



**ASTOR**  
SERVICES FOR CHILDREN & FAMILIES

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...Because Every Child Deserves a Childhood

**Ellie Carleton, PhD**  
**Residential Treatment Facility Team Leader**  
**Astor Services for Children & Families**  
**Testimony before the**  
**Senate Finance Committee, Senator Catherine Young**  
**Assembly Ways and Means, Assemblymember Helene Weinstein**  
**Joint Legislative Budget Hearing on Mental Hygiene**  
**Assembly Mental Health and Developmental Disabilities Committee Chair, Aileen Gunther**  
**Senate Mental Health and Developmental Disabilities Committee Chair, Robert Ortt**  
**February 13, 2018**

Good Morning, my name is Ellie Carleton. I am the Residential Treatment Team Leader for the Residential Treatment Facility (RTF) at Astor Services for Children and Families. As a Team Leader, I have administrative responsibilities for the program. I am a licensed Psychologist. I have been working at Astor's RTF for twenty years. I appreciate the opportunity to testify before this committee.

Astor is a large provider of children's early childhood and behavioral health services in both the Hudson Valley and the Bronx. Last year, we served 10,000 children throughout our various programs. Astor serves 20 children between the ages of 5 and 14 in the RTF. These children receive their education services at our Astor Learning Center, an 853-school licensed by the State Education Department. The Astor Learning Center was named A National Blue-Ribbon School three times by the US department of education, affirming both Astor's academic excellence and hard work.

The RTF's were originally developed in collaboration with the state and providers. CEO's from a number of organizations in the state that ran Residential Treatment Centers advocated with the Office of Mental Health to develop a program for a group of children they were treating that had

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serious mental health challenges. Many of these agencies were accredited by the Joint Commission, so they were able to demonstrate the ability to provide high quality services. Together they created the RTF's as a sub class of a hospital and were able to have the program funded 100% by Medicaid. Children were deemed a family of one for Medicaid purposes by virtue of their mental health disability. The RTF was viewed as a less restrictive, community-based alternative to state psychiatric inpatient treatment. There are currently 18 RTF's in the state that serve a maximum of 494 children. Astor was one of the first programs to become licensed to provide the services.

For many children and families, the RTF's are their last hope. The children have very serious emotional and behavioral disorders. They tend to be physically aggressive, lacking social skills and demonstrate problems with impulse control. Many of these children have psychotic disorders, learning problems and are prone to hurting themselves or others—both kids and adults, many with a history of frequent traumas.

In 2017, 80% of children admitted to RTF's in the state were dangerous to others, 77% were dangerous to themselves, 34% had histories of suicide attempts, 26% had psychotic symptoms, 34% had developmental delays, 99% had difficulty with self-direction and 94% were impulsive; Astor's experience is very similar to these statistics.

Please allow me to share the stories of some of our children. Needless to say, the names have been changed

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1) Mike was a 12-year-old boy who had history of aggression toward his father. On the way to Astor for admission, he attacked his father and tried to jump out of the moving car and subsequently needed to be physically restrained. He was frequently truant from school. He has a history of multiple psychiatric hospitalizations due to aggression in the community including attacking the police.

2) Ellen was 11 years old nine months ago when she was admitted to Astor last year. She has a history of 10 psychiatric hospitalization beginning at the age of six. She has received a range of outpatient services prior to her RTF admission. Ellen has a history of physical abuse and witnessing domestic violence. Ellen was referred because of aggressive behavior that included attempts to kill her unborn brother. She had multiple suicidal incidents including holding a knife to herself or attempting to jump out of a moving vehicle.

3) Donna is a 10-year-old girl born addicted at birth to a biological mother with serious and persistent mental illness. She experienced two foster placements until she was finally adopted. She was placed in special education at the age of 6 due to explosive behavior. She was sexually abused at the age of seven. Donna has shown sexually reactive behavior including molesting a younger brother. She has difficulty regulating her emotions, and has rapid shifts that include violent outbursts. Her dangerous behaviors include trying to choke and hit her mother, banging on car windows and opening the doors while in the car.

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Throughout the history of the RTF, we have also partnered with the Office of Mental Health and the communities in which we are located to be flexible in the types of kids that we serve and the support we offered. We have always been responsive to the needs of our community and have made necessary changes. Throughout our history, the RTF's have been a last hope for many. At Astor, we constantly ask our parents for feedback about our care and treatment. 93% of our parent's report being satisfied with our services when asked 60 days after admission. Here are a few comments:

"I was at my wits end before my son came here. I felt like I was on my own because I don't have a drug or alcohol problem. I tried so many different ways to get help before we got to this point and nobody seemed to be able to help. I have hope now that things can get better."

"You guys are doing excellent work at Astor. I love the food and the staff. You guys really love what you are doing. Every child who has suffered from mental illness is lucky to have the opportunities that you guys offer. The kids can start to have a better perspective of life after suffering abuse. Great. Beautiful work."

Reforming Medicaid has been an important priority for the governor since the beginning of his first term. The work of Jason Helgeson and the Medicaid Redesign team is well known. They have had no less a goal than to completely transform the way physical and behavioral health services were delivered and reimbursed. In addition, billions of dollars have been invested in the DSRIP program to support this transformation. Hundreds of millions of dollars have been

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invested in the health care facility transformation fund. Astor, like many other children's providers participated in all of these activities with the promise that they would be important partners in the work to reduce costs and improve outcomes. At one time, we were involved in 6 different PPS (Performing Provider Systems). Unfortunately, while the children's community has been participating and planning, we have only been able to access a relatively small amount of money. We have not been able to access capital dollars to any significant degree.

Many of the RTF's converted old residential treatment center units in order to begin providing the service quickly. Some were able to construct new facilities. However, conditions on the ground have significantly changed. Older RTF's do not have the facilities to provide the kinds of services that children need and deserve. With the increased threat of Justice Center involvement, as well as our program's commitment to reduce physical restraints, shorten lengths of stay and provide more accountable care, the facilities are not adequate. Programs that want to redesign the units to meet the needs of the children and the community do not have access to the capital dollars. RTF's are a critical safety net provider and need to be able to have the environments necessary to provide quality care.

Astor was one of the few programs that has been able to construct a new facility for the children. The space allows the children to have single bedrooms, so that each child would have their safety and privacy needs met. There is adequate space within the units for the kids to gather in small groups that are not interfering with others activities. There is recreation space off of the unit.

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The space was designed and constructed in accordance to all OMH standards for suicide prevention. It is indeed a safe space that the kids need and deserve for healing to take place.

Astor obtained the mortgage for construction and those costs are being paid down due as an add-on to our Medicaid rate. If the RTF was to continue to operate as it has been since opening, there would be no concerns with our debt. However, given all the work that is going on to transform the systems, we believe the future of our agency could be in jeopardy. It is not a given that managed care companies would include the rate in any payments that would occur when the program transfers to managed care. Our program is budgeted at 98% occupancy, something we have achieved without difficulty in the past. However, we expect that as commercial payers managed the care of our kids, they will want to significantly reduce length of stays. This will result in reduced occupancy as a percentage of care days which would put our ability to pay the debt in jeopardy. If as expected, managed care companies want us to develop a different model for the same groups of kids, our flexibility would be limited as we would need to program in ways consistent with the RTF regulations. We believe debt relief would provide us the long-term security of the organization as well as the flexibility needed to adjust in an environment that demands that we operate as a nimble organization.

In summary, RTF's are a vital provider in the continuum of services for kids with serious emotional and behavioral problems. The delivery of these services in a residential setting are rendered in tandem with support services to these children and their immediate families prior to

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and after their temporary placement in an RTF. As a direct result of our services, the lives of not only our patients are stabilized, but so are the lives of their caregivers and siblings normalized. You can multiply the favorable affect we have on the lives of New Yorkers many times over the 10,000 or so young patients we directly interact with. We need the capital to be able to provide the therapeutic facilities for the populations we are being asked to serve. We need this to be able to operate in a value-based environment. This capital needs to include debt relief. Hospital systems have been able to access hundreds of millions of dollars. We ask that in the name of mental health parity RTF's have the same opportunity. Without this capital, vital services that benefit these children and families will have to be cut.

Thank you for this opportunity.