicaid dollars, twin streams advancing the
13 recovery system. We should not disrupt that,
14 we should support that. We should add to it,
15 which is what I'm hearing today. You've
16 heard how the \$120 million of Medicaid is
17 going to be used, so I won't repeat that.

18 So taken together, these proposals
19 represent the single largest infusion of
20 community services. For far too long,
21 New Yorkers with psychiatric disabilities
22 have seen their interests and needs regarded
23 as secondary priorities to the preservation
24 of institutional jobs and state savings that

1

were made at their effect. This package of

2

unusually takes unprecedented steps towards

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 the medications, not a health plan.

2 And you'll hear more about this in a
3 bit from Glenn; I believe, but we want to see
4 the elimination of discrimination against
5 parents with psychiatric disabilities. It is
6 too easy to take away their children in a
7 unique way that doesn't exist with other
8 groups.

9 Finally, I'd like to close on a note

1 country that trains police, specializes a
2 mental-health-trained police force and pairs
3 them with mental health workers. We strongly
4 urge -- this bill would do that, and we
5 strongly urge that that happen.

6 I forgot to mention, by the way, on
7 the supportive housing rent increase, it
8 should be statewide, as you're suggesting.
9 And I understand it will cost another
10 \$2.2 million.

11 The other bill, and I'll end with
12 this, is Assembly 8588 and Senate 6466. We
13 were all part -- and you passed a bill a few
14 years ago that stopped, we thought, the
15 excessive use of solitary confinement with
16 prisoners with psychiatric disabilities. We
17 thought that that was really going to remove
18 that strategy. But unfortunately, we were
19 told by the Mental Health Alternatives to
20 Solitary Confinement group that we're a part
21 of that adequate mental health treatment is
22 still not available to most people
23 incarcerated. Insufficient funding is
24 available in the Justice Center oversight to

1 make sure that prison mental health care
2 improves. And there are 700 people with
3 mental illnesses still in solitary
4 confinement in state prisons.

5 So that's really a shocking finding.
6 And we need your help. If you would improve
7 the Halt Solitary Confinement Act which is
8 identified in my testimony, you'll address
9 this issue.

10 Thank you.

11 CHAIRMAN FARRELL: Thank you.

12 CHAIRMAN DeFRANCISCO: Thank you very
13 much.

14 And we're now on the next speaker,
15 Glenn Liebman, CEO of Mental Health
16 Association in New York State, to be followed
17 by Antonia Lasicki.

18 MR. LIEBMAN: Well, good afternoon.
19 Thank you very much for this opportunity; I
20 really appreciate it.

21 I just want to acknowledge the Senate
22 Finance Committee and Assembly Ways and Means
23 Committee and also the Mental Hygiene
24 Committees and our chairs. You know, last

1 year was the first year for both of you. You
2 did a great job, and we're really pleased to
3 be working with you again this year.

4 My name is Glenn Liebman. I'm the CEO
5 of the Mental Health Association in New York
6 State. And our organization is comprised of
7 30 affiliates in 52 counties throughout
8 New York. Most of our members provide
9 community-based mental health services.
10 We're also very involved with education,
11 public awareness, and a lot of advocacy as
12 well.

13 And what's great about our
14 organization, as many organizations in the
15 mental health field, is we advocate for the
16 greater good of the mental health community,
17 not just specifically for our interest alone.
18 So we do advocate for the greater good. And
19 much of the testimony we talk about is for
20 the greater good of the mental health
21 community as well.

22 This is the first budget in the last
23 several years, many years, in which we really
24 have seen positive growth. And we're really

1 pleased to see that. Harvey articulated that
2 very well, that we were very pleased to see
3 the money added for reinvestment, the money
4 added in terms of the Medicaid transition,
5 the money that's been funded for reprogram
6 for adult home services, for housing rental
7 subsidies. We think that's all very
8 positive, and we're all very appreciative of
9 the administration and the Governor on that.

10 We also recognize that there have been
11 many years where there were no increases in
12 funding, where there were decreases in
13 funding, where services were cut. We also
14 recognize that. And we have a lot to do with
15 those 800,000 people in the public mental
16 health system to have them not have to wait
17 on waiting lists for years, not have to wait
18 for housing for a long time. We have to
19 recognize that, and we continue to move
20 forward. And I think, frankly, this is a
21 very positive budget and one to grow on.

22 We broke down our budget testimony
23 into three different areas. We talk about
24 the budget specifically, we talk about mental

1 health literacy, and we talk about juvenile
2 justice. And I'll be very brief in my
3 comments.

4 In terms of reinvestment and community
5 services, Harvey articulated, as I said, very
6 well about how we stand on reinvestment as
7 well. We look at this as a really positive
8 start. And this is the first time in over
9 20 years we've gotten some real reinvestment
10 dollars going back into the community.
11 Again, we'd like to see a lot more in there,
12 but we're very appreciative of that.

13 And we're also very appreciative of

1 very appreciative of that.

2 And we're really strongly supportive
3 of that money going into the community for
4 community expansion. There were these RCE
5 teams that were referenced by Deputy
6 Commissioner Martha Schaefer Hayes about
7 these Regional Centers of Excellence where
8 these groups met and identified some priority
9 areas, and if you crosswalk those areas,
10 you'll see the commonality that we want to
11 see going forward in the community around
12 housing, around urgent care centers, around
13 early intervention, around crisis services,
14 family support.

15 Those are the kinds of things that
16 we'd like to see in terms of legislation. So
17 that is again one of the

1 moving into a capitated model of Medicaid
2 managed care. There is a lot of trepidation.
3 But I think that to the state's credit,
4 they've been very transparent in the
5 process -- but there's still a lot of issues
6 that have to be addressed. And I think the
7 fact that there's more funding yet in the
8 budget around preparedness and for the
9 so-called 19(i) flexible Medicaid services I
10 think is all a good thing. So we're very
11 supportive of that.

12 In terms of adult homes, this is an
13 issue that we've talking about for years and
14 years. And we're really appreciative of what
15 the Legislature has done and what the
16 Governor has done in moving forward in terms
17 of adding money to the budget for 500 beds
18 this year. We really want to see -- we've
19 been talking about adult home residents for
20 years and years. No one has had more false
21 stops and starts than adult home residents.
22 Years ago it looked like they were going to
23 be able to transition to the community, then
24 the funding was unavailable.

1 So now it's great to be able to
2 hopefully utilize those 500 beds. And next
3 year when we're back talking about this,
4 we'll be talking about 500 more beds or
5 whatever other beds are in the community.
6 But those beds will be filled by adult home
7 residents transitioning into the community.
8 So we're very pleased about that.

9 We're pleased also about the housing
10 rental subsidies, and we're very supportive
11 of the housing wait list bill that both
12 chairs have introduced. And, you know, with
13 our partners at the Association for Community
14 Living -- Antonia is speaking next -- we
15 totally support their recommendation for a
16 statewide increase around subsidies. So
17 we're completely there on that.

18 Medication access, as Harvey
19 referenced, we always seem to have to go to
20 you every year to help us out with medication
21 access. This is an issue I don't -- it's
22 unfathomable to me in many ways. As a family
23 member of somebody with a psychiatric
24 disability, you know, we see these issues all

1 the time. And we just want the ability for
2 the physician, working with the individual,
3 to determine what medication they should use.
4 It's that simple a process. That's what we
5 believe. We don't want to talk about rebates
6 or anything like that. That's not in our

1 well. So we're looking at the whole system
2 in terms of public awareness, in terms of
3 education, in terms of training. We're
4 looking at this as a whole.

5 So we look at mental health literacy,
6 and we look at it as in five different
7 components. And because we know
8 statistically, we know stigma is the
9 overarching 500-pound gorilla in the room.
10 We know that one in four people in this
11 country have a psychiatric disability. If
12 you add families and close friends, everybody
13 is impacted by mental illness in some form or
14 another. And we have to go and educate the
15 public and have literacy campaigns around
16 this.

17 So what we're proposing is five
18 different areas around that. Several of
19 them, there's been legislation that several
20 of you have introduced over the years and has
21 passed one house or even both houses but
22 never been signed by the Governor.

23 The first one is the Mental Health
24 Education Bill. I think this is so

1 important. And I know that, you know,
2 Senator Carlucci and Assemblywoman Gunther
3 have sponsored the bill, both of them, and
4 it's great to see that the Education chairs
5 are involved. And Assemblyman Crouch, you
6 actually referenced it earlier about the fact
7 that there's got to be more education in
8 schools.

9 Children have to know about mental
10 health issues for several reasons. First of
11 all, it's the most important thing they can
12 do in terms of public policy and public
13 awareness for themselves. But also think
14 about the decrease in terms of cyberbullying
15 and bullying in general. If people are aware
16 of all the mental health issues, if youth are
17 aware, then there's going to be much less
18 bullying that's going to be taking place as
19 well. So it serves a lot of different needs.

20 The second one is Mental Health First
21 Aid. Thank you, Senator Carlucci, for giving
22 us -- you know, we got a grant for \$50,000
23 last year to train our members about Mental
24 Health First Aid, which is an eight-hour

1 training program geared to teach the general
2 public about mental health challenges and
3 crisis and how someone can respond to these
4 situations. We're going to have another ask
5 this year where we can talk about it to give
6 mental health education and training to first
7 responders, to individuals in the criminal
8 justice system, to teachers, to librarians,
9 everybody who's working with individuals with
10 psychiatric disabilities.

11 Third, briefly, is our tax check-off
12 bill, which I know has been embraced by both
13 chairs. We really want to see, much like you
14 have a tax check-off in so many other areas
15 now, whether it's for Alzheimer's research,
16 whether it's for the Adirondack Park Agency,
17 breast cancer awareness, we want to see that
18 same tax check-off for mental health.

1 their rights terminated as a parent, it
2 should be based on behavior and not on
3 diagnosis. And right now diagnosis is
4 integral to that.

5 And finally, as part of mental health
6 literacy is veterans mental health. We all
7 are very supportive of veterans mental
8 health. These, as we know, are our heroes in
9 society. And we have actually had some
10 funding over the last several years from the
11 Joseph Dwyer Peer to Peer Project. We want
12 to see that -- you know, the folks who are
13 working on it are doing great work, and we
14 want to make sure that that continues.

15 And just briefly, juvenile justice and
16 transitional age youth -- I'll only be a
17 minute here -- we put out a report about the
18 juvenile justice system. And it's really

19

important to see how we can do better. Let

1 criminal justice initiatives, said it best:
2 "When you have a youth in custody, you have a
3 family in custody as well." So we really
4 feel that there's got to be much more family
5 involvement in terms of the juvenile justice
6 system.

7 And we also are very supportive of the
8 Raise the Age Coalition folks.

9 And finally, we also are very strongly
10 concerned about transitional-age youths.
11 This is a big issue, and I know that we've
12 had conversations with the Legislature. And
13 I know, Assemblywoman Gunther, we just a few
14 weeks ago were talking specifically about the
15 issue of what do we do for transitional-age
16 youth with school-based services. How do we
17 enhance school-based services so that those
18 transitional-age youth with mental illness do
19 not drop out of society, so we don't lose
20 those 16-, 17-, 18-year-olds to homelessness
21 or incarceration. We've got to do more with
22 them.

23 Thank you very much.

24 CHAIRMAN DeFRANCISCO: Thank you.

1 Now, the stenographer, why don't you
2 take a nice deep breath --

3 (Laughter.)

4 CHAIRMAN DeFRANCISCO: -- rest your
5 hands, do this (wringing hands) and then
6 you'll be ready to go.

7 MR. LIEBMAN: Go SU.

8 (Laughter.)

9 CHAIRMAN DeFRANCISCO: Thank you.
10 Thank you very much. Now we're getting to
11 something.

12 All right, thank you very much for
13 your testimony.

14 And Antonia Lasicki, executive
15 director, Association for Community Living,
16 to be followed by Michael Seereiter.

17 And if we could limit the testimony to
18 budget issues, as opposed to every piece of
19 legislation everybody likes and doesn't like.
20 Because if we don't limit it to the budget,
21 we'll never start the next hearing, which
22 starts at 1 o'clock.

23 (Laughter.)

24 CHAIRMAN DeFRANCISCO: Oh, all right,

1 except for Assemblywoman Gunther's, you can
2 talk about that all you want.

3 (Laughter.)

4 CHAIRMAN DeFRANCISCO: All right,
5 you're on.

6 MS. LASICKI: Thank you so much.
7 Thank you so much for the opportunity to
8 testify. My testimony fleshes out everything
9 that I'm going to say, but right now I'm
10 going to keep it to two to three minutes

1 I did want to very specifically talk
2 about housing, the different housing programs
3 and where they sit in terms of inflation. So
4 if you look at the very last page of my
5 testimony, you'll see a chart that looks like
6 this (showing). It gives the licensed
7 community residences, Lower Hudson supported
8 housing, New York City, Long Island,
9 Westchester supported housing, upstate
10 supported housing, and CR-SROs, all charted
11 on one chart.

12 If those colored lines were along the
13 zero line, they would be even with inflation.
14 But as you can see, they're very, very,
15 very -- the funding has eroded substantially
16 over the last 20 years.

17 So if you look at the light green line
18 towards the very right, you see that little
19 bump up? That's the \$550 that they're
20 getting in New York City, Westchester and
21 Long Island, in context.

22 So I just want to say that all the
23 housing programs need additional funding.
24 The Community Residence Program is the

1 highest level of service in the community
2 outside of a hospital. They're doing
3 medication management, rehabilitation

1 client contribution, the net property costs.
2 And then the providers have a number of
3 obligations under their contracts and
4 guidelines to provide staffing, 24/7 on-call,
5 and obviously they need staff supervisors and
6 they need A&OH. And they have contingency
7 fund responsibilities; they have to replace
8 furniture and TVs and whatever it is that
9 they need to replace.

10 So we built this, and you can see
11 there's one column that says "Shortfall," and
12 for every single in the county in the state
13 you'll see a per-bed shortfall. And Senator
14 Carlucci, for you, Rockland County is a
15 \$1700.10 -- if I'm seeing that, because I
16 don't have my glasses on -- shortfall per
17 bed.

18 So we just want to urge you to
19 consider adding the \$2.2 million to add
20 3.8 percent to the rest of the state. The
21 \$550 represents 3.8 percent. If you did that
22 for the rest of the state, it would be \$2.2
23 million. If you were so inclined and you
24 wanted to double the downstate rate, that

1 would be 7.4 percent, I guess, if I'm doing
2 the math right. And if you did that for the
3 rest of the state, that would be \$4.4 million
4 plus another 6.5.

5 The community residence increases, if
6 you did 3.8 percent for them and those other
7 programs that are on the list, it would be
8 about \$11 million in state dollars. It's not
9 a huge amount of money. In a multi-billion-
10 dollar state budget, it's not a lot of money.

11 And I guess the question that I'm now
12 asking everybody, the Executive branch and
13 now you, we are very committed to new. We
14 always need new, we need more, we all
15 understand that. And when an advocacy
16 community comes together and it's about what
17 can we add, we always choose to add. We
18 never choose to sustain what we have.

19 And my fear is that like the roads and
20 bridges in New York, we're crumbling. And we
21 need to be able to sustain what we have. And
22 particularly in housing, where people live,
23 and particularly in the highest level of
24 care, where people really are coming out of

1 hospitals and other institutional settings,
2 they need strong supports in order to move on
3 from there and make it in the community in
4 the long run.

5 And the COLA, obviously the COLA is a
6 huge issue. The COLA is often referred to as
7 being deferred. I really think that's a
8 misnomer. It's actually lost, it's not
9 deferred. Deferral means we're going to get
10 it sometime in the future. We're not, let's
11 face it. So we have lost 11.8 percent. It's
12 an 11.8 percent cut over the last six years.
13 And I think we should frame it that way. It
14 is an 11.8 percent cut. It's not really a
15 deferred COLA.

16 And the wait list bill, very much
17 appreciate that. I'm not really sure how we
18 can plan and do services in the community
19 unless we know how much we need of what.

20 And I guess that's it. I'm going to
21 leave it at that. Thank you very much.

22 SENATOR KRUEGER: Thank you.

23 CHAIRMAN FARRELL: Thank you. No
24 questions.

1 SENATOR KRUEGER: Appreciate your
2 testimony, thank you.

3 And next on deck is Michael Seereiter,
4 New York State Rehabilitation Association.

5 MS. HARDIMAN: And I'm joining, Ann
6 Hardiman, that just follows him, if you don't
7 mind.

8 SENATOR KRUEGER: And Ann Hardiman,
9 New York State Association of Community and
10 Residential Agencies.

11 Thank you.

12 MS. HARDIMAN: Thank you.

13 MR. SEEIREITER: Good afternoon.

14 SENATOR KRUEGER: Good afternoon.

15 MR. SEEIREITER: Yes, I've asked my
16 colleague Ann Hardiman to join us to expedite
17 your process, but more importantly because
18 we're collaborating this year. NYSRA and
19 NYSACRA have a joint legislative agenda,
20 which you will see actually in much of the
21 materials that have been submitted to you
22 that you can review at a later time.

23 I'm going to hit many of these points
24 in part contextual and turn this over to my

1 colleague Ann to discuss specifically the
2 direct support professional aspects that we
3 think are so important.

4 NYSRA, as an organization that looks
5 across the board at multiple disability
6 areas, finds that this year's budget is very
7 interesting in some places. Where the Office
8 of Mental Health has articulated a plan to
9 transition that system, a full transition of
10 that system into the community, we see that
11 that plan is followed up by an initial
12 investment to make that plan possible and
13 then a follow-up commitment in future years
14 to see that plan continue on, if you were
15 priming the pump and keeping that pump
16 running.

17 This is probably the most significant
18 commitment to the concepts of reinvestment
19 that we have seen at least in my 15 years of
20 advocacy and work in the mental health field.
21 And I think this organization certainly
22 supports those initiatives that are put forth
23 by the Office of Mental Health to make those
24 investments in the community.

1 On the OPWDD side, we see a somewhat
2 different aspect, if you will, where the
3 Office for People With Developmental
4 Disabilities has articulated a plan in many
5 places that does try to make that transition
6 from less integrated to more integrated
7 opportunities in the community. However, I
8 think that there's a significant disconnect
9 between what we're seeing in the plan itself
10 or the plans themselves and the budget
11 documents and the budget investments for
12 those supports and services.

13 We understand that OPWDD is under
14 considerable pressure from the federal
15 government to make transitions, and that
16 results in several things, including the
17 shift from the developmental centers to the
18 community, bringing back out-of-state
19 placements as well, and also on the
20 employment front, particularly in relation to
21 the move from sheltered workshops.

22 I think much of the concern that we
23 have relates to the pace of the
24 transformation that is pursued. It is simply

1 too fast to do well in many places, and we
2 are concerned that that will result in
3 negative consequences for individuals.

4 I mentioned employment as one of those
5 places where this is of concern. We see
6 where the Office for People With
7 Developmental Disabilities has articulated a
8 plan to make transitions from sheltered
9 workshops into more integrated community
10 opportunities. However, at the same time,
11 they're talking about reductions and cuts to
12 those same programs. So this seems to be a
13 disconnect and lacking synchronicity, if you
14 will, between the plans themselves and the
15 budget that's put forth to support those
16 plans.

17 I will very briefly touch upon the
18 direct support professionals issue. As a
19 former direct support professional, I cannot
20 speak to how important this is. I'm going to
21 let my colleague do this because she does
22 this even better than I do, quite frankly.

23 That leaves us with several pieces
24 that we are looking for in this year's

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2
3

budget.

We support the investments that are

proposed in the Governor's budget with

1 It simply does not work.

2 The third piece is in relation to
3 housing. You obviously see several proposals
4 put forth by the Office of Mental Health to
5 bolster employment supports for people with
6 mental illness. We would ask for additional
7 resources in this budget for additional
8 residential opportunities for people with
9 developmental disabilities as well.

10 And the last piece I will just briefly
11 touch upon, which is direct support
12 professionals, we believe that there is a
13 need for investment in this, particularly in
14 light of the fact that we have increasing
15 demands on direct support professionals, both
16 through the actions that have taken place
17 resulting from the Justice Center and the
18 increased expectations for excellence on
19 direct support professionals that is raising
20 the bar.

21 And also included in this budget we
22 see increases in responsibility proposed for
23 direct support professionals in relation to
24 the Nurse Practice Act, changes that would

1 put additional responsibilities on those
2 individuals. We believe that if you're going
3 to find excellence in service delivery for
4 individuals with disabilities across the
5 board, you're going to have to invest in the
6 direct support professionals who provide
7 those services. The only way to get quality
8 is to invest in that.

9 I will turn it over to my colleague,
10 Ann Hardiman.

11 MS. HARDIMAN: Hi, I'm Ann Hardiman
12 from NYSACRA. Thank you for the opportunity
13 to be here.

14 As you can see, I scratched a lot of
15 words to help with time. On behalf of our
16 members, our joint members, NYSRA and
17 NYSACRA, and their 75,000 direct support
18 professionals, I want to thank you for the
19 support of our sectors.

20 I will offer NYSACRA's thoughts on one
21 key area, the direct support professionals,
22 that are -- it is an absence in the budget.

23 It's really important to invest in
24 that sector. We've been very excited by

1 advances made by OPW over the past three
2 years, adopting a National Code of Ethics,
3 developing core competencies. However, an
4 increase with a COLA or a trend has not been
5 available in many years -- six years for the
6 COLA and four years for the trend.

7 The State Legislature recognizes the
8 importance of the direct support workforce,
9 as the Assembly and Senate passed the Direct
10 Support Professional Credential Pilot bill in
11 the 2013 legislative session. Thank you,
12 Senator Carlucci and Assemblywoman Gunther
13 and legislators.

14 The measure would have created a
15 program administered by OPW to establish a
16 pilot credential. The credential would be
17 voluntary and promote recruitment and
18 retention efforts, enhance competence, yield
19 higher-quality supports and services, and
20 advance health and safety.

21 On behalf of NYSACRA, our member
22 agencies, and of course NYSRA that we're
23 working with, and the 75,000 direct support
24 professionals, we ask the State Legislature

1 to support the credential pilot program in
2 the 2014-2015 budget and consider an increase
3 for DSPs through a COLA.

4 Thank you very much.

5 SENATOR KRUEGER: Thank you very much.
6 And don't take our lack of questions as
7 insulting in any way, please. We're just so
8 far behind.

9 MR. SEEIREITER: Thank you for your
10 time today.

11 SENATOR KRUEGER: Thank you.

12 Next up is Robert Long, commissioner,
13 Onondaga County Mental Health, and Kelly
14 Hansen, executive director, New York State
15 Conference of Local Mental Hygiene Directors.

16 MS. HANSEN: Good afternoon. Chairman
17 DeFrancisco, Chairman Farrell, Senator
18 Carlucci, Chairwoman Gunther, thank you very
19 much for the opportunity to be able to talk
20 with you today and identify some of our
21 priorities and feedback on the 2014-2015
22 Executive Budget.

23 We will condense our comments as well.
24 We've had plenty of time to rewrite them in

1 the audience. So we'll keep it short and
2 sweet and touch on the high points here.

3 My name is Kelly Hansen. I'm
4 executive director of the New York State
5 Conference of Local Mental Hygiene Directors.
6 And as indicated, I'm joined by Mr. Bob Long,
7 who is chair of the conference and also the
8 commissioner of mental health, director of
9 community services in Onondaga County.

10 The Conference of Local Mental Hygiene

11 Directors was created in statute in

1 individuals in our communities with mental
2 illness, substance abuse, and developmental
3 disabilities. So all three of the
4 disabilities intersect at the local level.

5 We are pleased to see state funding in
6 Medicaid dollars in the budget for community
7 reinvestment. And the fact that Medicaid
8 dollars are included in this budget is truly
9 remarkable. We're very supportive of that.

10 The counties work in very close
11 collaboration with OMH and OASAS, and those
12 agencies recognize the planning and oversight
13 role that the LGU plays in the local mental
14 hygiene system. And we want to make sure
15 that the LGU is recognized in reinvestment in
16 other areas of the budget as well,
17 specifically two.

18 In recent years there's been a number
19 of hospitals that have closed their inpatient
20 psychiatric units and the Governor proposes

1 services. The Article 7 language indicates
2 that OMH and OASAS, in consultation with DOH,
3 would be responsible for developing a plan to
4 allocate those savings.

5 It is imperative that the LGU is
6 included in this decision-making process to
7 best coordinate and determine how people who
8 are served in the community with behavioral
9 health needs can benefit from those dollars.
10 And we believe that language should be added
11 into the budget to assure that role as well.

12 Again, the LGU, we conduct annual --
13 submit local services plans. We have a
14 comprehensive planning process which is
15 data-informed and developed with input from
16 the community across systems. And those
17 local services plans are our roadmap for how
18 we identify priorities and develop services
19 and treatment in the community. It's a real
20 resource there, and we want to make sure that
21 those plans in the LG role are incorporated
22 into the decisions as to how the \$50 million
23 will be reallocated into the community.

24 Also, on the OPWDD side, the Executive

1 Budget indicates that they will be
2 transitioning 300 individuals from state
3 developmental centers into the community.
4 And we're advised that about \$50 million in
5 state funding will support the creation of
6 additional community-based services.

7 And while the conference, we applaud
8 the efforts of the Executive to expand
9 community services for OPWDD clients and we
10 agree that individuals with developmental
11 disabilities should be served in the least
12 restrictive setting, an integrated setting,
13 what we're concerned about is the lack of
14 coordination with the LGUs that has occurred
15 with OPWDD.

16 We have seen situations where
17 individuals have been discharged from the
18 developmental center directly to a provider
19 of services without any notification to the

1 for -- and they could also perhaps require
2 mental health or substance abuse services.
3 That's what we do. It's our cross-systems
4 role.

5 So we have come across situations
6 where the DCS's first introduction to an
7 individual who's been discharged into the
8 community is through either homelessness or
9 incarceration. We don't want that to happen.
10 And so we feel it's imperative that OPWDD
11 better coordinate with the LGU, notify the
12 DCS before individuals are discharged into
13 the community to ensure a smooth transition,
14 and that resources are allocated
15 appropriately.

16 The conference has written to the
17 commissioner about this issue. We'll be
18 following up with her to follow up on our
19 meeting request, but we also ask the
20 Legislature to include language in the budget
21 that would solidify this necessary
22 coordination.

23 And I'll pass it off to Mr. Bob Long
24 to talk about some other local priorities.

1 COMMISSIONER LONG: And again, we're
2 going to keep it brief, and you have our
3 written testimony.

4 But like other speakers have said,
5 this is -- I've been in the field for
6 40 years now, working in mental health in
7 New York State, and this is the first time
8 when I've seen preinvestment, investment, and
9 reinvestment all addressed up-front in a
10 budget. And certainly those of us who were
11 around in the '70s, as I was, and saw the
12 first deinstitutionalization movement where
13 we'd get, you know, "We'll gladly pay you
14 Tuesday for a hamburger today"

1 health home and criminal justice initiative.
2 There's \$5 million in the budget that would
3 allow for better coordination between health
4 homes and criminal justice. And we're
5 certainly all aware that the local
6 correctional facilities in some cases are the
7 largest mental health providers in the
8 country, and we want see that trend reversed,
9 and we want to see better coordination there.

10 We're also supportive of the change in
11 regulatory requirements in the Executive
12 Budget that would propose to add emergency
13 regulatory authority to the various
14 commissioners for the purpose of integrating
15 services between substance abuse, physical
16 health, mental health and developmental
17 disabilities. We know that a lot of the
18 people that we serve suffer from more than
19 one disability, they don't have illnesses or
20 live within the silos the way the state is
21 organized. And we're very pleased to see
22 that the commissioners would be given the
23 authority to move forward with integrating
24 those services.

1 And the last thing I want to mention
2 is I think something you've heard over and
3 over again, which is the one-year deferral of
4 the human services cost-of-living adjustment.

5 Again, as my colleagues have said over
6 and over again, we really feel that although
7 this doesn't necessarily directly benefit the
8 LGUs or impact the LGUs, it certainly impacts
9 the providers that we contract with and the
10 services that are provided in our
11 communities, and we want to strongly support
12 that that not be withstood and that in fact
13 the cost-of-living increase that was adopted
14 five years ago actually be put into place
15 this year for those human services providers.

16 Thank you.

17 CHAIRMAN DeFRANCISCO: Thank you very
18 much. I was listening behind you, so don't,
19 you know -- Assemblywoman Gunther.

20 ASSEMBLYWOMAN GUNTHER: Kelly, I can't
21 agree with you more that it's very important
22 to make sure that the local government units
23 are involved in the process regarding the
24 reinvestment in our communities. And as you

1 speak, Alison is writing the language to
2 write to the Governor.

3 And I just think that it's so
4 important to legislate from the bottom up,
5 not the top down, because I know that many of
6 the professionals that I've met, the
7 directors of mental health in the counties,
8 are unbelievable, and they have great
9 knowledge. And I think they could help us a
10 lot to have a more cost-efficient service.

11 MS. HANSEN: Thank you. We agree.

12

CHAIRMAN D-FRANCESCO: Secretary

1 money but we don't know how that money is
2 going to be distributed.

3 For example, we know that some of that
4 is going to be in the form of state employees
5 who are going to reassigned to community
6 services. We don't know how much of it is
7 cash, how much of it is that.

8 And although there has been the RCE
9 process and priorities have been identified,
10 we don't really have a sense of detail yet.
11 That's not unusual at this time in the budget
12 process, but it makes it difficult to think
13 about how that's going to work in our
14 communities.

15 SENATOR CARLUCCI: And were you part
16 of the Regional Centers of Excellence
17 planning team for Central New York?

18 COMMISSIONER LONG: Yes. Yes. There
19 was a director of community services, the
20 head of the LGU, who cochaired or
21 tri-chaired, actually, each of the RCEs.

22 SENATOR CARLUCCI: And what type of
23 community pilots could we be working on now
24 that would be something that you think would

1 be a move in the right direction?

2 COMMISSIONER LONG: I think there are
3 a number of things. I mean, certainly crisis
4 respite, things that keep people out of
5 emergency rooms, is something that's been
6 high on our priority list. We've actually
7 had the ability to start something, but we
8 haven't had the ability to sustain it. We
9 don't have any year-to-year operational
10 funding. I know that's a priority in a
11 number of communities.

12 Another example is crisis response
13 teams. Somebody mentioned the Memphis model,
14 the CIT, earlier, the training of the police
15 in that area, as well as having mental health
16 professionals who can be mobile and respond
17 to crises that occur in the community. It
18 saves Medicaid money because it keeps people
19 out of emergency rooms and out of hospitals,
20 and it also provides better care for people.

21 SENATOR CARLUCCI: Okay. And more for
22 the global view, for our Executive Director
23 Kelly Hansen, you're looking at all the
24 governments in New York State in terms of for

1 our commissioners of mental health. Do you
2 think that this \$25 million is adequate and
3 will be sufficient for what we're trying to
4 do?

5 MS. HANSEN: I think that the funding
6 we're seeing in reinvestment is a step in the
7 right direction, growing to \$44 million when
8 fully annualized.

9 Is there ever enough money? We're
10 happy this year that there's the \$25 million.
11 But also the pieces on the Medicaid side I
12 just want to say are really first-time events
13 for us, to be able to see Medicaid dollars
14 going into the community where there's a real
15 recognition that there is no health without
16 mental health.

17 And if the physical health issues need
18 to be addressed, someone who also has a
19 mental illness or an addiction issue, you
20 can't separate the two. And they need to be
21 addressed together in order to see what is
22 the priority, which is a significant
23 reduction in inpatient hospitalization in the
24 community.

1 SENATOR CARLUCCI: Okay, thank you.

2 MS. HANSEN: Thank you.

3 CHAIRMAN DeFRANCISCO: Thank you very
4 much. Appreciate it.

5 The next speaker is John Coppola,
6 New York State Association of Alcoholism and
7 Substance Abuse Providers, to be followed by
8 Ted Houghton.

9 And for those keeping score, the group
10 halfway down the second page, Coalition for
11 Behavioral Health Agencies, left. They
12 submitted their testimony. And if anyone
13 else would like to do it, they're welcome to.

14 You're on.

15 MR. HOUGHTON: All right, I'm going to
16 give it to John first.

17 MR. COPPOLA: I'd like to begin my
18 testimony first by focusing on the OASAS
19 budget. And as was correctly pointed out by
20 a number of legislators in earlier
21 questioning, it is a flat budget. And it's a
22 flat budget that comes at a time where we
23 really need more than a flat budget.

24 All of you are acutely aware of the

1 fact that the heroin crisis and prescription
2 drug crisis is affecting individuals and
3 families in New York communities. We see it
4 on front-page news almost daily, someplace in
5 New York State. We see it on television.
6 It's gotten an immense amount of publicity.

7 And I think that it is a good question
8 to ask ourselves does this budget give us the
9 resources necessary to reverse what is being
10 called an epidemic by the Centers of Disease
11 Control and Prevention. And the answer is
12 no.

13 In the State of Vermont, you may be
14 aware that the governor of Vermont dedicated
15 his entire State of the State address in
16 Vermont to the issue of prescription drug
17 addiction and heroin addiction that was
18 ravaging his state and very much affects the
19 border communities in Vermont and really
20 across all of New York State.

21 So when we think about the OASAS
22 budget and we think about the capital budget
23 that the commissioner talked about, I'd ask
24 you to consider one important point. To the

1 extent that there is anything in the pipeline
2 at OASAS right now or at the Department of
3 Health where there's substantial resources --
4 and I think the Governor is to be commended
5 and the commissioner at the Department of
6 Health is to be commended for including in
7 the Department of Health budget, particularly
8 as we look at moving from fee-for-service to
9 managed care, a significant amount of
10 resources to deal with behavioral health
11 issues. And behavioral health issues are
12 seen in the Department of Health budget as a
13 key to achieving many of the healthcare goals
14 that New York State has set forth.

15 But in the OASAS budget there are a
16 number of initiatives in the pipeline that
17 the commissioner mentioned. And I would just
18 ask you to monitor how quickly those are
19 coming on board. It would not be acceptable
20 to move at the same pace when we're in a
21 crisis situation. So I'd ask you to be
22 vigilant about paying attention to all of the
23 things that are contained in the Governor's
24 budget, to ensure that we're moving as

1 quickly as possible to establish these new
2 services and also to make sure that there are
3 additional services that we're able to
4 provide.

5 That's something you can do. You
6 know, I think every time I get on the Amtrak
7 train to New York City I look out the window
8 when I get close to the Tappan Zee Bridge and
9 I think about the determination of this
10 administration to make sure that the shovel
11 was in the ground and that progress was being
12 made on a regular basis on that Tappan Zee
13 Bridge.

14 When we talk about putting up a
15 treatment bed or we talk about strengthening
16 prevention or recovery services in a
17 community, I think we should be able to move
18 a little bit quicker than the Tappan Zee
19 Bridge construction. So I think that it does
20 require the same amount of dedication and
21 commitment to making sure that those things
22 happen in an expeditious manner.

23 I want to strongly encourage you to
24 include in your final budget the Department

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of Health recommendations that would help to
support our system.

A couple of suggestions. It's

1 expenditure of state funds. To say that it's
2 okay to open your doors to more people, we
3 can waive some regulations to make it
4 possible for somebody to not have to go on a
5 waiting list for a methadone treatment slot
6 in upstate New York.

7 So again, I think that we have some
8 resources at our disposal that can be easily
9 used, and I think that it really requires a
10 lot of vigilance from our state government
11 and from the Legislature.

12 I'd like to end by highlighting the
13 need for a comprehensive continuum of
14 services. We need to strengthen prevention
15 services in our communities. They're
16 woefully inadequate. We need more prevention
17 in schools, and we need more prevention in
18 communities.

19 Your commitment to making sure that
20 Naloxone is available for people who suffer
21 from overdose is critical. I saw an article
22 in Newsday recently where they talked about
23 120 overdose deaths, but they also talked
24 about 537 Naloxone interventions. Those all

1 could have been overdoses, but thank goodness
2 Naloxone was available. So we strongly
3 recommend increased availability of Naloxone.

4 Strengthening treatment and also
5 strengthening recovery support services are
6 also necessary. We recommending that you add
7 \$10 million to the OASAS budget for
8 prevention and treatment, and we're also
9 recommending that you add a million dollars
10 to the budget to establish recovery support
11 centers across New York State.

12 And one final add we ask for is that
13 you support the development of a data
14 warehouse for our system so that we can
15 closely monitor the outcomes in our programs
16 so that we can build better services.

17 I thank you for your support, and ask
18 that you work closely with us to strengthen
19 prevention, treatment and recovery services
20 across New York State. Thank you.

21 CHAIRMAN FARRELL: Thank you.

22 CHAIRMAN DeFRANCISCO: He didn't leave
23 you much time, did he?

24 MR. HOUGHTON: Okay. Are we sharing

1 the minutes? I'll try to keep it very short.

2 My name is Ted Houghton. I'm with the
3 Supportive Housing Network of New York. We
4 represent 220 nonprofits across the state
5 that build and operate supportive housing.

6 Thank you for listening and for your
7 questions. We really appreciate your
8 interest in this.

9 I agree with many of what the speakers
10 have been saying all day: Community supports
11 work. This investment in community-based
12 services is exactly the direction we need to
13 go in. But the fact is is that we need more
14 resources to do this correctly.

15 The fact is that supportive housing
16 works. Putting people who are formerly
17 homeless with disabilities into housing with
18 a little bit of services on-site really keeps
19 them stable in housing and not using all

1 peer supports and all sorts of other kinds of
2 interventions that are preventative and are
3 cost-effective, and they really help people
4 stay in the community. They make communities
5 stronger.

6 I'm going to talk about just one thing
7 today, and that's the Supported Housing
8 Program at the Office of Mental Health. The
9 Supported Housing model is a scattered-site
10 model of housing where you rent and provide
11 services for people in privately owned
12 apartments.

13 And it's an integrated housing model.

14 It really works for people with mental

1 rents have gone up and up and up, about
2 90 percent of that money is being spent on
3 rent. There's very little left for services.
4 And the program is becoming more and more
5 challenging for our providers to work and to
6 keep people stable in housing. They're just
7 not doing as well as they used to. We need
8 to have an increase.

9 The State Office of Mental Health has
10 recognized this finally and has added a
11 3.8 percent increase to the rate, about \$550
12 per unit per year in the downstate region
13 only. This is not nearly enough -- we think
14 it's about \$3,000 per unit per year that we
15 need to increase it -- but it's a step in the
16 right direction.

17 We propose that you double this and we
18 extend it to the rest of the state. It
19 really is a great need. It will be about
20 \$11 million to do that. And then if you
21 extend it to licensed housing that's licensed
22 by OMH, community residences and CR-SROs,
23 that's about another \$11 million, plus a
24 little bit of Medicaid, and that will get us

work places to where we need to be and create

1 CHAIRMAN DeFRANCISCO: The next
2 speaker is Ted Houghton, executive
3 director --

4 MR. HOUGHTON: That was me.

5 CHAIRMAN DeFRANCISCO: Oh. Oh, you
6 did it together. Now I see. I didn't
7 realize that. Okay, I'm sorry.

8 Edward A. Sassaman, M.D., along with
9 Mitchell Shear and Marcia Shear too and
10 whatever other members of the Shear family
11 that happen to be here, from the Judge
12 Rotenberg Educational Center. Are they here?

13 (No response.)

14 CHAIRMAN DeFRANCISCO: Okay, next.
15 NAMI-New York State, Thomas Easterly and
16 Sherry Grenz.

17 And on deck is Andrea Smyth.

18 MS. GRENZ: Good afternoon. I wrote
19 the testimony. We're grassroots. We're
20 NAMI. We're volunteers, we're not
21 professionals. We're the largest family and
22 consumer advocacy group in the state and the
23 country. But we are volunteers and not
24 professionals.

1 And when I put together the testimony,
2 I put it together based on what I thought the
3 reinvestment figures were. Now, after
4 listening to the hearings, I'm not quite sure
5 how much money we do have to work with in
6 reinvestment. And I've heard terms like
7 closures, reductions, consolidations. I'm
8 not quite clear if they're the same thing or
9 not.

10 So based on that, we're going to do
11 the best we can. And we're going to start
12 with -- you know who we are, we're NAMI.
13 With us is Irene Turski and Barbara Biasotti.

14 And I'd like to say that mental
15 illness is not a single illness. There are
16 many types of mental illnesses. There are
17 anxiety disorders, mood disorders, substance
18 abuse disorders, obsessive/compulsive
19 disorders, trauma and stress-related
20 disorders, and psychotic disorders, among
21 others. Most people with mental illness are
22 nonviolent, exercise good judgment, move
23 about freely in the community, and are
24 willingly treated in office settings.

1 I'm going to go on to our priorities
2 in case we run out of the time, because I
3 want each of the ladies with me, who have
4 never testified before, to have a minute or
5 two to tell you their story.

6 Now, we're going to start with these
7 are our five top priorities. That doesn't
8 mean there aren't other priorities. But the
9 NAMI-NYS priorities for the 2014-2015 year
10 are -- Irene?

11 MS. TURSKI: Number one is support
12 reinvestment in the mental health community.
13 Money saved from any closures must be
14 reinvested in the mental health community.
15 Such reinvestment should be a dollar-for-
16 dollar reinvestment and align with our belief
17 that all publicly funded community service
18 providers must offer practices and services

19

1 illness. Appropriate supports and services
2 are necessary so that our family members live
3 in a residence that provides them with as
4 much dignity and independence as possible.

5 Housing with adequate special services
6 will prevent our loved ones from multiple
7 emergency room visits, living homeless, or
8 being incarcerated, which ultimately ends up
9 costing taxpayers more money.

10 MS. GRENZ: Number three -- and it
11 doesn't necessarily mean it's our third
12 priority, because it's my top priority --
13 research.

14 As Chairman Farrell is the
15 Assemblyperson for Psychiatric Institute, and
16 Senator Carlucci for Nathan Kline Institute,
17 they are truly our hope for the future, two
18 jewels in the state. It is not enough for
19 New York State to merely sustain funding to
20 these institutes. The families believe that
21 the funding must be increased. Research
22 lines that have been frozen for years should
23 finally be allowed to be filled.

24 The cutting-edge work being done at

1 NKI and PI not only provides jobs to
2 thousands of New Yorkers but brings enormous
3 prestige to our state as well. Support of
4 neurobiological and clinical research into
5 the causes of mental illness and other brain
6 disorders is critically important so that
7 scientists can develop improved medications
8 and treatments and eventually find a cure to
9 prevent these devastating, disabling
10 diseases.

11 Not only is this the hope for patients
12 who suffer, and their families, but it is
13 also the best hope we have to reduce the
14 economic burden of illness on New York State
15 in the long run. As I often say, research is
16 our hope for the future, and the future is
17 now.

18 Barbara?

19 MS. BIASOTTI: Our fourth priority is
20 our support of expansion of crisis
21 intervention teams. Does that sound
22 familiar?

23 Contacts between law enforcement
24 officers and individuals experiencing mental

1 illness can be deadly, dangerous and also
2 result in poor outcomes for the individual.
3 That is why NAMI-New York State supports the
4 expansion of crisis intervention teams, which
5 consist of trained law enforcement officers
6 and mental health professionals working
7 together as first responders to deescalate
8 situations and take the appropriate action to
9 assist an individual in the midst of a severe
10 mental health crisis.

11 Several organizations throughout the
12 state have already passed resolutions to
13 endorse CIT. Some of them are New York State
14 Association of Chiefs of Police, New York
15 State Sheriffs Association, New York State
16 Defenders Association, New York State
17 Catholic Conference, and New York State
18 Association of Counties.

19 There are over 550 police departments
20 in New York State. Only 10 of them have CIT
21 right now. NAMI-NYS supports the statewide
22 expansion of CIT using the core elements
23 program out of Memphis which saves lives,
24 reduces harm, and results in better outcomes

1 for individuals.

2 Moving on, our fifth priority is to
3 support veterans' mental health
4 initiatives -- and I think you've heard this
5 before today. Returning combat veterans are
6 experiencing high rates of serious mental
7 illness such as suicide, addiction,
8 homelessness, incarceration that's related to
9 posttraumatic stress disorder, and traumatic
10 brain injury.

11 More must be done in New York State to
12 provide these courageous men and women with
13 the full range of services and supports that
14 they need and deserve.

15 MS. GRENZ: Although NAMI-NYS
16 respectfully opposes OMH's recommendations
17 regarding closures of state-run psychiatric
18 hospitals and reduction of psychiatric
19 hospital beds, in the event that the state
20 moves forward in spite of our opposition --
21 and I must tell you, the number-one reason we
22 get for support calls to our NAMI-NYS office
23 is for family members who can't get their
24 very sick relatives into a hospital. They're

1 told there are no beds available. And then,
2 later on, we're told here that "We closed
3 down that facility because nobody used those
4 beds." So it's a problem.

5 It is essential that savings from
6 every bed and/or facility closure and
7 consolidation, as well as monies from the
8 sales of property, be reinvested into
9 community-support mental health services.

10 Many of us mental health advocates
11 remember the first reinvestment initiative in
12 1993, when there were significant cuts to OMH
13 facilities. We were promised that these
14 savings would be reinvested into community
15 mental health services. They were not.

16 An oversight committee comprised of
17 stakeholders, including representatives from
18 NAMI-NYS, should be formed to ensure that
19 this does not happen again.

20 Irene?

21 MS. TURSKI: I'm from Buffalo, in Erie
22 County, and I'm here for my beloved older
23 sister, Christina, who has a serious mental
24 illness.

1 If someone had told me 15 years ago my
2 family would be going through this, I would
3 have never believed it. We have been through
4 hell trying to find a suitable inpatient
5 psychiatric hospital facility for my sister.
6 After being an advocate through NAMI since
7 1999, I am here to state there is a shortage
8 of inpatient beds in psychiatric facilities
9 for people with serious mental illness.

10 Imagine the panic when I was told

11 there was no opening for me at

1 hospitals throughout New York State. Where
2 will these people go? We must have more
3 money for inpatient beds in our psychiatric
4 hospitals for the people with serious mental
5 illness, along with housing, special
6 services, and access to all medicines that
7 will keep them and the public safe.

8 There are people with mental illness
9 that can function in the community with
10 minimal special services, but please do not
11 forget the others with serious mental
12 illness. They are the innocents who will
13 never be here advocating for themselves
14 because they are too ill. I should not have
15 to fight with hospitals, facilities and the
16 government so my sister can have a safe place
17 to live and be properly medicated.

18 I beg all of you to please listen to
19 my plea for help. We must have the funding
20 to properly house and treat our loved ones
21 with serious mental illness. Their future,
22 their very existence lies in our hands. Do

1 MS. GRENZ: Could I have one more
2 minute? I could do it in 60 seconds.

3 CHAIRMAN DeFRANCISCO: Do you see all
4 those people up there?

5 MS. GRENZ: Okay, I'll go fast. Thank
6 you.

7 Media coverage in recent months has
8 highlighted the horrors of mall shootings,
9 school shootings and even shootings of
10 politicians by those with serious mental
11 illness. However, the overwhelming majority
12 of people with mental illnesses are not
13 violent and are more often the victims of
14 crime than the perpetrators. But when an
15 incident of such magnitude occurs, the public
16 doesn't differentiate between the very few
17 who, if untreated, might be violent, and the
18 rest of the seriously mentally ill who are
19 never violent.

20 Those of you who watched Virginia
21 Senator Creigh Deeds' story --

22 CHAIRMAN DeFRANCISCO: Excuse me.
23 Excuse me. We get the point. I mean, we
24 know about the --

1 MS. GRENZ: Okay. Then I will thank
2 you.

3 CHAIRMAN DeFRANCISCO: No questions?
4 Thank you very much.

5 And every time I see the name of NAMI,
6 I think of Joe Gentile.

7 MS. GRENZ: Our former president Joe
8 Gentile, yes, from Syracuse.

9 CHAIRMAN DeFRANCISCO: Wonderful man.

10 MS. GRENZ: Thank you. And thank you
11 for listening.

12 CHAIRMAN DeFRANCISCO: I guess the
13 Shears and Dr. Sassaman have turned up. They
14 were found wandering the halls in a daze
15 after listening to all the testimony.

16 (Laughter.)

17 CHAIRMAN DeFRANCISCO: And they have
18 assured me that if they're allowed to
19 testify, they will not put us into another
20 daze, they're going to be very brief. Thank
21 you.

22 To be followed by Andrea Smyth.

23 DR. SASSAMAN: Good afternoon. I'm Ed
24 Sassaman. I'm a pediatrician. I live in

1 Rochester, New York.

2 I trained at Harvard, went to medical
3 school there, did all of my pediatric
4 training at Children's in Boston, my
5 fellowship there. And for over 30 years I've
6 been a consultant at the Judge Rotenberg
7 Center.

8 It's a unique place. The children and
9 young adults who come there are unlike others
10 with autism. We're talking about if the
11 incidence of autistic spectrum disorder is
12 one in 100, we're talking about one in 10,000
13 of those one in 100. So it's a very, very,
14 very unique and special school.

15 The vast majority of children can be
16 successfully treated in their own community,
17 which is where they belong, in a loving,
18 supportive home and with services in the
19 community. But the students at the school
20 have not done well in their communities. The
21 students have come there having blinded
22 themselves, having torn out their teeth, torn
23 out their hair, bitten through various
24 organs, swallowed knives, swallowed razor

1 blades -- not because they do it willfully,
2 but that's part of their disorder. And so
3 these are individuals who need a unique form
4 of treatment.

5 I'll just give examples of one
6 student. This is a young man who is now 38.
7 He arrived at the school when he was 13. At
8 that point he had tuberous sclerosis, which
9 is a very rare disorder, as well as autism.
10 And his seizures were uncontrollable because
11 he could not go to see neurologists here in
12 New York City because he couldn't be
13 controlled.

14 And so shortly after arriving at the
15 school, his behavior began to get under
16 control. He began seeing a neurologist at
17 Brown -- which is where the school was
18 located at that point, in Providence, and
19 more recently at Children's in Boston -- and
20 his seizures were under excellent control.
21 Other behaviors, however, surfaced. He bit
22 off the top third of his tongue. He bit
23 through his mouth. He began pulling out his
24 teeth. He began pulling out his hair. He

1 almost detached both retinas because of
2 severe self-injurious behavior.

3 But over time, those behaviors got
4 under control, and now he's doing exceedingly
5 well.

6 And so again, for very, very, very,
7 very unique students, this is a program that
8 cannot be replicated anywhere. The
9 services are just available there. If these
10 individuals were brought back to New York
11 State and placed in facilities that could not
12 control their behavior -- and the services
13 and skill set are very, very difficult and
14 very unique -- then chances are these
15 individuals would be back on all kinds of
16 medications, which are exceedingly expensive,
17 and would wind up in hospitals for a
18 prolonged stay.

19 So again, this is a unique service at
20 a very unique school.

21 DR. SHEAR: Hi. My name is
22 Dr. Mitchell Shear, and this is my wife
23 Marcia. I'm here to discuss our concerns
24 about the pending budget change to bring

1 developmentally disabled children back to
2 New York State.

3 I'm a physician, but today I just want
4 to talk to you as a father, the father of one
5 of these children. Her name is Samantha.

6 We first noticed there was a problem
7 with Samantha before the age of 2. She
8 wouldn't relate well, she had very few words,
9 and she would cry a lot. Over time she
10 became more violent and irritated. We
11 realized there was a problem. And she was
12 labeled as autistic, and we had her sent to
13 various schools in New York State over the
14 years.

15 In addition to that, we had therapy at
16 home, we had therapists coming to the house,
17 multiple therapists, most of which we paid
18 for, and we had her under the care of a
19 psychiatrist who gave her a lot of
20 psychotropic medications. These medications
21 had some horrible side effects. She stopped
22 eating, she had twitches, she was irritable,
23 she was sleepy.

24 And over the years, these behaviors

1 got worse. She would be aggressive towards
2 us, she would bite people, she would hit
3 people. We couldn't take her anywhere. We
4 became prisoners in our own home.

5 And eventually it reached a point --
6 she was also very self-abusive. Eventually
7 it reached a point when she was about 11
8 years old that everybody said you can't keep
9 her in your house anymore, she's better off
10 at a residential school. So anyway, at age
11 11 we did send her to a residential school in
12 New York State. And we told them about the
13 behaviors, and at first they said, no
14 problem, she'll be easy. Anyway, within six
15 months they were begging for us to take her
16 out of the school.

17 What happened is they had her in
18 restraints all time, had her in helmets. She
19 was still hitting herself, she was still
20 biting. She was full of bruises. And what
21 happened is she eventually hit herself in the
22 head so many times with such severity that
23 she detached both retinas of the eyes.

24 So at that point the school said,

1 You're better off at a different place. And
2 that's when we found JRC in Massachusetts.

3 We brought her to JRC. We went
4 through a process to get the GED device
5 approved.

6 CHAIRMAN DeFRANCISCO: Excuse me a
7 minute. But to maintain domestic
8 tranquillity, you'd better leave your wife a
9 little bit of time. Okay?

10 DR. SHEAR: Oh. See, this is the
11 opposite at home. She does most of the
12 talking there.

13 MS. SHEAR: That's okay. Thank you.

14 DR. SHEAR: I'll be done soon.

15 Anyway, so we got the GED approved.
16 It involved a court process and our approval,
17 and we tried the GED ourselves.

18 Anyway, within a few weeks, what
19 couldn't be done in the past 11 years was
20 accomplished. Her behavior stopped, she
21 became happy, all her bruises went away, she
22 put on weight, she did extremely well. And
23 what happened is she needed six or surgeries
24 to repair her retinas, and this could never

1 have been done if she was in the previous
2 circumstances. She would have hit herself,
3 and the retinas never would have healed.

4 So she got partial sight back, and
5 subsequently she needed orthopedic surgery,
6 and she was able to do that as well.

7 So now she's happy, she's well
8 related, she's fun to be with, she's safe.
9 And we have great fears about bringing her or
10 children like her back to New York State.
11 Because we did try programs in New York

1 I'm his wife, Marcia.

2 Samantha is amazing now. She's
3 blossoming, she's beautiful. That wasn't the
4 case, as you heard from my husband.

5 So I'm appealing to you as a parent.
6 And I'm appealing to you to give us the right
7 to have due process to, you know, fight
8 against OPWDD if they say all the kids from
9 New York State have to come back to New York
10 State.

11 Not every kid -- everybody is
12 different. Everybody is, you know,
13 different. And basically we feel we would
14 like to have the right to appeal. Because
15 we're so happy with where she is right now.
16 And I really appeal to you as a parent. We
17 never thought she would turn out like this,
18 so happy and loving. I mean, what a
19 difference. That's it.

20 DR. SASSAMAN: As compelling as
21 Samantha's story is, and the story of the
22 young man that I described, the other 44
23 individuals who New York is planning to bring
24 back are just as compelling. Every one of

1 them is unique. Every one has a
2 heart-wrenching story. And they've been --
3 the families have been through hell. And
4 they do have a degree of peace now, both the
5 families and the students.

6 CHAIRMAN DeFRANCISCO: Thank you very
7 much. You're referring, obviously, to the
8 part of the budget where a hundred
9 individuals will be brought back to New York
10 State. These are the individuals you're
11 talking on behalf of?

12 MS. SHEAR: Yes. Yes.

13 DR. SHEAR: Yes.

14 CHAIRMAN DeFRANCISCO: Who are doing
15 well under -- when they weren't previously.

16 DR. SASSAMAN: Yes.

17 CHAIRMAN DeFRANCISCO: Thank you.
18 Senator Carlucci.

19 SENATOR CARLUCCI: This is for
20 Dr. Sassaman.

21 In your professional opinion, have you
22 seen cases where patients have left JRC, come
23 to New York, and then needed to be
24 readmitted?

1 DR. SASSAMAN: Yes. There are two
2 students I know of within the past four years
3 where that's happened. There are others that
4 I'm not familiar with. There are students
5 who have left the JRC who have died in
6 New York State. There are students who have
7 left the JRC who have wound up heavily
8 sedated and hospitalized for long periods of
9 time.

10 SENATOR CARLUCCI: So under the
11 Executive's proposal to end tuition payments,
12 it's your opinion that they would have to
13 come back to New York?

14 DR. SASSAMAN: Yes. And the cost of
15 the medication, the cost of the residential
16 program, and the cost of the hospitalization
17 in New York State would be substantially more
18 than the cost of the students' tuition in
19 Massachusetts.

20 SENATOR CARLUCCI: And in your
21 professional opinion, what types of places
22 would these individuals need to be placed in?

23 DR. SASSAMAN: OPWDD provided a list
24 of 15 facilities in their documents. And I

1 went through the websites of each of those
2 15. And admittedly you can't tell a lot from
3 a website, but you can tell at least the
4 professional training of the staff. And of
5 the 15, there was just one where I felt that
6 the level of sophistication of the staff met
7 the standards that the students currently
8 have in Massachusetts.

9 Many of the programs only provided
10 services for children 3 through 21, didn't
11 even mention services for adults. Many of them

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

1 much.

2 DR. SASSAMAN: Thank you.

3 CHAIRMAN DeFRANCISCO: The next
4 speaker is Andrea Smyth, executive director,
5 New York State Coalition for Children's
6 Mental Health Services.

7 On deck, Melissa Spicer.

8 MS. SMYTH: Thank you, Chairman
9 DeFrancisco, Chairman Farrell, and the other
10 honorable members of the Legislature. I am
11 Andrea Smyth. I'm the executive director of
12 the New York State Coalition for Children's
13 Mental Health Services.

14 There is a lot to like in the
15 Governor's budget, but we start off with a
16 list of things that we hope you will consider
17 amending.

18 We urge the Legislature to support but
19 modify the APG pass-through recommendation in
20 the Article 7 bill. The date that that would
21 sunset is listed as December 2017, so we're
22 seeking an amendment that would specify or
23 until 12 months after the full transition of
24 currently exempt child and adolescent

1 populations into managed care is complete.
2 We think that was the legislative intent
3 anyway, by putting a specific date. But all
4 of these transitions to Medicaid managed care
5 are being done carefully and taking more time
6 than the anticipated dates.

7 We ask you to authorize the newly
8 proposed reinvestment program. This is in
9 the Article 7 bill. This would give the
10 Department of Health and the Office of Mental
11 Health, Office of Alcoholism and Substance
12 Abuse Services, under the community-based
13 behavioral health services reimbursement
14 program, the ability to take funds after we
15 transition people into Medicaid managed care,
16 and reinvest them into the community.

17 This is completely separate from
18 hospital closure discussion. This is a newly
19 proposed reinvestment program that would take
20 savings achieved under Medicaid managed care
21 and allow the commissioners to say how much
22 it is and what it would be invested into.

23 We do ask that you consider
24 identifying a couple of priority areas for

1 investment, including a children's essential
2 community provider program to preserve the
3 children's safety net providers through
4 December 2017 or until the transition of
5 currently exempt children's services are made
6 into managed care. This would allow the
7 creation of something similar to the vital
8 access provider on the hospital side to be
9 created out of that reinvestment fund for
10 outpatient children's mental health capacity.

11 We accept the Executive's
12 recommendation -- we accept, I hope you
13 accept -- the recommendation to take over
14 rate-making for the Child Health Plus
15 insurance product, but amend the proposal.
16 Because the proposal now is to freeze Child
17 Health Plus rates at 2014 levels. And I'm
18 going to go into a little detail on a crisis
19 in the children's mental health clinics. But
20 unless we can get commercial insurance to pay
21 us more for a behavioral health rate, those
22 clinics are going to go out of business.

23 And so we say take over Child Health
24 Plus at the Department of Health, but do not

1 freeze the behavioral health visits.
2 Instead, authorize the APG pass-through for
3 Child Health Plus. You'd have to invest a
4 little bit in the premiums, but we're just
5 suggesting it for the behavioral health
6 visits.

7 And we hope that you would consider
8 amending the eligibility for the proposed
9 \$1.2 billion capital fund for hospital
10 transformation to include residential
11 treatment facilities, which are a subclass of
12 hospitals, children's mental health
13 residential providers, to allow them to
14 transition their services.

15 And we hope that you'll support Raise
16 the Age, although we'd like the report from
17 the commission to include recommendations of
18 the types of services that need to be develop
19 to support the children if we are not going
20 to incarcerate them.

21 So this would be an expansion of
22 things like the one juvenile justice
23 residential treatment facility that currently
24 operates in New York City. We need to know

1 from that commission the other types of
2 services that would be needed to be able to
3 support the change of the criminality from 18
4 to 16.

5 We also ask for specific additions to
6 the budget. Currently the Governor allows
7 the existing Community Mental Health
8 Workforce Reinvestment Act to lapse. The
9 sunset date is March 31, 2015. This is,
10 again, completely separate from the
11 preinvestment. We like the \$25 million;
12 maybe if you want to do something around
13 that.

14 But there is nothing in statute that
15 gives the formula, as you raised today. Why
16 would we let the old formula sunset without a
17 new formula being developed. And so we're
18 asking for a one-year extension. And if you
19 wanted to make changes to that old
20 reinvestment, that would be welcome too, to
21 reflect the \$110,000.

22 We also ask the Department of Health
23 and the Office of Mental Health to institute
24 a rate code modifier for behavioral mental

1 health children's clinics for visits under
2 the age of 21.

3 So let me just turn -- if you could
4 bear with me for one second, and I will be
5 done. There are some charts attached to the
6 back of your testimony. These are pie
7 charts. They show the status of children's
8 behavioral health outpatient clinics in
9 New York State.

10 So, Senator DeFrancisco, I'll pick on
11 Central New York region. It's on the back of
12 the chart.

13 So in Central New York, 20 counties in
14 an OMH regional office, there are three
15 children-only outpatient clinics operating
16 currently. Sixty-seven percent -- you can do
17 the math; 67 percent of 3 is 2 of the
18 three -- are currently distressed.

19 Distressed means that they are losing, in
20 operations, at least \$100,000 or more. And
21 that data was before the APG rate -- which
22 was a drop of at least 66 percent in the
23 outpatient clinic rate, an average of
24 66 percent -- went into effect on October 1,

1 2013.

2 So any clinic that was concerned or
3 very concerned before October 1st will fall
4 into distressed. And so I present to you
5 that the three kids-only outpatient clinics
6 in Central New York will probably have to
7 close in 2014 without intervention because
8 they will all be fiscally distressed.

9 And I did that for every single
10 region. There are, of course, clinics that
11 operate for children and adults. But
12 71 percent of those are concerned in Western
13 New York; 79 percent of those are concerned
14 or distressed in Central New York; 66 percent
15 in Long Island, and so on and so forth.

16 And so we have three recommendations
17 to try to prop up the clinics until we get to
18 the transition of Medicaid managed care:
19 Authorize DOH and OMH to come up with a
20 modifier for kids' visits; take over the
21 Child Health Plus rates and do the
22 pass-through for them until the transition is
23 complete so that they can get the Medicaid
24 rate; and create this essential community

1 provider pool out of the newly proposed pool
2 so that distressed providers' capacity is not
3 lost before we move to managed care.

4 CHAIRMAN DeFRANCISCO: Excellent.
5 Thank you very much.

6 MS. SMYTH: Thank you.

7 CHAIRMAN DeFRANCISCO: Appreciate it.
8 Next year I'll definitely read your name out
9 correctly the first time.

10 Melissa Spicer, board president, Clear
11 Path for Veterans, with her friend.

12 Next is the New York State Catholic
13 Conference.

14 MS. SPICER: So good afternoon.
15 Melissa Spicer, Clear Path for Veterans.

16 So to my left is our executive
17 director, Gary Yapple, who has been serving in
18 the National Guard for 28 years.

19 MR. YAPPLE: Good afternoon.

20 MS. SPICER: I'm going to share with
21 you some of the lessons learned. I have been
22 working in the veterans space now since 2010.

23 Just a quick back story. Clear Path
24 for Veterans is a community-based

1 organization started by myself, my sister and
2 a veteran, so it's very grassroots. And
3 since our inception in 2010, we started with
4 nonclinical options for veterans that are
5 leaving the military, with our Dogs to Vets
6 service training model.

7 So I am businesswoman who had some
8 success in the business world, so with
9 anything that you ever do in business, you
10 listen to your people that you are serving.
11 And in this case it's the veterans.

12 So what I would like to share with you
13 today is what I have learned. I am not here
14 to proclaim that I am the expert on veteran
15 issues. The man to my left is really the
16 expert. But what I am here to share with you
17 is some of the important issues that we're
18 facing not just as communities but as a
19 country.

20 I have lived in Central New York for
21 five generations, so I know my community
22 well. I am committed to my community, and I
23 hope to make a difference. How I got into
24 advocating for veterans was a long process.

1 interest in helping people, and then I found,
2 as I really got to know the veteran needs,
3 this is a great resource within our
4 community. I then opened up my mind and I
5 opened up my ears, and I've done nothing but
6 listen.

7 I have traveled up and down the
8 Thruway, to Buffalo, to Rochester, to Albany,
9 down to Binghamton, up to Fort Drum, to
10 listen and see what's already being done in
11 the state, what is being done well, where is
12 money being wasted, and how can we better
13 serve the population that so desperately
14 needs us right now.

15 Most importantly, I've earned their
16 trust. And I now like to share with you some
17 of what they are sharing with me.

18 One of the favorite quotes that I
19 always read every day is from George
20 Washington. During the Revolutionary War he
21 wrote: "The willingness with which our young
22 people are likely to serve in any war, no
23 matter how justified, shall be directly
24 proportionate to how they perceive the

1 veterans of earlier years were treated and
2 appreciated by their nation."

3 And one of the things, when I started
4 to work with veterans, what I heard a lot of
5 was support for our military. And I think
6 that we as a community need to define that.
7 And that's what I'm hoping to share with you
8 today.

9 There is a model out there that
10 Dr. Edward Tick addresses, in that PTSD is
11 not just a mental health issue, it is
12 actually a fracture of soul. In any trauma,
13 any combat veteran will tell you that
14 sometimes they need a hand up, not a handout.

15 We at Clear Path were recipients of
16 the Joseph Dwyer grant, which enabled us to
17 form peers within our one-stop
18 community-based organization that helped
19 those just transitioning out of the military
20 to access services that were available.

21 So the Ed Tick model is the life cycle
22 of a warrior is service after service. It's
23 not coming out and you're broken. So 50
24 percent of our mission at Clear Path is to

1 educate the community on warrior culture,
2 because that has been around for 5600 years.
3 And we've been to war 14,200 times in that
4 5600 years. The only thing that has changed
5 is community response. So we're really
6 attempting to modernize that model.

7 What does not work is pigeonholing
8 issues, addressing only one issue -- well, if
9 they had a job they'd be fine. If they had a
10 place to live, they'd be fine. When we do
11 that, we are really missing really what they
12 need, which is a holistic approach.

13 Mission shift does not work. I've
14 seen a lot of organizations that have been
15 around for a long time, lots of nonprofits
16 that do wonderful things. And because
17 there's funding available, now they are
18 shifting and addressing some of the needs of
19 our veterans.

20 Assuming what has always been done
21 always works. We are at a very important
22 place right now. We're getting ready to
23 transition a lot of military men and women
24 out after 13 years of combat. So I'm here

1 today to talk about prevention and

2 intervention and to come to us with

1 they're in the military.

2 What does work also is you have to
3 break down New York State as a whole. We
4 have upstate and downstate. Anything north
5 of Binghamton, in my opinion, is rural. When
6 you live in a rural community, resources are
7 scattered. The veterans are not going and
8 living in the city of Syracuse, they are
9 going into the rural areas. So bringing your
10 resources in and having your peers help them
11 navigate the resources really is what we're
12 finding to be successful. They do not move
13 to the cities.

14 And finally, in conclusion, I just
15 want to say that we really, none of us here,
16 know what we're facing. We are all in this
17 together. And we come to you obviously
18 because we need some support from you, from
19 the state. New York State is home of what
20 changed our servicemen and women's lives.
21 9/11 happened in this state, and it only
22 makes sense that we would be the leaders on
23 this issue.

24 Sustainability options are out there.

1 I think one of the things that bugs me the
2 most is we have the head football coach of
3 the Buffalo Bills supporting Clear Path, but
4 yet I watch all of these New York State
5 professional football teams with TBI issues,
6 and here we've got all these soldiers with
7 TBIs, yet we have an organization that does
8 great things called the Wounded Warrior
9 Project, and they draw out millions and
10 millions and millions of dollars out of our
11 state. So that's something that we
12 collectively could all work on.

13 And I think overall we just have a
14 wonderful opportunity to take leadership on
15 this. I think Rochester has already done
16 that. And our hope at Clear Path is that you
17 will consider to extend the Joseph Dwyer
18 grant so that we can as a state work with the
19 other communities and really get it right.

20 So thank you.

21 CHAIRMAN DeFRANCISCO: Thank you very
22 much.

23 I'm very familiar with your program.
24 I've been at your facility many times, a

1 facility that you and your family donated to
2 have a wonderful, beautiful place for
3 veterans in their transition. And your
4 programs are terrific.

5 That's why I helped you with that
6 grant, and I'm sure others who are hearing
7 this for the first time should be considering
8 similar programs in their areas. And I would
9 guess that you're willing to talk with anyone
10 in another area of the state that would like
11 to see what you're doing and how they can do
12 it.

13 MS. SPICER: We would love to. I am a
14 volunteer, and I have a vision that healthy
15 veterans can transform communities. And both
16 Gary and I would be more than happy to do
17 that.

18 CHAIRMAN DEFRANCISCO: Thank you very
19 much. Appreciate it.

20 MR. YAPLE: Thank you.

21 SENATOR KRUEGER: Thank you.

22 CHAIRMAN DeFRANCISCO: The next
23 speakers are Anne Ogden and Lori Accardi,
24 New York State Catholic Conference.

1 MS. ACCARDI: Good afternoon,
2 Senator DeFrancisco and distinguished members
3 of the Senate and Assembly. I thank you so
4 much for bearing with us and for still
5 listening to us at this hour after so many
6 hours of testimony.

7 My name is Lori Accardi. I'm the
8 executive director of Catholic Charities in
9 Broome County, chair of the Behavioral Health
10 Community for the Council of Catholic
11 Charities Directors under the New York State
12 Catholic Conference.

13 We have agencies in every county of
14 the state. The Catholic Church is the
15 largest provider of education, healthcare and
16 human services in New York State. And in
17 New York State we provide mental health
18 services to 70,000 individuals as well as
19 addiction treatment services to about

1 Services of the Diocese of Albany.

2 I'm going to really talk to you about
3 just three areas. The whole plan that's
4 being developed in conjunction with the
5 closures and the Regional Centers for
6 Excellence, I've been with Catholic Charities
7 for 34 years. I'm a social worker by trade,
8 and I was here when people were first exiting
9 the Binghamton Psychiatric Center, which is
10 now the Greater Binghamton Health Center.
11 And I am in the area where some of the
12 closure is proposed, so this is near and dear
13 to my heart.

14 I am, however, very -- on behalf of
15 all of us, we are very supportive of the move
16 to community-based services for people with
17 mental illness. That is where the majority
18 of people are. We want to make sure that
19 this happens in a very planful way, however,
20 so that no one gets hurt, so that there's
21 adequate access to hospital beds in the
22 geographic regions within reach, so that
23 people don't have to travel long distances.

24 I think this can all be done in a very

1 And so I think that is a model that
2 can definitely work within our state. And
3 we're very excited about this as well as
4 somewhat anxious. We are, as one of the
5 areas where closure is planned, being
6 presented with individuals who need to come
7 out of the state psychiatric center. We have
8 long worked with our partners at GVHC with
9 long-stay individuals and are the major
10 residential provider in that area and are
11 ready and willing to do everything we can.
12 However, we do want to hear more about the
13 plans for what's going to be preinvested in
14 the community before this happens.

15 The idea of preinvesting is also such
16 a welcome word. Reinvestment has been with
17 us since the '90s, but preinvesting, doing
18 and doing at least on parallel paths and
19 before it happens, is a very important
20 concept and something that you can really
21 help to monitor to make sure it really does
22 happen. I've heard some of my colleagues
23 talk about the fact that it didn't totally
24 happen before. Some reinvestment did happen,

1 but then it stopped.

2 We have to make sure that we don't
3 lose these resources for mental health,
4 because once they're gone, they are truly
5 gone.

6 Secondly, we want to talk very
7 passionately and vehemently on behalf of the
8 COLA. In my small agency we employ about
9 500 people. Many of those people are
10 entry-level mental health professionals as
11 well as the direct support professionals that
12 are being discussed. And they are really
13 suffering to really bring home the basic
14 necessities for their families. We have been
15 delayed for so many years, and it is so
16 gratifying to hear all of you beginning to

1 really is the new venue for people. As they
2 have shifted out of institutions, some of our
3 individuals have shifted into jails.

4 There were a lot of initiatives such
5 as alternative mental health courts. Funding
6 has been lost for those. We do have a crisis
7 intervention team in Binghamton and Broome
8 County. I'm sorry to say the genesis of that
9 was really a tragedy where one of our
10 individuals with mental illness who did not
11 speak English as his first language was shot
12 and killed as part of a situation where he
13 was making a fire -- whether he was making it
14 as an arson fire, which was thought, or just
15 simply to keep himself warm. He did have a
16 knife in his hand; it was a kitchen knife.
17 He was shot to death. And it was a great
18 tragedy for all of us.

19 Out of that came the crisis
20 intervention team. And I know that it has
21 been successful in our area, and we hope to,
22 through the preinvestment and reinvestment,
23 add to that team additional social workers to
24 help the police out. So that's the third

1 area where we would really ask your help.

2 And also we were great supporters of
3 the SHU bill to make sure that people who are
4 mentally ill were not confined to solitary
5 confinement unnecessarily. And we're very
6 concerned that this is creeping back as a big
7 problem, and hope that you will look into
8 that and make sure that we have the resources
9 to treat people and deter them from going
10 into prison.

11 At this point I want to turn over our
12 testimony to Anne Ogden, who will take it
13 from here.

14 MS. OGDEN: Good afternoon, and thank
15 you for the opportunity to present.

16 I'm Anne Ogden. I'm the executive
17 director of Catholic Charities Disabilities
18 Services in the Diocese of Albany. I also
19 serve as the chairperson of the New York
20 State Council of Catholic Charities Directors
21 Developmental Disabilities Committee. We
22 work closely with OPWDD, and I represent the
23 New York State Catholic Charities on the
24 OPWDD Provider Council to share the

1 perspective of the not-for-profit service
2 providers in New York State.

3 The Executive Budget calls for an
4 appropriation that is a decrease of
5 \$224 million from last year. Most of this
6 decrease is attributed to reduced
7 appropriations for capital projects, and
8 there are also cuts for state operations and
9 a proposed reduction including the savings
10 from transitioning individuals from
11 segregated settings such as developmental
12 centers, intermediate care facilities and
13 sheltered workshops to more integrated
14 community-based settings.

15 We strongly support the creation of
16 new and enhanced opportunities for
17 individuals who can succeed in community
18 employment. However, beginning the
19 transformation process by reducing the
20 funding for existing workshop services
21 disrupts employment opportunities for people
22 transitioning out of those workshops and for
23 individuals and children aging out of school,
24 and could result in unintended loss of

1 employment opportunities.

2 Adequate transition time is needed to
3 ensure thoughtful transformation of
4 employment supports. Incentives to make
5 transformations and due consideration of
6 personal choice are also critical.

7 Additional financial investments are
8 also necessary to support individuals with
9 developmental disabilities who need
10 residential supports and services. This
11 includes individuals who are no longer able
12 to live with a family member and individuals
13 transitioning from developmental centers.

14 While there is a \$50 million exclusion
15 for new services and the annualization of
16 services in the budget, this amount is not
17 adequate to support the growing residential
18 needs of those living at home with their
19 aging parents and whose own medical needs
20 make it impossible to continue living on
21 their own.

22 We also support the expansion of the
23 Nurse Practice Act exemption that is
24 proposed, as long as it is paired with

1

investments to ensure adequate training and
provision of direct support professionals

1 individuals.

2 It is important that significant
3 changes be implemented in a manner that
4 ensures services to recipients are not
5 negatively impacted. Cuts in funding at this
6 time of momentous change will not only
7 undermine the system of services but will
8 jeopardize the transformative efforts
9 underway. If we want our system to
10 transform, we need to invest in that
11 transformation.

12 Thank you for your consideration of
13 our comments.

14 SENATOR KRUEGER: Thank you very much
15 for your testimony today, ladies.

16 MS. ACCARDI: Thank you.

17 SENATOR KRUEGER: Our next testifier
18 will be Michael Carey, parent advocate, if
19 he's here, followed by our final testifiers,
20 from Self-Advocacy of New York State, if they
21 want to move up front and get ready.

22 ASSEMBLYMAN OAKS: We've been joined
23 by Joe Saladino.

24 SENATOR KRUEGER: We've been joined by

1 Senator Marty Golden.

2 MR. CAREY: Hi. My name is Michael
3 Carey. I'm the father of Jonathan Carey, who
4 was my precious first-born son. Jonathan was
5 born on September 12, 1993. Jonathan's name
6 means "a gift from God," and Jonathan lived
7 up to his name without question.

8 Jonathan was not only a gift from God
9 to my wife Lisa and I and his younger brother
10 Joshua, but to so many others that got to
11 know him. I believe he was also a gift to us
12 all here in this room and in New York State,
13 and I will briefly explain why.

14 But first, each of you hearing or
15 reading this testimony must understand a
16 little bit more about Jonathan. Jonathan
17 loved God, and Jonathan loved people. Which
18 sums up the two greatest commandments our
19 Lord has given us. Do this and you will live
20 the Lord Yahushua/Jesus says in His written
21 Word.

22 Jonathan loved and Jonathan lived.
23 Jonathan demonstrated to me love like no
24 other person here on earth has, treating me

1 incredibly special, treating me like royalty,
2 lighting up almost always when he saw me or I
3 entered into the room.

4 Jonathan also loved horses and too
5 would light up with excitement when he saw
6 horses or visited any local stables.
7 Jonathan would hug people or even sometimes
8 kiss people that he barely knew. Jonathan
9 was and is a very special person. Jonathan
10 again was the most loving person here on
11 earth that I personally ever have known.

12 Jonathan was diagnosed with mental
13 retardation at 19 months old, and then he was
14 diagnosed with autism at 6 years old, and
15 then with posttraumatic stress disorder as a
16 result of severe child abuse at the age of
17 12.

18 Jonathan was an amazing young man.
19 Jonathan's life was cut short. Jonathan was
20 suffocated to death by his caregiver when he
21 was 13 years old.

22 Was it the man that actually
23 physically killed Jonathan alone at fault?
24 The answer is clearly no. The mental health

1 care system is set up in such a way that it
2 is unsafe.

3 Jonathan's suffering of abuse many
4 times within the three short years he lived
5 in residential care, why the abuse and
6 neglect happened, and then how it was handled
7 shines a light on serious problems that
8 simply must be fixed. You see, it's
9 Jonathan's friends here right now in our
10 charge in one way or another that need to be
11 properly cared for, treated special and
12 finally have equal rights and equal
13 protections.

14 Without Jonathan, there would be no
15 Jonathan's Law. Without Jonathan, there
16 would have been no New York Times "Abused and
17 Used" investigative reporting series that
18 came out through 2011. Without Jonathan,
19 there would have been no AP news story over
20 this past weekend titled "New York mum on
21 thousands of reports of disabled abuse" or
22 "New York agency refuses to detail criminal
23 cases from thousands of reports of disabled
24 abuse."

1 Without Jonathan, New York State's
2 extremely dangerous mental health care system
3 would simply go on year after year without
4 even questioning why it functions as it does.

5 Now, within the system itself, yes,
6 there are many excellent people that entered
7 into this field to help people in need and
8 really care for people with disabilities or
9 those with mental illnesses, but the system
10 does not properly support or pay these
11 individuals.

12 So let us briefly look at the system
13 itself and how we can make New York State's
14 system the best in the world. Let us honor
15 Jonathan's memory, and let us together
16 corporately fulfill a literal dream that I
17 had of my precious boy only a few months
18 before he was killed.

19 In my literal dream as I slept, I saw
20 Jonathan sitting in a testimony box in a
21 courtroom. And he had an old-fashioned
22 cone-shaped megaphone held up to his mouth,
23 and written on it was the word
24 "RIGHTEOUSNESS." When I awoke I told my

1 wife, Lisa, that God was going to use
2 Jonathan to testify and speak loud and clear
3 for righteousness -- not ever knowing or ever
4 imagining that Jonathan would die or be
5 killed for this to happen. Yet Jonathan was
6 nonverbal, primarily, and only had a few
7 words that he could speak.

8 Jonathan suffered horribly. He was
9 denied food and meals for behavior
10 modification when he didn't put his shirt on.
11 And Jonathan endured God only knows how much
12 seclusion methods or what our penal laws say
13 is unlawful imprisonment. Jonathan was
14 illegally restrained, dragged, bruised
15 literally head to toe, left in his urine, and
16 ultimately suffocated to death, all within
17 three years' time. You need to know this so
18 we can together prevent these horrors from
19 happening to others right now.

20 New York State's mental health care
21 system as a whole remains a disaster to date,
22 because the core problems before Willowbrook
23 and after Willowbrook have still not been
24 addressed. But now is that window of time to

1 finally make things right. Righteousness, to
2 me, simply means doing what is right. The
3 rampant abuse and neglect of our most
4 vulnerable disabled and mentally ill
5 continues in absolute staggering scope. Over
6 50,000 calls have been reported to the
7 CQC/Justice Center in the last seven months
8 alone.

9 Michael Virtanen's AP news stories
10 that came out two days ago, the numbers are
11 from June 30th of 2013 to December 11, 2013.
12 Two more months have passed exactly to date,
13 and approximately 15,000 more calls and
14 reports of injuries, physical abuse, sexual
15 abuse, neglect, maltreatment, rapes,
16 deaths -- lots of deaths, and yes, much of
17 these are crimes, but most are never called
18 into the 911 emergency reporting systems or
19 ever criminally investigated.

20 Most of these cases will never go
21 through the normal criminal justice system
22 like for other state residents who are
23 victims of crimes until we change these
24 rights violations. It is time to properly

1 appropriate the billions of state and federal
2 tax dollars spent every year here in New York
3 State to provide safe care and freedom from
4 abuse and neglect.

5 US Code 42 Section 15009, which I have
6 attached to this testimony -- it's on the
7 last page -- my testimony, my son Jonathan's
8 testimony says that state and federal funds
9 are provided only to programs providing safe
10 care and provision of care that is free of
11 abuse and neglect, free of sexual and
12 financial exploitation, and free of
13 violations of legal and human rights.

14 New York State's system is rampant

15 and the reasons why

1 Carey Foundation office. The CQC/Justice
2 Center is not what it was claimed to be, it
3 is not a first responder agency, and it is
4 triaging calls criminal in nature numbering
5 in the many thousands every month, bypassing
6 the emergency 911 reporting system, and is
7 not investigating most cases of abuse but is
8 funneling most reports back to the state and
9 the private provider agencies for internal
10 investigations alone. Most cases are then
11 unsubstantiated after the provider agencies
12 investigate themselves.

13 There have been many tens of thousands
14 of calls reported by mandated reporters and
15 eyewitnesses within this short window of
16 time, and there have been hardly any arrests.
17 Can anyone explain that? How can sexual
18 abuse of our developmentally disabled,
19 massive in scope, all of a sudden drop
20 80 percent on paper only as soon as the
21 CQC/Justice Center took control of
22 everything, when nothing significant has been
23 done to stop or prevent the rampant sexual
24 abuse from happening?

1
2
3

A well-recognized source and study
claims that only 3 percent of sexual abuse
cases of our developmentally disabled are

Using these numbers

1 do not fully know nor understand. We cannot
2 change our past, but we certainly can change
3 the future. We can work together and request
4 Governor Cuomo's leadership, as our Governor
5 ultimately in charge and responsible, to
6 solve the severe systemic problems that still
7 exist once and for all.

8 Can we work together to genuinely
9 ensure the civil rights of the disabled or
10 mentally ill and stop the discrimination?
11 Can we finally require immediate 911
12 reporting of all physical and sexual abuse of
13 the disabled by mandated reporters and eye
14 witnesses? Can we work together to stop all
15 internal investigations of abuse by provider
16 agencies, which are alleged crimes?

17 Can we move swiftly towards putting
18 the basic safety measures such as
19 surveillance cameras and many other safety
20 and abuse prevention measures in place to
21 prevent and stop the crimes from ever
22 happening in the first place?

23 Can we work together to properly
24 allocate the many billions of dollars spent

1 annually to provide safe care that is free of
2 abuse and neglect, per federal US Code 42
3 Section 15009, for our most vulnerable
4 disabled and mentally ill residents?

5 Can we finally take the basic vital
6 steps and critical measures and require all
7 caregivers to go through significant
8 standardized training with written testing
9 and have to be licensed and qualified, which
10 right now none of that is in place?

11 Can we work together so that families
12 can get the help they need to obtain either
13 an appropriate financial stipend or the
14 sufficient number of in-home direct care
15 staff hours needed to assist them in keeping
16 their loved ones home as long as possible,
17 which is by far the best, the safest, and the
18 most cost-efficient?

19 We could have cared for Jonathan at
20 home with a \$20,000 to \$25,000 stipend or 20
21 to 30 hours in-home services. Instead, he
22 was put in O.D. Heck, they were billing
23 \$1.3 million, funneling most of the money
24 into the system, not even protecting my boy.

1 Can again these vitally needed
2 individuals be required by law to be properly
3 schooled, trained, qualified, licensed and
4 then paid a fair wage? Can we together
5 finally put a stop to the siphoning off of
6 most of the money intended to provide safe
7 care from going into the multi-tiers of
8 administrative staffing or directors who are
9 grossly overpaid that too are not even
10 required to be properly qualified or even
11 licensed?

12 Do you realize the administrative
13 people are making hundreds of thousands? I
14 was up here with a family yesterday; \$700,000
15 the director is making. This must be stopped
16 now.

17 Currently we have a system being
18 operated and run by many people that are not
19 qualified and I believe profiting
20 significantly or even involved in financially
21 exploiting our disabled. This must be
22 stopped.

23 My hope is that you will say in your
24 hearts yes to all of these, and if so, we can

1 make New York State's system what it should
2 be: the best in the world. Jonathan would
3 not have died in vain if this would become a
4 reality.

5 With the many billions of dollars that
6 New York State spends right now, it can
7 happen, but decisive actions and changes must
8 be taken now. As Jonathan's father, I am
9 requesting for Jonathan's friends in harm's
10 way right now that minimally \$500 million be
11 allocated specifically towards safety and
12 abuse prevention in this year's budget, and
13 next year's budget, and the next, until
14 preventable abuse and neglect is a rarity
15 instead of a norm.

16 I have 14 safety and abuse prevention
17 bills in right now, with bill numbers,
18 including a surveillance camera bill that
19 I've worked extremely hard with many Senate
20 and Assembly legislators and their staff
21 creating. The New York Times editorial board
22 just recently, in August of last year, spoke
23 about this, the need for cameras and also
24 proper police reporting.

1 These safety and abuse prevention
2 measures cost money. Let's properly value
3 and protect our most vulnerable with the
4 billions that are supposed to go for these
5 intended purposes to begin with, not to
6 enrich many that really should not be in this
7 field. The financial exploitation of our
8 disabled and most vulnerable must end now --
9 this year -- and the safety and abuse
10 prevention measures must be funded and
11 expressed in this budget.

12 This Saturday is the seventh
13 anniversary of the horrible day my son
14 Jonathan was killed. I'm asking that you'd
15 remember my son Jonathan and all that my son
16 suffered, that you'd remember February 15th,
17 and that you'd remember the dream that God
18 gave me about Jonathan. This is about making
19 things right. Remember the purposes of
20 bringing these ugly things into the light so
21 that the darkness and evil does not prevail,
22 but that what is just and right prevails.
23 Jonathan was and is a gift from God to us
24 all.

1 Thank you. And I would like to answer
2 any questions that you may have, especially
3 regarding the federal code that says that the
4 money, state and federal funds, are to
5 provide safe care, free of abuse and neglect.

6 SENATOR KRUEGER: Well, I want to
7 thank you for your testimony. You know that
8 that hearing is now several hours late.

9 I would recommend to my colleagues
10 from both houses that we have a joint hearing
11 specifically on what progress has been made
12 with the creation of the Justice Center.
13 You're testifying that you don't believe
14 anything has happened yet, and certainly
15 there has been no information that comes out.

16 So I would hope you will be willing to
17 work with us to try to have a forum
18 specifically around the issues you raised
19 today on behalf of so many people in New York
20 State.

21 MR. CAREY: Thank you very much.

22 I can tell you I FOILED statistics
23 from November 18th. They held those for
24 2½ months, and I got the numbers. Their

1 official numbers are 41,000. They are not
2 answering how many went to the police or to
3 the district attorneys.

4 The AP news story over the weekend
5 brought out that same fact. The state does
6 not want to release the numbers because
7 hardly anything is going to the police or the
8 DAs. And they've made, I don't even know, I
9 think less a dozen arrests, out of 50,000
10 calls. We have a major problem.

11 And I thank you for that, very much.

12 SENATOR KRUEGER: Thank you. Thank
13 you for your advocacy on behalf of so many.
14 And I would be very surprised if my
15 colleagues didn't want to take this up in a
16 specific forum.

17 MR. CAREY: Thank you.

18 SENATOR KRUEGER: Thank you.

19 SENATOR CARLUCCI: Well, I would just
20 add to that. And thank you for your
21 testimony. I know you've been a tireless
22 advocate on behalf of your son and all the
23 people in care under the mental health
24 system.

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And I agree with what Senator Krueger said, that this is something that has to be addressed. Given that in the budget the Justice Center is asking for over \$40 million, we've got to have answers to the questions that you're asking. So I look forward to working with you on that.

1 You don't have independent medical
2 reports and you don't have independent police
3 reports, and you don't have evidence for
4 civil or criminal action. And that's how
5 these cases just get buried left and right.

6 So trust me on this. And I am -- I'm
7 a man of integrity, I'm speaking the truth.
8 This stuff has to stop. And I'm begging you
9 for help. There's about a million souls here
10 that desperately need help.

11 SENATOR KRUEGER: Thank you. Thank
12 you very much, Mr. Carey.

13 (Applause from audience.)

14 SENATOR KRUEGER: The next-to-last
15 testifiers of this hearing are Steve Holmes,
16 administrative director, and Kathy
17 Loquercio -- and yet I see two men showing
18 up, so perhaps not -- Self-Advocacy of
19 New York State, Inc.

20 And then for those of you who have
21 been waiting patiently, we will probably give
22 the fabulous woman who has to take the notes
23 on everything that is said a few minutes'
24 break before we start the Labor/Workforce

1 hearing.

2 Gentlemen, if you'll introduce
3 yourselves.

4 MR. PERRIN: Hello. My name is Clint
5 Perrin. I'm the director of policy for the
6 Self-Advocacy Association of New York State.
7 And this is one of our board members, Allan
8 Walley.

9 I would just like to talk to you about
10 a few things that we're supporting this year.

11 As we transfer funds for people in
12 need of and waiting for services, as we
13 transform the way we are currently spending

14 [REDACTED] ensure that there are enough

1 find interesting in their communities,
2 employment and other things we want to do
3 with our days.

4 We need to reimagine how our system
5 supports us to work, contribute to our
6 community as volunteers, go to school, and
7 pursue a hobby, retire, basically do all the
8 things that we are interested in that help us
9 connect to others in our community. We have
10 a lot of offer.

11 For many of us, choices in our system
12 are limited. For more than 30,000 people
13 with developmental disabilities attending day
14 habilitative programs most days 2,000 people

1 be part of our communities. And change is
2 coming to our system to support these ideas.

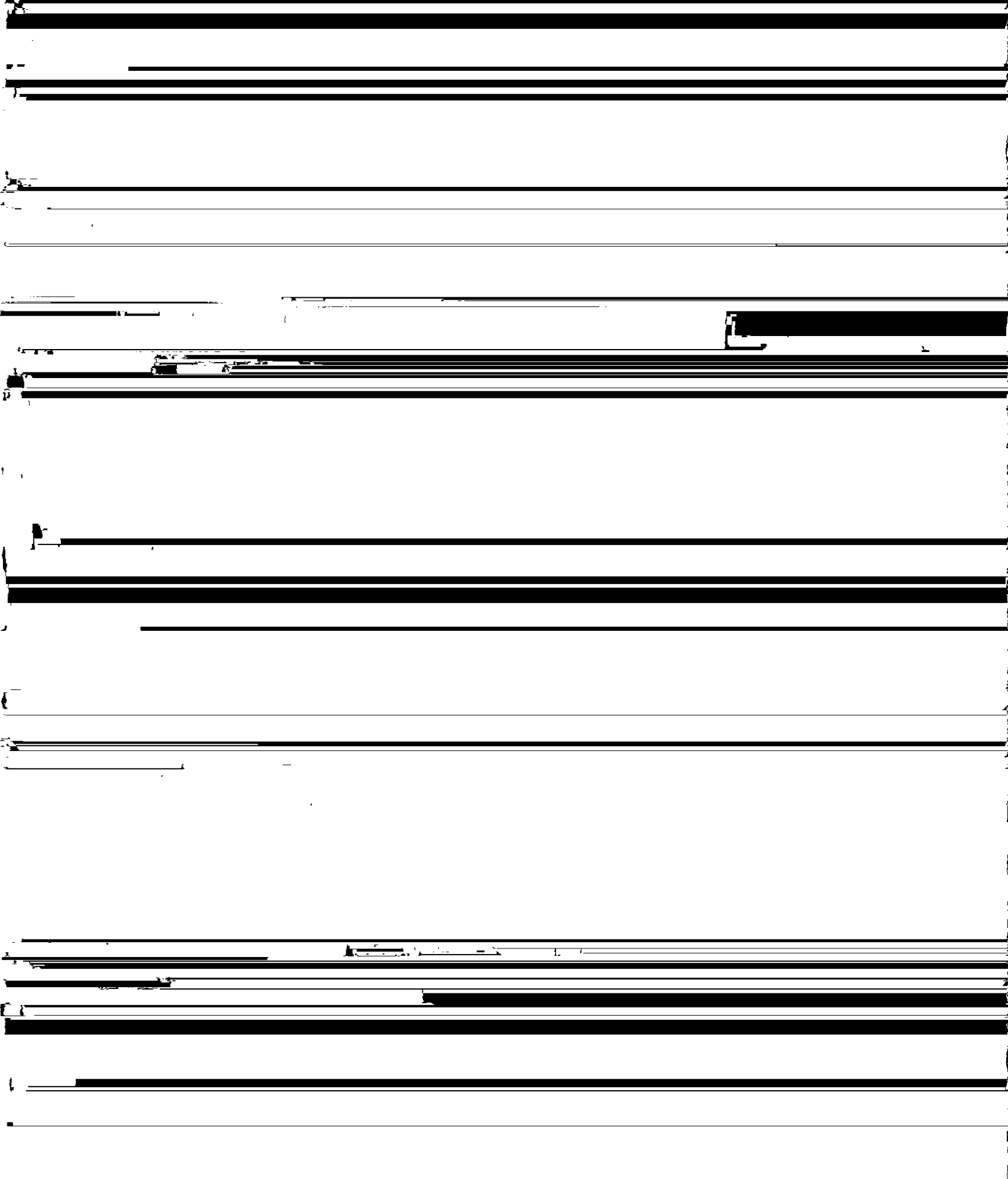
3 New York State's Olmstead plan
4 requires that people have opportunities to
5 live and work in the most integrated setting,
6 meaning in their communities, not in a
7 facility. One of CMS's expectations of OPWDD
8 is that workshops be phased out in the coming
9 years.

10 Related to this, the National Council

1 MR. WALLEY: My name's Allan, I'm a
2 SANYS board member and co-vice president.
3 I'm a member of the co-vice president of
4 SANYS. Our organization believes that people
5 with developmental disabilities should be
6 supported and living in the communities with
7 the supports we need.

8 SANYS has advocated for closure of
9 institutions since we became an organization
10 in 1986. SANYS is totally supportive of the
11 government plan to close all developmental
12 centers. I currently live at Broome
13 Developmental Center. I have lived there in
14 the institution for 18 years. I am expected
15 to finally move, have a chance to move into
16 my own apartment in the community. I will be
17 moving March 3rd. I already have my
18 apartment key.

19 My family had moved to Arkansas many
20 years ago. My home community is Binghamton
21 area. I look forward to living in my home
22 community. It has been a great -- it has
23 been my dream for many years. I know that
24 some people I live with are so looking



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hearing on mental hygiene is now complete.

Thank you for your testimony.

(Whereupon, the budget hearing
concluded at 3:33 p.m.)