NEW YORK STATE LEGISLATURE JOINT HEARING BEFORE
THE NEW YORK STATE ASSEMBLY STANDING COMMITTEE ON MENTAL HEALTH AND ENVIRONMENTAL DISABILITIES,
AND
THE SENATE STANDING COMMITTEE ON MENTAL HEALTH AND ENVIRONMENTAL DISABILITIES,
AND
THE SENATE STANDING COMMITTEE ON HEALTH

PUBLIC HEARING

ON REGIONAL CENTERS OF EXCELLENCE

Ogdensburg City Hall
City Council Chambers
330 Ford Street
Ogdensburg, New York 13669-1626

September 17, 2013
10:00 a.m. to 2:00 p.m.

PRESIDING:

Senator David Carlucci
Senate Committee on Mental Health and Environmental Disabilities

Assemblywoman Aileen M. Gunther
Assembly Committee on Mental Health and Environmental Disabilities

SENATE MEMBERS PRESENT:

Senator Elizabeth Little

Senator Patricia Ritchie

ASSEMBLY MEMBERS PRESENT:

Assemblyman Ken Blankenbush

Assemblywoman Addie J. Russell

SENATOR CARLUCCI: Good morning.

I'm Senator David Carlucci, Chairman of the Mental Health Committee in the New York State Senate.

I would like to welcome everyone here today.

We're here today, as everyone knows, for the Regional Centers of Excellence, to hear the concerns of the community, for people that are working at the center, working in the community, families that have been living with consumers, and just to hear the concerns, to make sure that everything is taken into consideration, to make sure that we continue to provide the best level of care to people living in North Country.

Yesterday, I had the opportunity, along with Senator Patty Ritchie, to tour the facility. I was with Imogene Raeger [ph.], who is on the board of visitors, so we got to see the facility, and meet some of the staff.

And, I thank you for allowing me to do that.

With that, I would like to turn it over to my counterpart in the Assembly, Chairwoman of the Assembly Mental Health and Developmental Disabilities Committee.

Assemblywoman.

ASSEMBLYWOMAN GUNTHER: Hi, I'm Assemblywoman Aileen Gunther.

And, first of all, I wanted to thank you for inviting me here.

And with me today I have my colleague Addie Russell, Ken Blankenbush.

And Janet Duprey wanted to be here today, but she had a medical issue and she wasn't able to come, but I know she'll be watching today, and watching the tapes.

So I want to say good morning to all of you.

And this is my third [unintelligible] statewide hearings on the Regional Centers of Excellence Plan by the New York State Office of Mental Health.

In July, OMH published the plan which calls for the redesign of state-operated inpatient services.

The plan also provides for the establishment of 15 Regional Centers of Excellence. That will serve specific populations, and call for closure and re-purposing of several state-operated facilities, many of which have played an integral role in the regional mental-health systems of care for decades.

We are at a crossroads.

Our understanding of mental illness has changed dramatically since the development of our current system, but our delivery of service has only marginally kept pace with these changes.

Now with the move to managed care, a directive from the federal government, and the absolute necessity for states to provide quality care cost-effectively, we have an opportunity to reimagine our system.

But in the process of redesign, we cannot skirt, shirk, or otherwise overlook the responsibility we have as a state, as a community, and as human beings to ensure that every person who needs care has convenient access to it, and that will take reinvestment.

In New York State, we are fortunate to have so many people dedicated to ensuring the people living with mental illness have every tool, opportunity, to work towards recovery and live healthy productive lives, from the tireless family advocates to our union brothers and sisters providing care, as well as the clinicians who work hand in hand with direct-care workers, family, friends, and those suffering from mental health.

We are all here to listen today, to work with

you, and I want to thank you for having us today.

SENATOR CARLUCCI: Senator Patty Ritchie.

SENATOR RITCHIE: I would like to start off, first, by thanking Senator Carlucci and Assemblywoman Gunther for making the long trip up here.

I know myself, along with the community, was very concerned when the OMH plan first came out.

And in their presentation, they were setting up listening tours across the state, and first and foremost, Ogdensburg was not even listed.

So, we were able to get OMH to come up for a listening tour, and many of the people that are here today came out. We had the most speakers across the state.

We presented them with a petition that actually had personal accounts from people the centers helped, and we actually thought that it was very productive.

I think all of us were disheartened when the results came out, and this center was not listed as a Center of Excellence.

And from OMH's own plan and presentation, they actually put up this map, and all of you have it here, and I know everyone in this room is

familiar.

Just looking at this map indicates that the North Country is left without critical services, especially services -- inpatient services for our most vulnerable: our children.

And somebody who represents just below the city of Syracuse and has to travel to Albany on a regular basis, and has to traverse these roads, I can tell you, this is a truly big hardship for those families who would have to have someone in their family either in Syracuse or Utica. And that's on a good day.

During the winter, you're driving through the Tug Hill Plateau, hours added on. A very treacherous trip.

And so, first and foremost, for all of us here, we want to say that we appreciate you being here, but we are really concerned about having access, adequate access, to mental-health services for the people who live in the North Country, in the five-county area.

And on top of that, also, we're concerned about the jobs. There are over 500 jobs here in a county that currently posts one of the highest unemployment rates.

Even though OMH has told us that those jobs would stay in the area, the plan, you know, does not give many details.

And for all of us, we're concerned about having access to quality mental-health care inpatient, and we're also concerned about the jobs and what the impact would be on the area.

So, once again, thank you for coming up, thank you for listening to all of us, and we really appreciate the opportunity to have this vetted in the open again.

ASSEMBLYWOMAN GUNTHER: I also forgot to mention that Senator Tkaczyk's staff is here.

She couldn't be here today; she had another meeting.

So we have Joe Glazer, and [unintelligible] listening for Senator Tkaczyk.

ASSEMBLYWOMAN RUSSELL: I'll keep it short, because I think we all want to hear from you.

As many of you know, I'm Assemblywoman Addie Russell. I represent the 116th Assembly District that includes the wonderful city here of Ogdensburg and the St. Lawrence Psychiatric Center.

I'm excited to hear what all of you have to

say.

I'm very happy that my colleagues are here, the Chair of the Mental Health committees in both the Senate and the Assembly.

Your travel here probably demonstrates the most of what most people are going to talk about here, and that's accessibility to appropriate mental-health services.

So thank you for coming.

And I know Ken would probably like to say a couple of word as well.

ASSEMBLYMAN FLATBUSH: I'm just -- I'm not going say a few words, just a little bit of a few words.

But, I want to just say that the Senator and the Assemblywoman and everyone that has spoken so far, I can't repeat anything that they have said, but the most important thing is, that you are here to let the committees know how you feel.

And, so, I'm just going to shut up and listen.

SENATOR CARLUCCI: Thank you.

So our first speaker is Andrea Smyth. She's the executive director of the New York State Coalition for Children's Mental Health Services.

And, we do have written testimony from all the speakers today.

So, if you'd like to summarize it, so we can get through all of the speakers, that would be great, but you're also welcome to read the testimony as well.

ANDREA SMYTH: Thank you.

I'm Andrea Smyth, the executive director of the New York State Coalition for Children's Mental Health Services.

I'm joined with Karen Richmond, who is a member of my board of directors, and the executive director of the Children's Home of Jefferson County.

Chairpersons Carlucci, Gunther; Senator Ritchie; Assembly Members Russell and Blankenbush; and all of the staff members of Speaker Silver's staff; Senator DeFrancisco's staff; Senator Tkaczyk's staff; we really appreciate the opportunity to come to you and talk about our first impressions of what OMH has put out.

The coalition has developed a position statement that we think captures what we hope the planning process will result in.

I'm going read that, and then I'll just go through the testimony quickly.

The New York State Coalition for Children's Mental Health Services believes that children and families will have access to a stronger, more responsive child and adolescent behavioral-health service array as a result of the work of the five Regional Centers of Excellence planning teams.

The coalition supports the planning process as an effective vehicle for families and community representatives to play a significant role in identifying strategic investment and well-designed expansion of both state-operated and state-licensed children's behavioral-health services.

Currently, the existing safety net of behavioral-health services for children and adolescents includes both state-operated and state-licensed services; it's not just state-operated services, even in this region.

Establishing better coordination and integration of all available services will be required to achieve a modernized, more responsive, and more effective service-delivery system.

First, I would like to comment on the developmental alternative services.

We think state-operated inpatient services are a valued component of the existing safety net

for children and adolescents with serious emotional disturbances; however, the majority of behavioral-health services provided in the region are offered by state-licensed non-profit organizations.

While hundreds of children and families are accessing state-operated inpatient services, thousands are receiving intensive therapeutic services either out of home in residential treatment facilities, or avoiding hospitalization with intensive in-home services through the home and community-based waiver program.

Changing the location of or the focus of state-operated inpatient services doesn't automatically mean that children will not have to travel further for alternative services if the right alternative services are developed in this community.

It's up to the planning process to expand the already-existing alternative services in each community.

The coalition has urged modernization of many child and adolescent services, including residential treatment facilities.

We released a report entitled

"Redesigning Residential Treatment Facilities" in January 2013.

I don't have copies with me. It's rather bulky paper. I'll send electronically, and the staff can distribute it.

I think I already have, but they can distribute it to you.

Children's RTFs are a subclass of hospital that operate at half the per diem cost of state-operated inpatient beds.

We urge distribution of the report to each of the five regional planning teams so each region can determine which safe out-of-home alternatives are necessary.

In fact, the communities that rely upon state-operated inpatient services may be the communities that lack a robust array of services because they haven't been developed in lieu of those state-operated services.

The coalition's proud to include the family voice in our policy development. We have long advocated for the development of crisis services, respite services, and family-support services.

These are the types of services that families say they need to support resiliency for their

children's -- their children while their children are at home.

The planning process will not have to look very far to identify alternatives like our RTF report. Many, many stakeholders have offered modernization suggestions, and we think the planning process will bring those forward.

A few words about Medicaid-managed care.

By January 2016, all the currently exempt populations for Medicaid-eligible will be moved into a managed systems of care, about the time the Regional Center of Excellence Plan concludes.

So they are concurrent.

The services offered by the four state-operated children's hospitals and six child and adolescent units represent a very high-cost service, with the average daily cost of over 1400 per day.

OMH reports that children with -- who need hospitalization, but who have commercial insurance, already don't have access to those state-operated beds because the insurers will not approve the higher-cost service.

Having a service close is not accessible when the cost is not allowing you to access it.

And under Medicaid-managed care, there may be rejection of the state high-cost inpatient beds.

That's why OMH wants to modernize their inpatient services to something that is viable in the new market managed-care marketplace.

When exempt children services are transitioned to Medicaid-managed care by January of 2016, the cost of service and the length of stay in any particular service is going to influence the decision to approve admissions.

If state-operated inpatient services cannot craft a service that's affordable and effective, it will not be accessible to the kids that need the treatment.

We strongly support a planning process that uses the information about existing treatment scenarios to define the appropriate role for state-operated services.

We're opposed to a scenario, under Medicaid-managed care, under which taxpayer funds are used to subsidize state-operated children's services to keep those services competitive.

Our concern is not only based on market share, it's a practical matter, because the State subsidy will be at the expense of funding more

geographically-accessible evidence-based child and adolescent services, either provided by OMH or provided by non-profits.

That's not an acceptable tradeoff to this organization.

We do feel strongly that the preservation of the FTE-equivalence for the state -- child psychiatrists who currently work for the State in each region is imperative in the planning process.

The shortage of child psychiatry is a crisis, especially in regions like this.

The state FTEs must be obtained regardless of where the inpatient services are located.

I want to comment briefly before I talk to -- have Karen talk about the planning process, regarding education for kids who are in-state inpatient services.

Many parents feel strongly that their kids' education is often interrupted when they're hospitalized, and we know this to be true, because it's very difficult to integrate children upon discharge back into their school setting.

But, last year, the Legislature agreed with a proposal from OMH to turn the education of kids, while they're in psych centers, over to the BOCES of

the child's residence.

So, the psych centers were acknowledging that they weren't doing an adequate job of keeping the kid's education linked with the child while they were out of the home.

And that has already changed.

And, so, it makes the case even further for there to be services for the children in the area in which they reside, including at specialty education services, like day treatment, and others provided, that could be more mobile and located in -- closer to the children.

So, now, Karen will comment on the planning process.

KAREN ST. HILAIRE RICHMOND: Good morning, and thank you, everyone, for coming.

My purpose is to really talk about the RCE process, and that if we're really going to look at how we deliver services, that we focus on the importance of them, and what we really need to do when we come back with reports, that we listen to the outcomes.

So I really want to thank you all for coming, and for visiting our region, and your interest in better understanding our unique challenges.

The Central New York RCE team will make decisions about services for 20 counties with a combined population of nearly 2 million people.

Our region is bordered by Lake Champlain, on the Vermont, on the east; and Canada and St. Lawrence River on the north; Lake Ontario on the west; and state of Pennsylvania to the south.

17 of the counties are considered rural, and 14 have populations of fewer than 100,000 residents.

Our region is also home to three Native American nations, and a very active and growing military base.

Addressing the needs of all the citizens in this 20-county region will not be easy, but I believe the planning process laid out by the Office of Mental Health makes sense.

The Central New York team includes a complete cross-section of family members, children's service providers, and stakeholders.

Andrea and I, along with five of our coalition board members, have been asked to participate in the statewide planning process.

The coalition urged that at least one of the tri-chairs of the five regional teams have expertise in child and adolescent services.

We are pleased that every team has one.

One of the coalition board members, who directs family-support services at a community-based agency, has a very personal connection. She herself has a family member who is a mental-health client. The board member will serve on the western region team.

In short, inclusion of children's-services providers and other stakeholders is a good first step towards success.

My organization provides OMH services, as well as Office of Children and Family Services, and we also provide in-home and out-of-home services, and we provide services for children and adults.

The need for safe out-of-home services for children and adolescents cannot always be avoided, but hospitalization of children is never a benign incident.

An important result of this planning process must include the development of services that can support hospital diversion and adolescent step-down services.

Our region is currently developing a respite program for children who do not need hospitalization placement.

What happens before and after a child is hospitalized should be discussed more thoroughly than where a child is hospitalized, especially if hospital stays are to become brief, intermittent occurrences under managed care.

While we agree that the planning process is compressed, as Andrea pointed out, the coalition has already identified steps that can be taken to modernize RTFs and waiver services.

Many other advocacy groups have completed similar efforts and made similar recommendations.

I am confident that my familiarity with the existing service gaps and the input from the other community appointees will greatly impact the development of a streamlined, yet more responsive children's behavioral-health system.

I am proud to participate in the RCE planning process, and believe it will be successful.

And thank you for your time.

SENATOR CARLUCCI: Senator Patty Ritchie.

SENATOR RITCHIE: Just a couple questions.

I am assuming, since you say you support the five centers, that you believe that there still has to be some inpatient services; is that correct?

ANDREA SMYTH: I believe that there can be

inpatient-like services or out-of-home services that are therapeutic in nature, that our residential treatment facilities are a subclass of hospital for children, and we believe that the existing 18 RTFs could operate satellite; RTFs in this region, either at campuses that already have other residential services in the area, or, on the state property as a privatized service.

SENATOR RITCHIE: So you're advocating on behalf of the children, in particular, going to the children's home instead of being at this facility?

I guess I'm just trying to understand where you're coming from.

KAREN ST. HILAIRE RICHMOND: I don't think that's what we're advocating for, Patty.

I think really what we're looking for, is that we look at all of the options that are out there and available for children.

And I think that the way that we have done services and the way that we've provided them may be the best way, but maybe not.

And I think this is a unique opportunity for us to all sit at the same table and look at the best, most cost-effective method to be able to take care of children and family.

There are children that go to St. Lawrence now, that it's not any more convenient for their parents to get there than it's going to be for our children in Utica.

So I think that it's very important that we have -- take this opportunity to look at everything.

And, in fact, St. Lawrence may be the better option as we come through all of this, but I think it's an opportunity to look at it.

And certainly not the children's home.

I think we're looking at, What is going to be a best regional plan?

SENATOR RITCHIE: So I guess I would ask then:

I'm assuming that you believe family being part of this, considering that's what you're talking about, is really important.

So from where I'm sitting, what does that mean for the families of these five counties?

That, Jefferson is in a little bit different situation because they're not so far out.

But, St. Lawrence, Franklin, Clinton, Essex, what does that mean for those that would be -- would have to travel to Utica or Syracuse?

What does that mean for those families; if

they're supposed to be such a big part of the healing process, what does that mean for those families that are that far away from their family members?

ANDREA SMYTH: I guess I would observe that the state-operated beds aren't the only beds available to those families in those regions, and that we certainly hope that the identification of alternatives that might even be closer to families in Essex County could be developed.

And that's -- that's what we think the regional planning process can bring, are the ideas about where there are gaps already, large geographic gaps.

SENATOR RITCHIE: I guess, at this point, just for clarification: You're advocating for inpatient beds in other places in the five-county area, versus at the psych center.

And, you know, that's a real concern for me, because you came out saying that, you know, cost was one of the mitigating factors here.

And I understand, listen, I want to do what I can to protect the taxpayers' monies also, but I also want to make sure that those that I represent, and those from the North Country, are

given the same access to critical mental-health services that everyone else in the state is.

And I guess I'm thrown back a little bit on this plan that says, there will be other inpatient services, but not at the psych center.

And I guess that is, in itself, part of the plan --

KAREN ST. HILAIRE RICHMOND: [Unintelligible] know if it's determined.

SENATOR RITCHIE: -- because there is no plan.

So, I mean, for me personally, it's hard to advocate on behalf of this new plan.

Everyone in here wants to make sure that those who need services have services in their own home, but we all know, at some point, that's not possible.

So, you know, this is a real concern, because the plan is not transparent to the rest of us.

Maybe sitting on the committee you have insight, but this is the first time that I've heard that some of these people who need services would have inpatient services somewhere else in this area besides the psych center.

KAREN ST. HILAIRE RICHMOND: And I think, for

clarification, from our perspective, is that, you know, we provide services for over 150 children in St. Lawrence and the northern region, and those families travel a long ways.

And I think that the percentage of children that are hospitalized probably are less than the percentage of children who need services in the community.

So I look at this as, not an opportunity to maybe close Ogdensburg, but maybe an opportunity to look at how to enhance it for our region. It may not be as big as it is, but it may be a smaller venue that could serve children in the North Country.

But I think that what it does give us, Senator, is an opportunity to look at things; to really come back and talk about the strengths that we have in our community, and in our region.

I mean, I think our-seven county region is unique to the state, and I think it's an opportunity that we can all look at it, and talk about it, and then kind of bring it back to -- for -- I don't know that I would say I favor Ogdensburg closing. I like having the fact that our children can get services at St. Lawrence, but if we're posed with a change,

I think we have to look at all options, and figure out how we can better serve the children and families that we have to serve.

And in my perspective, we have adults through the mental-health clinic that are going to be up against the same issue.

So, I think it's certainly an opportunity that we need to look at across the systems.

SENATOR CARLUCCI: Karen, just for clarification, can you say your name and title and organization.

KAREN ST. HILAIRE RICHMOND: Sure.

Karen Richmond, and I'm the executive director of the Children's Home of Jefferson County, but we also run an Article 31 community-based mental-health clinic in Watertown.

SENATOR CARLUCCI: Thank you.

ASSEMBLYWOMAN GUNTHER: Can you tell me what the Children's Home is?

KAREN ST. HILAIRE RICHMOND: The Children's Home, by original design, is a residential child-care center that serves children with -- out of the court system; so, they're juveniles, they come through that system.

But we have contracts that we serve for case

management. ICM, SCM, and mental-health clients that we serve on another aspect in the county, and, actually, in the tri-county, Jeffs, Lewis, and St. Lawrence.

ASSEMBLYWOMAN GUNTHER: It will take a lot of reinvestment.

You know, I think some of the fears that I have is that, there's a lot of talk about the plan, or -- but, you know, to me, it's going to take people that are not only families.

Like, who's involved?

I understand, like, there's some regional task force, but, you know, are we from the ground up, or the top bottom?

Like, you're an executive, or -- but, there are people that, you know, you look at statistics, and I'm not hearing about the statistics that we have from places like Sagamore, or, the one in St. Lawrence.

But, what is the readmission rate?

And what is the after-care?

And are they keeping those children back in the community?

You know, I think that -- you know, when we talk about centers for excellence, you know, we have

data that we can look at right now, to say: How great of a job are they doing?

Number two, my other concern is, as far as the reinvestment, is that, you know, no parent, and we all know, there's parents in the audience, wants to have their child committed to a psychiatric center.

That's like the last resort for any parent. Or even having to put them in respite. It's a terrible resort.

You know, we love our children, we want to keep them at home, and that's very important.

You know, you're talking about BOCES with the education component.

Absolutely. That's part of recovery.

You want that child to go from in a crisis situation, and progressively go back to the school that they came from.

But my apprehension is, that, are we looking at statistics?

And I was in Sagamore on -- and, I'm sorry that I don't know, Patty, what the readmission rate is in St. Lawrence, you know, at your children's facility, or, Trinity also, but I think that we have to look at all of those in order to make a good

decision.

You know, I'm a big person about flow charts, and I want to see how the system -- like, I want you to frame it for me.

And, you know, I'm not -- I don't do it for a living, but frame it.

A child in crisis goes, where?

How far away?

How do you bring those children to the parents?

And it's not therapeutic, not to have those parents involved.

And I would -- I drove all last night, and -- with Allison [ph.] and my staff, and, you know, there is poverty in this area, and there are people without transportation that can't spend $25 for a car to go down to Utica.

I drove from Syracuse yesterday, up. And I just feel like that --

[Applause.]

ASSEMBLYWOMAN GUNTHER: -- [inaudible].

[Applause.]

KAREN ST. HILAIRE RICHMOND: But I would agree with you --

ASSEMBLYWOMAN GUNTHER: I'm not saying that

I don't believe in change. I understand the managed care.

But you know what? I just don't understand where we're going.

I represent Middletown, New York.

Middletown psych center closed, the big reinvestment in area.

They did have a crisis-management team that was created, but, honestly, as pediatric beds in Orange and Sullivan, I think we got 8 beds -- Allison? -- six or eight beds, what happened was, that we were spending a lot more in acute care. We were, you know, putting those kids in the emergency room, 24 hours, which is against state regulations at this point. Eight hours, and you have to make a decision with -- admit -- you admit the child or discharge her.

And, then, put them upstairs on constant awareness, for as many as four days, with somebody that does not have the expertise to deal with the child in psychiatric crisis.

So, I see the whole thing, but I want to -- I want a level of comfort.

And I'm hearing that "we," "we," "we," but who is the "we"?

There are a few --

KAREN ST. HILAIRE RICHMOND: But the "we" is the RCE team that's going to come through. That's got a diverse population from all across the state, or our region, that's going to be sitting there.

And I think what you're saying is absolutely correct, we have children that sit in our emergency room in Watertown for 10 or 12 days, even with St. Lawrence here, that they don't meet the criteria to be able to be hospitalized; however, they're not stable enough to return back home to their families.

So I applaud you when you say parents don't want to commit their children to institutions, but they need to be able to have services to substain [sic] them in their home and in their community.

And I think this is what's going to give us an opportunity to look at how we can take the funding that we've been funding for in-care provided.

I mean, I did the same tour about two weeks ago. I did seven counties in two days.

I commend you.

It's a long ways, there's a ton of poverty, and a lot of nothing between one spot and another.

ASSEMBLYWOMAN GUNTHER: Absolutely.

KAREN ST. HILAIRE RICHMOND: And then you can go into Hamilton who has nothing in their whole county. No pharmacy, no psychiatry, nothing, in a whole county.

So I think for us not to look at a way to be able to deliver these services regionally, and more effective, this is the best time that we've ever had.

So, I'm not saying that anything is off the table or on the table.

ASSEMBLYWOMAN GUNTHER: Right.

KAREN ST. HILAIRE RICHMOND: I'm saying that we have to come back.

We've looked at it in the child-welfare system, in the Close To Home project, and we are requiring children to stay in their home district when they're placed.

This is, mental-health children deserve -- and by the way, children aren't any different, whether they're in the mental-health system or the child-welfare system or the juvenile justice system, they cross -- they cross paths.

We have to stop separating services, and look at the child and the family, because no child -- no

family ever wants their child pulled out of their home.

ASSEMBLYWOMAN GUNTHER: Absolutely.

KAREN ST. HILAIRE RICHMOND: And the longer you pull a child out of the home, the harder it is to reunite them, so we need to be able to look at all of those services.

I think there's expertise at Ogdensburg that we need to draw on, and I think that's what we need to do, to look at the way we deliver services.

ASSEMBLYWOMAN RUSSELL: You spoke about -- Ms. Smyth, you spoke about a subclass of hospitalization that cost half the per diem cost of current state-operated inpatient facilities.

Is that something that would be classified as a partial hospitalization program?

Or, can you give me a little bit more information about that?

ANDREA SMYTH: No, they're licensed residential treatment facilities. They're OMH-licensed facilities. They're a subclass of Article 1 hospitals, so they are -- operate along some of the same regulations as regular hospitals.

It's not a partial hospitalization program; it's an inpatient.

At the federal level, it's called "inpatient psychiatric rehab facilities."

But in New York, we've converted that to a next higher level and put in hospital regulations.

So, that's why the subclass of hospital comes along.

ASSEMBLYWOMAN RUSSELL: Would there be anything preventing the State from operating such a facility?

ANDREA SMYTH: The State currently doesn't.

There are 17 licensed RTFs.

Funding has been frozen for five years under the Medicaid cap.

One of them went out of business in Putnam County.

There were eighteen, until last year.

There's been a moratorium on RTF beds since 1994, so, there are 518 RTF beds, and 405 children inpatient state-operated psychiatric beds, and that's for it entire state.

So, it's really --

KAREN ST. HILAIRE RICHMOND: And none of them are closer than Utica.

ANDREA SMYTH: Right.

KAREN ST. HILAIRE RICHMOND: So now we don't

even have --

ANDREA SMYTH: So the geographic region doesn't even have an RTF, but that's one of the things that we think should be considered, because the residential treatment facilities are therapeutic, and they have the intensive 24-hour supervision.

The report, when you see it, it has a very onerous admissions process, just like the state psych centers.

We spend a lot of time trying to keep kids out of these places.

ASSEMBLYWOMAN RUSSELL: Given that these facilities are under financial strain, you said that one had to close, likely because of the cap, would that be an area that the State should look at providing, instead of -- you know, if it requires some sort of, I guess, additional funding for them to be able to --

ANDREA SMYTH: We've requested a meeting with the Department of Health, to say, now that they've moved the deadline for moving kids into managed care to 2016, they have to revisit the Medicaid cap, because the Medicaid cap was until the programs moved to managed care.

But the date to move the programs keeps moving up, but the funds have been frozen for significant periods of time.

ASSEMBLYWOMAN RUSSELL: A lot of your testimony appears to be from a -- as one of my predecessors used to say, a 30,000-foot view.

Did you have the opportunity to kind of come back down to the area that's, you know, traditionally been served by the St. Lawrence Psychiatric Center, and the actual center itself, to look at issues, such as, its lengths of stays, its continuity with the home school district?

You know, you talk about the fact that they need to be, really, just intermittent inpatient admissions.

You know, I believe that the Ogdensburg -- or, the St. Lawrence Psychiatric Center here in Ogdensburg actually has some of the best statistics, when you look at the length of stay, and the education handoffs, and the close contact with home school districts.

Were you able to, or did you have the time to do that type of --

ANDREA SMYTH: The member agencies that we represent work closely with all of the state

psychiatric centers.

We have a actually worked to develop emergency readmission policies, so that when kids are discharged, we can turn them back to the psych center, if necessary, rather than have them recidivism and go through the whole process of admission through lower levels of care.

ASSEMBLYWOMAN RUSSELL: I guess my question is: Did you actually look at the statistics for the St. Lawrence Psychiatric Center in terms of --

ANDREA SMYTH: Length of stay?

ASSEMBLYWOMAN RUSSELL: -- those markers, like, lengths of stay, and the education component, and readmission?

ANDREA SMYTH: We look a them quarterly with the Office of Mental Health.

ASSEMBLYWOMAN RUSSELL: Is it included in your testimony?

ANDREA SMYTH: No.

ASSEMBLYWOMAN RUSSELL: Okay.

And can you tell me what an appropriate amount of family involvement would be, when you're talking about a placement outside of the home, whether it's inpatient hospital, whether it's in one of these RTFs, whether, you know, it is in a

partial hospitalization setting?

What should -- how involved should the family be in recovery?

ANDREA SMYTH: We think completely involved.

Our organization has established protocols for treatment-team involvement, so that families are scheduled, so that the treatment team, the families are asked to participate in the treatment team.

We have transition coordinators who go out to the community, to prepare for discharge.

We have family-support services, where we hire professional parents who work with the family, to prepare, and do in-home work for return.

ASSEMBLYWOMAN RUSSELL: So how -- how -- what type of length of stay should we be looking at, or would you anticipate is probably, on average, what someone should -- should need to be in on an inpatient level?

ANDREA SMYTH: You know, we are not -- I mean, this is one of our biggest fears about managed care.

I mean, if a managed-care organization is going to say that a typical length of stay for a child with a severe emotional disturbance is seven days, then we're all in a lot of trouble,

because the average length of stay at most of the inpatient children and adolescent psychiatric centers is 125 days, I think.

I don't know, I can't recall off the top of my head, what St. Lawrence's is, but, 125 days, which is three months, you know.

And the average length of stay at an RTF is six months.

So, in a managed care environment, you know, we are not -- we are not going to be able to meet standards that someone else say are acceptable. We have to meet the standards of the children and the families we see.

ASSEMBLYWOMAN RUSSELL: Okay, I guess -- so of an average of three months, how many days should the parents be involved in the treatment meetings?

Is it once a month? Is it once a day? Is it every two weeks?

You said parent involvement is paramount, so I'm just trying to gauge how many times a parent would have to drive to Utica, a week, in order to be involved at a level that we --

ANDREA SMYTH: We use a lot of -- we use a lot of, you know, telecommunication for our parent involvement.

I mean, it's almost impossible for families to take whole days off to travel. None of these -- none of these placements are close enough for families to be involved personally every single time the treatment team meets.

ASSEMBLYWOMAN RUSSELL: And how often is that? How much -- how often --

ANDREA SMYTH: It depends on the child. It's all individualized.

I mean, by regulation, the treatment team has to meet, I think, once every 14 days.

But, I -- I don't know that that's -- you know --

ASSEMBLYWOMAN RUSSELL: Okay.

ANDREA SMYTH: -- there may be one every three days if the treatment needs to be changed.

ASSEMBLYWOMAN RUSSELL: Thank you.

ANDREA SMYTH: Yep.

SENATOR CARLUCCI: Senator Ritchie.

SENATOR RITCHIE: Just a follow-up comment, I think.

Karen, you said that no parent wants to pull their child out of their home or -- and be institutionalized for care.

But the thing is, as hard as everyone tries,

there always are those select cases that we're talking about, and the Assemblywoman just talked about, what the length of stay is.

And I know, as a parent, I'm not going leave my child in Utica or Syracuse for three months.

And I think that is the main reason that this area should be classified as a Center of Excellence.

It's not that we don't have the opportunities to make that happen. We have wonderful colleges to partner with, there's already some programs there, to help make that happen.

And once again, I just think, for the record, it's truly unfair that anyone who lives above the thruway will not have this kind of access to inpatient services, if they're adult family member or their child needs those kind of services.

And I just kind of find it ironic that you're advocating how much family involvement there needs to be, but at the same time, you're advocating that it's okay for those services to be moved downstate. They don't really line up.

So, they don't really line up.

[Applause.]

SENATOR CARLUCCI: Thank you.

Next we're going to hear from a panel of

speakers.

We have Mark Webster, Vicki Perrine, Dr. Theodore Klaudt, and Dr. Pakkam Rajasekaran.

Good morning.

Please introduce yourself, and then you can start right up.

ASSEMBLYWOMAN GUNTHER: [Inaudible.]

H. THEODORE KLAUDT, M.D., FACEP: My name is Ted Klaudt. I'm the medical director of the emergency department at Claxton-Hepburn Medical Center.

SENATOR CARLUCCI: [Inaudible.]

H. THEODORE KLAUDT, M.D., FACEP: Thank you.

I'm really here to speak about the concerns I have regarding the closing of SLPC, from my perspective as a -- as an ED physician, as the medical director the emergency department, and not because I can speak to psychiatric long-term care, and so forth.

Just a little bit of background:

I've been an emergency physician since completing my training in Ottawa 34 years ago. I've been in this part of the world now for 22 years.

I was the medical director of emergency

department at CDPH in Plattsburgh for 11 years, where we had both an adult and children's mental-health unit.

And, I've been here now for the last two years.

A little context about "CHMC"; Claxton-Hepburn Medical Center:

Our ED sees 19,000 visits per year. This is mental-health patients as well as medical and surgical patients.

Of those, 1765, or just about 10 percent, are patients who present for psychiatric evaluations annually. That was our -- those were our figures for last year.

We're pretty much on course to see the same number of patients.

The job of the emergency department really is to provide medical clearance for these patients, and once they're medically cleared, to facilitate the assessment by psychiatric evaluation, or, psychiatric evaluators, and this occurs in a separate but contiguous three-bed safe area.

And I want to be clear about that: we have 3 rooms for this out of a total of 18 rooms in our department.

And this is going to become important as I go on, because I'd like to weave in the impact that I believe this may have, or probably will have, on our medical and surgical patients as well.

We admit 54 percent of the patients for whom we provide psychiatric evaluations, and last year, that was 975; or just somewhere under 3 a day.

SENATOR CARLUCCI: Is that all to the St. Lawrence Psychiatric Center?

H. THEODORE KLAUDT, M.D., FACEP: No, this is to our mental-health unit, as well as to St. Lawrence Psychiatric Center.

Last year we admitted 210 patients to St. Lawrence Psychiatric Center, mostly -- and these were all children, I should say. Only 50 adults.

And the reason for that is, we have an inpatient adult mental-health unit, and most of the patients -- most of the adult patients that are going to be admitted from the ED will be admitted to our adult mental-health unit.

There are reasons for which they may be admitted directly to St. Lawrence Psychiatric Center:

If they were recently admitted there;

If there are, for some reason, conflicts as

to why they should not be admitted to our adult mental-health unit.

The vast majority of children, however, who are admitted through our facility to a mental-health unit will be admitted to St. Lawrence Psychiatric Center.

And, again, I have some concerns about those children whom we cannot admit there, and the impact that that's having already while this is still open.

I'd like to say that, over the past 3 years, on 80 percent of the days that we've been operating, which is every day, 24/7, we have had 5 or more mental-health patients within our department.

The length of stay for mental-health patients is, for a multitude of reasons that I won't bore you with, much longer than it is for the general medical patient.

We generally will discharge a general medical patient in about 2 1/2 hours, those that are going to be admitted in about 4 hours; whereas, the mental-health patient will spend 7 or 8 hours, on average, in our department.

So this has a significant impact, in that, when we only have three secure rooms, when we have an average of five patients a day coming through,

those patients spill over into the general medical area.

And we have, in the past year, one day out of seven, evaluated ten or more mental-health patients per day.

And I can tell you that I remember very well days when we've had eight and nine patients at any given time in our department, which means that half our department at that point is occupied by mental-health patients. The other half then is available for medical and surgical patients.

And this also comes into my area of concern.

We believe that the ED volumes of mental-health patients that we're going to be asked to evaluate and maintain in our department are only going to increase, and this is going -- this is going to exceed our capacity to do so safely.

I think that the patients who present with mental-health distress should not be mixed in with the general medical, surgical, patients who are there for totally other reasons.

I think there's nothing more agitating, if you've spent any time in an emergency department, than being in that very, very intense area.

By the same token, mental-health patients are

occasionally brought in to us by police, because we are the 939 facility for the area, who are agitated and can't be placed in our secure area because, it's full, and some of our medical patients are not well served by being made aware of this, for, again, a variety of reasons I'm sure you can imagine.

So, we feel that there will be an increased boarding of patients -- of mental-health patients in our emergency department as a result of the closure of SLPC. And this is going to negatively impact both, their care, they're gonna be there for longer, and will impact the flow of the medical and surgical patients in our department.

There's been lots written in the last 10 years or so about ED crowding.

Some of you may be aware of excellent scientific papers that show that this has a negative impact on the outcomes for those medical and surgical patients. Mortality increases, and certainly morbidity, length of stay, costs, and so forth, increase.

And we've seen in our department, I've only been here two years now, we've certainly seen an increase of length of stay over that period of time for, both, the mental-health patients, as it already

stands without these increased numbers, and for our medical patients.

There are safety concerns.

Again, there's lots written about violence in emergency departments that the staff are subjected to.

There isn't a nurse in our department who hasn't been kicked, punched, spat on, and whatnot, and I think as things become more congested and more tense, this will only intensify.

If we have to transfer patients, and it sounds like this would be part of the plan, anywhere from two to four hours away, that is going to increase, certainly, length of stay in our department to be able effect that transfer. It is certainly going to increase costs.

And it's not unusual that I'll have to deal with a family member when I tell them that their child is going to be going to Utica or to CBPH or to Syracuse, as to how they're going to be impacted negatively by that decision.

"How am I going to get there? I don't have a car."

This is not a high income area as most of you know.

So, I think that is a major concern for me as well.

There are weather, obviously, and road conditions to be taken into consideration. We have long winters here, bad roads, and things do happen. Ambulances do crash.

And I think, overall, to kind of put this into, and to encapsulate this, into a summary, I feel that closing the services at SLPC will put an undue burden, an increased burden, on our emergency department that's going to negatively impact, both, those psychiatric patients that we see and care for, and the mental health -- or, rather, and the medical and surgical patients that we're dealing with as well.

ASSEMBLYWOMAN GUNTHER: Thank you very much.

Dr. Raj.

PAKKAM RAJASEKARAN, M.D.: Yes, ma'am.

First of all, my -- well, my name is Pakkam Rajasekaran, and I go by the name "Raj" to make it easy to pronounce.

I thank you all --

ASSEMBLYWOMAN GUNTHER: Thank you for that.

PAKKAM RAJASEKARAN, M.D.: I thank you all, Senators and Assembly Members, to give me the

opportunity to present my case.

I am -- I've been a practicing psychiatrist for 32 years, and I have practiced in similar communities.

And I came from Cooperstown area in Bassett. I was working in Bassett Medical Center. And then moved here about two years ago to the North Country.

And I am -- I am going to talk about my experience, from the gut level, from the trenches, and that is what I'm here for.

I'm the medical director for the mental-health center here at the Claxton-Hepburn Medical Center. I'm also the chairman of the department of psychiatry.

And, I work very closely with Dr. Klaudt for the emergencies.

I wanted to spend a minute or two about the role of Claxton-Hepburn versus SLPC.

We both serve very unique roles.

Claxton-Hepburn is what we call "Article 29, 939 facility."

We are designated to receive mentally ill patients, and of many of them are brought in by police officers on a pick-up order. They can pick up a patient if they find it necessary, and we

evaluate them. And if we find them to be necessary, they meet the inpatient criteria, we hospitalize them.

We hospitalize, again, our unique role, is to provide the acute emergency care locally first, and not necessarily go for long-term care.

In that role, we hospitalize about an average of 975 patients a year to our unit here, and we do have a wonderful 28-bed unit.

But, there are going to be patients who are going to be needing long-term care.

Generally speaking, if they are not going to get well in 30 days, for a lot of other reasons, we do have to transfer them to the SLPC, and that's what we do.

And, our average length of stay is 9.8 days.

We have a 92 percent occupancy rate.

Now, between Claxton inpatient services to the hospital, SLPC, we transfer about 68 patients annualized, but those are our patients who were already hospitalized or have been in the SLP -- in the Claxton for a month or two, and then they need to be getting longer-term care, and they go there. And this does not include admissions directly from the emergency room.

And that is the background I wanted to give.

And the other statistics I wanted to present is, this year alone, for the last 8 months, we have evaluated 1177 patients, out of which 252 are children.

And we transferred 123 children to SLPC directly, and mainly because they are in the catchment area, and there are various other reasons.

And when they have a bed, they are wonderful, they will take the patients right away.

And that leads to the next part: What will happen if the SLPC is shut, and how that affects this community, and the way we provide services locally to our mentally ill population and the families?

Now, my understanding is, the SLPC has about 100 beds, and about 70 them, I believe, are adult beds.

I may be wrong, but I'm just giving what I read.

And if they are shut, and they are transferred to Utica and Syracuse, and I have a lot of concerns how that affects our patients and our community, and how we provide services.

There is a lot of burden and hardship on our

families.

For example, when we transfer -- I'm going to talk about the children now -- when we transfer children, they are not as simple as transferring an adult.

Children have to be signed in because, normally, the parents are the guardian, or, they have a different guardian, the DSS is the guardian.

And many hospitals will insist, especially the private hospitals, generally demand the parents have to come with them. And that is a daily entrance, and the parents have to consent for the treatment. And then they have to go for the family meetings, and so many other meetings, meeting with the teachers, counselors.

Our families, especially my experience in North Country, they really don't have that kind of resources to put gas in their car and go 130 miles to some hospital somewhere else. Coming from Massena to Syracuse or Utica, that's a 4-hour drive, and then to come back.

And this is to be done on a weekly basis, I don't know how they are going to afford.

Now, the children need continuity of care, and they need a good treatment, the best treatment

available in the world. And these are our children, and I'm concerned about that.

And the other issue Dr. Klaudt pointed out, the weather conditions.

You know, these roads are not exactly wonderful in wintertimes, as you all know.

And, how are we going to transport all these patients?

And what about the transportation costs; who is going to pay for them?

You know, you're talking about transferring, the numbers I gave you, 123 children alone from the emergency room to SLPC.

And that's a great problem.

You know, again, as a psychiatrist, I wanted to -- and from the community, I wanted to address another issue.

It's a very well-established fact, when the people don't receive proper services in the inpatient and they don't have services in the community, that leads to more recidivism, more readmissions. That increases the cost of care.

And, you know, the -- already the systems are burdened.

And not to mention, how many of our patients

end up in the legal system. And we all know a lot of mentally ill people are homeless, and they end up in the legal system, they are incarcerated. The jails are filled.

I read the other day our -- I believe the County is paying $1,700 a day to house somebody from a local county to some other county, if the prisoners are transferred from this county to Malone, or some other county, and I'm concerned about that as a citizen.

And, so, that's why I wanted to present my case, and I want the legislators to be aware of what the impacts are.

And I also, in a closing note, I wanted to mention my experience working with the SLPC staff and the medical staff.

That's a fine hospital.

I have worked in state hospitals before, I've known many state systems, and they are wonderful to the unique needs of our people, both adult and children, and, they make the process as easy as possible.

It will be a terrible tragedy to see that hospital close.

Thank you very much.

[Applause.]

SENATOR CARLUCCI: Thank you, Dr. Rajasekaran.

We are joined by Senator Betty Little, who was able to join us.

So, thank you for being here.

SENATOR LITTLE: Thank you.

Just a quick question.

Dr. Klaudt, in the beginning of your testimony, you had talked about the time frame it took to discharge some of the patients that come into the emergency room to psychiatric center, and you talk about the children, and you had some concerns about that.

And, I thought you were going to talk about that further?

H. THEODORE KLAUDT, M.D., FACEP: Certainly, I can.

SENATOR CARLUCCI: Well, in terms of looking for, maybe there are strategies or suggestions that you have in terms of how to make that process quicker, smoother?

H. THEODORE KLAUDT, M.D., FACEP: Well, in general, if the patient is going to be -- we're talking about children now, if they're going to be

admitted to SLPC, this will flow fairly quickly; about as quickly as one can make these things happen.

Again, there is this dual evaluation of a medical-screening process first, to make sure that there are no medical issues that are causing the psychiatric symptoms. It's more common, obviously, in adults than in children.

But, nevertheless, once that's done, they then have to be evaluated by one of our psychiatric crisis counselors.

So that dual -- and it typically doesn't flow in parallel, if you will. It's sort of a stepwise.

That, in and of itself, will certainly lengthen the stay for a patient presenting with psychiatric or mental-health behavioral issues, as compared to the medical patient, where we will see them typically, and then move them along.

The children that are not going to be admitted to St. Lawrence Psychiatric Center, because of an absence of beds, or for some other reason, there may be some other very legitimate reasons why they can't be admitted here, these are children who occasionally will spend days in our department while we're trying to find placement for them.

For whatever reason, it seems, when St. Lawrence Psychiatric Center is full, when their children's unit is full, most other children's units in the state are full as well, or in the immediate area, if you will, CBPH, Utica. And it's not unusual then for these kids to spend long periods of time.

I don't know how one would shortcut that, other than to say, let's have more beds.

That's always our solution: let's make more beds.

Obviously, that's not practical in this day and age of cost constraints, and so forth.

SENATOR CARLUCCI: But, no, you're not really talking about beds at the psychiatric center; you're talking about beds where they wouldn't fit the criteria to go to the psychiatric center?

H. THEODORE KLAUDT, M.D., FACEP: Not --

SENATOR CARLUCCI: Because, have you experienced a wait with the psychiatric center now for children's beds?

H. THEODORE KLAUDT, M.D., FACEP: No. If there are beds available, there's not -- there's not a huge issue.

There are procedures, if you will, that have

to be gone through.

I think it takes a little longer to get a patient, a child, admitted to SLPC from our department than it takes for an adult to be admitted to our adult mental-health unit, obviously, within the same institution, that flows more easily, more quickly. There's another group of people to be talked to, there's a transport to be arranged, and so forth.

But other than that, if they have beds available, I can't say that there have been significant issues in moving that patient who needs to be admitted, once they've been accepted.

Did I answer your question?

SENATOR CARLUCCI: Yeah, thank you. I appreciate it.

PAKKAM RAJASEKARAN, M.D.: Senator, if I may elaborate on that?

I think it's wonderful if we have a bed available. I'm talking about the children, and if the SLPC accepts them, and the transition is very smooth.

There are occasions, for various reasons, either beds are not available, or for some reason, those children are not admitted to SLPC, it's not

unusual for them to sit in the emergency room in the crisis bed for days, and without getting any specialized services.

And, in the meantime, we cannot find a bed for them anywhere in the state. There are no places for them to go to. The parents cannot take them, or there are no parents.

We encounter such situations.

In my opinion, I think it's not acceptable for children to not receive specialized treatment services, sit in an emergency room for days on end.

That is what I would like not to see.

Thank you.

SENATOR CARLUCCI: And I guess that's really what I was trying to get at, is what is that wait happening from?

Because, we're really not talking about a lack of beds, in terms of, there are beds available.

So where are the beds not available, in terms of --

PAKKAM RAJASEKARAN, M.D.: The -- what happens in the system, Senator, is, if for some reason SLPC will not take the patient --

And they have good reasons, we know. They have to meet the criteria to go there.

-- that invariably means no other hospital in the state will take the patient.

And that does happen to us many times, and that is a problem with the system.

You know, I don't know what the answer is, but that is the truth, and that is a problem with the system.

SENATOR CARLUCCI: So that sounds like a major problem --

PAKKAM RAJASEKARAN, M.D.: Yes.

SENATOR CARLUCCI: -- that we should be working with the Regional Centers of Excellence to try to cope with it, in terms of, there's not -- they're not fitting the criteria, but there's a need.

PAKKAM RAJASEKARAN, M.D.: Exactly.

And, now, the other concern I have is, when Binghamton closes, I think, I believe, they are going -- they have been serving several counties -- Broome County, Oswego County, and Chenango, Oneida, and so on -- now SLPC serves about six counties.

Now, if these two places close, then we're going to be competing with -- along with the 10 other counties, and that is our concern.

You know, there are times, I hate to see the

children in the emergency room for seven days.

Now, what's going to happen, we'll be one of the ten. You know, we'll be competing with all the beds, with 10 other counties, and that's my concern.

H. THEODORE KLAUDT, M.D., FACEP: If I may?

SENATOR CARLUCCI: Please.

H. THEODORE KLAUDT, M.D., FACEP: I'd like to add on to that.

I think there clearly are times, and this goes back to my experience at CDPH, and I'm not here to speak to that per se, but as well as here, both facilities refer children for admission to SLPC.

So, there are times when SLPC, when that children's unit is full, when that's the reason for which we can't transfer that child, and they may linger in our departments because no one else has any beds. They may linger in our department for long periods of time, or a significant amount of time, to find another facility that does have a bed.

My concern is, that with SLPC closing, that'll just reduce the number of beds that we have locally, possibly reduce the number of beds statewide, but that problem is only going to get worse.

SENATOR CARLUCCI: I guess what I'm really

trying to get at, is that it sounds like conflicting answers here, in terms of, is it that the children are waiting around because there's a lack of beds in the state system, or is it because they don't fit the criteria to be in the state system?

H. THEODORE KLAUDT, M.D., FACEP: Both.

SENATOR CARLUCCI: Okay.

PAKKAM RAJASEKARAN, M.D.: Both.

SENATOR CARLUCCI: And both, okay.

And what would you say the percentage is, in terms of your experience?

H. THEODORE KLAUDT, M.D., FACEP: I'll take a stab at it, and I'll say that, probably, half and half.

SENATOR CARLUCCI: Okay.

Okay, great.

Senator Ritchie.

SENATOR RITCHIE: Just a clarification for the record: Last week I was able to go to Claxton and tour the hospital, and during that visit, was told that 123 children were transferred to the center since the beginning of the year. Yesterday I had the opportunity, with Senator Carlucci, to stop at Trinity and at the children's building, and when I asked that question, I was told that that

information was not correct. That there were only 50 children.

That's a big difference.

So for the record, could you tell me, because I see it's in your written testimony, how many children have been transferred from January until present this year?

H. THEODORE KLAUDT, M.D., FACEP: I didn't pull these numbers out of our system myself, but I will say, I believe these numbers.

The person who pulled them is reliable, and we have an electronic medical-record system, wherein it's easy to find disposition of where people go to.

I believe the 123. And that would really be in keeping with the 210 who we transferred to SLPC children's unit last year.

SENATOR RITCHIE: So that, in itself, is a huge difference in the numbers. And I know the individual did not have a sheet in front of them, so there -- you know, there may be just an innocent reason, because the adult number is fifty.

But that makes a big difference, when you have number-crunchers trying to make a decision on whether the facility -- the inpatient facility is going to close.

So for the record, I just wanted it said that, last year, it shows 210 children, and this year, to present, 123, just from Claxton that were transferred to the center.

H. THEODORE KLAUDT, M.D., FACEP: That's correct.

SENATOR CARLUCCI: Go ahead.

ASSEMBLYWOMAN RUSSELL: Sure.

Can you tell me, kind of, what the longest length of stay for a patient, you know, has been?

I'm sure that there's some sort of -- sometimes you guys keep track of, Boy, that child was here for 15 days.

Can you give me an idea?

H. THEODORE KLAUDT, M.D., FACEP: In recent memory, it was just short of eight days.

ASSEMBLYWOMAN RUSSELL: Okay, so eight days.

And why are they not receiving specialized care in the ED for eight days?

H. THEODORE KLAUDT, M.D., FACEP: It's difficult. I think we find it difficult to provide.

I mean, I see our role, if you will, in the ED as evaluating them, making a disposition decision, and then trying to make that disposition happen.

If those children are on medications, we'll certainly provide those medications, but they've been on medication before, so that's not any great help.

We --

ASSEMBLYWOMAN RUSSELL: Would you be reimbursed for youth psychiatric services if you provided them in the ED?

H. THEODORE KLAUDT, M.D., FACEP: I don't have the answer to that question.

ASSEMBLYWOMAN RUSSELL: Okay.

And where are the -- we know St. Lawrence Psychiatric Center is a location where you're transferring these children out to.

I've also heard testimony today about an alternative level of care, a residential treatment facility.

Can you give me an idea of the children that do not go to the local psychiatric center, what percentage is going to residential treatment versus inpatient hospitalization?

H. THEODORE KLAUDT, M.D., FACEP: I can't give you -- I cannot give you a percentage.

I would not even hazard a guess.

ASSEMBLYWOMAN RUSSELL: Okay, so you're just

not sure where they're being discharged to?

H. THEODORE KLAUDT, M.D., FACEP: Uhm --

ASSEMBLYWOMAN RUSSELL: Not discharged to, but transferred to.

H. THEODORE KLAUDT, M.D., FACEP: Correct, yes.

ASSEMBLYWOMAN RUSSELL: Is it an option for you to transfer someone to a residential treatment facility, or would you need to transfer to a hospital?

H. THEODORE KLAUDT, M.D., FACEP: No, I believe that a transfer to a residential treatment facility can be effective, if that's appropriate.

ASSEMBLYWOMAN RUSSELL: Okay.

And, so, that the capacity of residential treatment facilities, or the lower level down from an inpatient hospital setting, is also problematic?

H. THEODORE KLAUDT, M.D., FACEP: I can't -- I can't speak to that as a -- with any degree of authority, if you will.

ASSEMBLYWOMAN RUSSELL: Okay.

Perhaps someone else who testifies will be able to later on.

And can you tell me how you transfer a child to a different facility?

Do you know the mechanics of how that happens, whether it requires additional staff?

Can you release the child to the parents and have the parent transport?

And is it in a car, or do you -- does it require an ambulance?

H. THEODORE KLAUDT, M.D., FACEP: The -- we do not transfer patients by private automobile, the care of their parents or anyone else.

If they need to be admitted, we think that that's significant, and they should be secure, and that means competent staff need to accompany them.

They're transferred either by ambulance with the appropriate staff, or by ambulance.

ASSEMBLYWOMAN RUSSELL: Okay.

Thank you very much.

SENATOR CARLUCCI: Dr. Rajasekaran, Dr. Klaudt, thank you.

H. THEODORE KLAUDT, M.D., FACEP: Thank you.

[Applause.]

SENATOR CARLUCCI: Next we have another panel.

We're going to hear from, Jim Scordo, who's the executive director of CREDO;

Sister Donna Franklin, the executive director

of Catholic Charities & Diocese of Ogdensburg;

Holly White Armstrong, who's the co-president of North Country Council of Social Agencies.

If you can just state your name and title, and then start.

JAMES SCORDO: Sure.

Good morning, and thank you, Senate and Assembly Members, for gathering here today to hear us, and hear our concerns here in the North Country.

My name is Jim Scordo, and I'm the executive director of CREDO Community Center.

We're the substance-abuse provider in Jefferson County, and most recently, and now into Lewis County as well, providing outpatient services there.

CREDO provides treatment services to, on any given day, 240 individuals on an outpatient basis, and 72 individuals in residential programming.

You know, we're somewhat connected with the mental health, although, we're indirectly, as we see more and more individuals that come into our system with a co-occurring disorder; meaning, substance abuse in addition to their mental illness.

In 2012, we had 40 percent of our outpatient clients who had a co-occurring disorder. 70 percent

of our residential clients have co-occurring disorders.

As a result of that, we are exploring the feasibility of obtaining an outpatient mental-health license so that we can treat the needs of our individuals who are under our care.

We see many individuals that get referred to our programs that -- particularly on the residential side, that are not appropriate for a level of care in our residential treatment programs. They need a higher level of care.

And as our previous speakers attested to, that some individuals do not fit into another system because there's a gap in services, perhaps; whether it's that inpatient is at capacity, the hospitalization is at capacity, or it's just difficult to find the right setting for that individual.

When we're talking about individuals, their needs are so unique, and it's hard to categorize them all and put them all in this nice little box, and say, Here's what we're going to do for you, here's what we're going to do for adults.

The same thing is true when we start looking at:

What are our options?

What are we going to try to do to provide better care for our individuals?

There's not an easy answer to that.

And as Karen Richmond and, let's see here, it was Andrea Smyth were talking about, there's different committees that are meeting, to try to take a look at this and how we're going to move forward with this.

And, there's a lot of different viewpoints, a lot of different thoughts, on how we should proceed with this.

So it's -- it's -- I'll say what some of my thoughts are about this.

I think, when we did the deinstitutionalization in the 1980s, we did a disservice to individuals.

[Applause.]

JAMES SCORDO: I began to wonder whether I was the only one who felt that way; that I looked at it, that we had individuals we were putting out onto the streets, and saying, You know what? Let's do this in an outpatient, with case-management services, and you're going to be okay.

How many laws do we need to see created after

somebody who's death occurred as a result of untreated mental illness?

And I don't believe everybody can be treated on an outpatient basis, whether it's a mental-health problem or substance-abuse problem.

We need to have different options for individuals that increase in intensity based on their individual needs.

As I started reading different pieces, former commissioner of OMH, Mike Hogan, and I believe it was in one of the "SAGE" reports; the State and Government Efficiency Reports, he was talking about that, as we look at the future of OASAS, OMH, what's that going to look like? and how are we going to -- as we look at the centers of excellence, what are we going to do? he referenced, we dropped the ball when we -- in the deinstitutionalization that occurred in the '80s.

And he said that we dropped the ball because we left some communities with little or no services.

So, as we revisit this here in 2013, and soon 2014, let's not drop the ball again.

And I don't claim to have all the answers.

You have Commissioner Hogan who's speaking, who has years of experience, talking about that,

that we dropped the ball.

So I would say that we need to listen to what somebody like Commissioner Hogan has to say, and pay attention. And pay attention to the needs in our respective communities.

I'm afraid that we're heading in that direction again, as we look at closing St. Lawrence Psychiatric Center.

Is this really all about saving dollars? Is that what it comes down to?

And if so, what about those people; what about those people who are impacted by that?

And we can talk about managed care is going to do this, and managed care is going to do that.

Well, are we letting managed care drive this train, or are we going to have some influence on what some of the care that are needed for individuals?

I don't believe insurance companies and payers should be the ones dictating what the behavioral-health needs are of our individuals.

[Applause.]

JAMES SCORDO: And that's not going to be an easy task by any means, but we have individuals, that we can go forward and carry our message to

Albany; the fact that you're here listening to us today.

The fact that manage care has been postponed because we're not quite ready to roll that out, is a good thing.

Let's give that a little more time to develop, until we have all our ducks in order, before we roll out a system that is going to impact many, many people.

People need variable lengths of stay, people need different levels of care.

I'm -- we need to look at inpatient, you need to look at residential, and you need to look at hospitalization, in addition to the outpatient and case-management services.

Everybody is unique, and everybody is different. We can't just put them all into one category and say we're going to treat them all in one setting.

People need different levels of care, and we need to be able to offer options to them.

If we don't, if we think we're going to go about doing this, and we're going to do what we did with the deinstitutionalization, and we're going to close down facilities, and think we're going to

treat these people on outpatient and case management, all you're going to do is shift your costs.

You're shifting them to the substance-abuse providers, that they're going to come into our system.

And, fortunately, we still are able to offer residential care and -- at the substance-abuse end.

You're going to shift them to the RTF facilities that were talked about previously, that are already at capacity, that there's not enough of them in the state.

And most importantly, you're going to shift these people to the New York State Department of Corrections and our local jails.

Prior to treatment being available in the '70s, where did people go?

People with mental illness, people with substance abuse, there was very few providers that existed prior to 1970.

Many of those people ended up in jails, or they ended up in institutions for long, extended periods of time.

I'm not saying that we need to go back to that, but I mean to say that if you do not offer

some different options for people as far as care, they're going to be end up filling up our correctional facilities, and that's not where somebody belongs with mental illness and substance abuse, both treatable diseases.

If it was your family member --

[Applause.]

JAMES SCORDO: If it was your family member who had the unfortunate, that addiction touched their life or mental illness touched their life, you would want to fight every step that you could to make sure that they were given the most appropriate opportunity for care, and you would want to see as many options available to them as possible before we said, Well, I'm sorry.

And you would want to have as much services as you possibly could available locally.

We need services in the North Country.

If we move everything to -- as planned, we, in essence, have cut off the North Country.

That's a barrier.

That's a barrier for treatment, for families, for individuals, and I don't think it's a good idea.

There are other committees. As Karen Richmond talked about, there's other

committees that are looking at this.

That's a new committee that's in formation. It's going to take a some time to get that up in operation, and to get everybody on the same page as you involve multiple providers from multiple counties.

That's a great idea, and I'm part of that group.

I missed a few of the meetings, but I'm engaged and a part of that, and we'll anxiously work towards that.

But we need to be thinking about what's going on here, and how this is impacting today.

And by having St. Lawrence Psychiatric Center, what does that mean; what does that mean if that were to close?

So I'll close in saying:

That this is not an easy battle, by any means, and New York State is looking to, How can we save dollars?

Let's not be shortsighted in how we go about doing that.

Let's not just shift the cost to another area that's going to end up costing you more as you put them in our correctional facilities, and you'll just

end up building more prisons.

I think we've been down that road.

Let's work at meeting the behavioral-health needs of our individuals, and treating them as you would want your family members treated if they had mental illness or substance abuse.

Thank you.

[Applause.]

SENATOR CARLUCCI: Holly Armstrong.

HOLLY WHITE ARMSTRONG: I'm Holly Armstrong. I'm retired JCC professor of human services, and I'm currently co-president of the North Country Council of Social Agencies.

The unique part, both, as a professor, I got to set up interns with a lot of the agencies, and so I got to know them really well;

And then the council of social agencies meets every month, and puts on a luncheon, to try to meet some of the educational needs of the providers.

So, we have a lot of contact.

And so, the council itself, we've really tried to look at, What are the needs of the residents in our community, and how can we help meet those needs, through either education, through advocacy, whatever?

And we've been doing it for 70 years.

I'm getting old -- no.

Because there are so many needs, a couple of you mentioned, there's poverty; homelessness; there's veterans, there's domestic violence; there's lack of food; the housing issues.

I mean, we went on with a whole list, to try to make up our survey.

And to be quite honest, I had trouble not putting all of them as "very important."

It was on a scale of low priority to high priority, and we sent it out to our providers, to help kind of lead, of all the things, what is something that we should tackle and really work on and understand?

And, surprising -- it really wasn't that surprising.

I gave you the survey.

And on the second page, I blocked out, "Access to mental-health care and mental-health services," was the number one need.

It was the highest priority, of 51.5 percent.

The high priority, was 27.3 percent.

So you put those two together and you've got 78.8 percent of the providers in Jefferson, Lewis,

and St. Lawrence counties said that accessing mental-health care was their greatest concern.

Now, when we got this information, some of my board were saying, But, geez, there's still transportation issues, there's poverty issues, there's drug-abuse issues.

Yeah, and why?

Because people are not getting the mental-health care that they need.

Now, when we look at the next one, "Assessing health care without insurance," you know, we heard from some -- a couple of people, that people couldn't get into some of these facilities.

That may be part of the problem: the families that cannot afford privately to pay and they don't have insurance to cover.

And we do know there are many instances that -- for all kinds of health needs, that Medicaid and Medicare are not covered by certain providers, so people already have to go to Syracuse and Utica to some doctors to get assistance.

And that was the third: Finding primary-care providers that accept Medicaid and Medicare.

So what I wanted to show, kind of reiterate a little bit, on the second thing I handed you:

Access to mental-health services.

We are -- these are just some of the things that came up.

We are in a crisis situation in terms of accessibility to mental-health services.

Waiting six weeks to address a mental-health issue is absurd. If we broke an ankle, we would get immediate care.

The delay also may lead to misuse of legal or illegal substance, which is what Jim referred to. And that really happens, because they do not get the care they need.

I mean, just imagine, if you were in a situation where, you have already talked to your family, your pastor, whoever, your coach, to help you out, and, finally, We're going to get you some good mental-health care. You know, you go talk to somebody who's a professional.

Oh, yeah, maybe we can squeeze you in in eight weeks.

You know, what is that like?

And what do you do in-between time?

You drink.

You self-medicate.

Well, oh, you don't have -- you can't afford

it, so then you go out and you commit a crime. You steal from your family, you steal from your neighbors, you steal from a store, so you can get the money to substain [sic] your habit.

You know, so what we're talking about -- well, and the federal government dumped mental-health services for our military into local communities.

Military does offer some services, but not enough for the volume of people in the population on base.

There's also the situation, if you use the base facilities, you may lose your job.

Okay?

So a lot of the people with mental-health and substance-abuse issues, domestic-violence issues, will come into the community for the resources that are there, that are already overwhelmed, period. You know, they can't meet what they already have.

So these are real issues that I am concerned about.

Jim mentioned costs. That's a huge thing for me.

All of our non-profits have been cut.

Yes, they can write grants, but there's state

and federal budgets that have cut them drastically over the years.

The needs have increased, so they're running with less personnel and less money to offer the services, and yet the needs for those services have increased.

With this survey, that I wanted to make important to you, we will be having an analysis of it in the future.

We're going to have a November luncheon that will review all of it, but we're going to include some of the information from the Center for Community Studies.

This is just kind of raw data that you've gotten right now, hot off the press.

And there's also Jefferson County Community Services, of course, who are making their plan.

So, with everything combined, we should probably be able to come up with some more ideas, some recommendations, how to move forward. Giving us an idea, as a board, of how to help the community move forward. What are some of those action steps?

We're not there yet, but we will be.

This access to mental-health care, I just don't know how to describe how awful it is, because

what we have is very good, but getting to it is hard, both, transportation-wise, financially, and, the long waits, the absurd waits, that people have to deal with.

So the increase in services in Jefferson County, if people are released from Ogdensburg, is going to really cripple, I think, us financially, because then you're demanding what services we do have to increase.

Where does the money come to do that?

It would also have increased ripple effect because, waiting 8 weeks, now people will wait 10 or 12 weeks, and you're still going to have that increase in crime, and alcohol, and all of the other things that occur in the meantime.

Some of the patients here in Ogdensburg also have been living here for a long time. They're not ready to be put back in the community. They need the inpatient care that they have here.

When -- the '70s, that Jim referred to, when everyone was released, people were on the streets. They had nowhere to go.

Transitional housing formed out of that.

There was a crisis, "What do we do to try and meet this need?"

But it wasn't preplanned. You know, it wasn't, let's get all of the housing ready and transfer someone so it's done effectively. It was just the response.

And that's what our counties are going to have to deal with, is:

What happens afterwards?

What do we have to do to try to deal with this influx?

And I can only support, the Syracuse, Utica, routes, just like everyone else has, this is very difficult for families with a child to -- and really one of the strongest child facilities, and those with disabilities, is Saratoga.

So, we're really talking a long way.

Ogdensburg seems to be fighting a real uphill battle.

And I know, politically, it's been divided into three sections, so that makes it difficult to have, like, that one muscle to kind of move on.

There have been ideas brought across, and you've mentioned some of those, to try to deal with this: partial hospitalization.

Our River Hospital is doing that with posttraumatic stress.

The telepsych, our Family Health Center, formerly North Country Children's Clinic, is doing that; because someone mentioned, you know, the Skypeing, and those kinds of things.

Those are options, and certainly things that need to be considered, and certainly are helping people, but, we do need inpatient.

I have to say that CREDO is one of the best facilities I've ever known, but they look at the person and what they need. And if you -- you just go down the route: You can have intensive inpatient, and you can get right up to, you know, down to, you're in your own apartment.

But, there's different phases along the way to help a person recover.

We do not want people thrown back in the community that are not ready for the community, and we don't have the resources to help them as much as they should be helped.

And so that increase, it just shifts that burden from the state to the counties, and I'm not sure that that's what we should be doing.

My father always used to say, "If it isn't broke, don't fix it."

Okay?

I know that's old-timey, but it's true: we have an excellent center which this region has tried to incorporate.

And with our ER's and our facilities, community agencies, tapping into St. Lawrence, I -- I just don't know how effective it's going to be if we don't have that option.

I'm not saying to close some of the newer options and ideas.

I would enhance community service in every single county. I mean, certainly, that would really help.

But our high poverty, our high unemployment, our lack of services, it's devastating at times.

One of the things I've gotten from my providers this year, we're running a workshop, is provider compassion. It's called "compassion fatigue."

It's sort of, like, you're dealing -- it isn't the kind of job that you turn off at 5:00. It's a 9-to-5 job.

You're working with these people; you're short-staffed, you're overworked, and, you really care, but you get tired. You get worn out.

And I just see, if this is affecting the

providers in Jefferson County at this point, why -- how are they going handle the huge increase with the closing of the psych center; and, mainly, not having the option for inpatient treatment?

We need that.

Our Samaritan, you know, we have an inpatient treatment for adults there, but it doesn't hold enough. And a lot of them are, well, geez, the last half year was synthetic drugs.

You know, most of the people, you know, we weren't dealing with some of the other mental-health issues. Synthetic drugs, there's such a problem in our area.

So, to have that option of the psych center for inpatient was really necessary.

So, with everything -- and I'm not minimizing the jobs. I'm really -- I do want the full employment.

All of you know how hard it is to access anyone with a professional background, and psychiatrists. It's terribly hard.

They have everyone here in place, and that's working well.

But, we need to focus on the person, and maybe think of it as yourself or a family member.

If you need mental-health care, you need a quality of care, and you can get that locally, okay, but you may have to use other facilities to enhance that quality of care, to help someone come back in the community and be a productive, healthy person in our community.

So it's the quality of the person and the quality of the community, and I'm advocating we keep St. Lawrence Psych Center here for that.

I also am not closed to newer options of helping deliver better mental-health services, like with some of the new things, but closing this, I don't see as an option.

SENATOR CARLUCCI: Thank you.

HOLLY WHITE ARMSTRONG: Thank you.

[Applause.]

ASSEMBLYWOMAN RUSSELL: Mr. Scordo, I'm going to maybe put you on the spot a little bit, because I think you might be the only representative testifying that works in the OASAS system as well.

Now, can you tell me, do you know anything about the OASAS facility that's located at St. Lawrence Psychiatric Center grounds here in Ogdensburg?

JAMES SCORDO: Yes, I have -- that we refer a

number of individuals who need inpatient care.

Since we do not have inpatient care in Jefferson County, we use that regional concept, and St. Lawrence Alcohol and Treatment Center is one of our treatment options where we send folks who need inpatient care.

ASSEMBLYWOMAN RUSSELL: Okay, so that's inpatient facility.

And do they -- I mean, they're on an OMH site.

Do -- are they able to provide any mental-health services there, by virtue of being co-located on the same campus?

JAMES SCORDO: I don't know if they have any sharing of staff that they do, but anybody who's been treating either the mental health or the substance abuse, you have to be prepared that you're going to have a fair number of folks who have co-occurring disorders, so you better get some folks with mental illness -- or, mental-health background on your staff.

If you're treating the substance abuse, and the same holds true.

So they probably have some on staff, but I would guess that they may have some close

collaborations with the mental-health services here on site.

ASSEMBLYWOMAN RUSSELL: Okay, so -- so you think that, potentially, they've already broken down some of the silos that you testified were somewhat problematic for the population that you serve?

That they are oft -- they're funneled to you because they have substance-abuse problems, but maybe the underlying issue is a mental-health problem?

And -- I mean -- so, I guess, would you say that that is a good practice to have, maybe, OASAS treatment facilities, you know, working more closely, or collaborating more, with the mental-health system?

JAMES SCORDO: I think that we're heading to a time when we're really going to take a look at, What's the future of OASAS and OMH?

And, we've done more integrated care.

Are we going to bring those two agencies together at some point?

Or, they have collaborative agreements that go back and forth, that allow each of the providers to provide services, as long as you bring in some of the staff?

And I think that's what, for the most part, providers have done.

We also do work closely with each other in referring back and forth.

You know, in our county, in Jefferson County, we rank referrals to the children's home for mental-health services and for services for youth;

Based on some of their folks that have substance abuse, particularly their youth, to our program.

So, that collaboration can happen without having to be right in, you know, a stone's throw of each other, but you got to have those working relationships.

ASSEMBLYWOMAN RUSSELL: Do you know if any other state mental-health facilities have OASAS services or programs on their campus?

JAMES SCORDO: I am not aware if there are or not.

ASSEMBLYWOMAN RUSSELL: Okay.

It would just seem to me, that as we're creating centers of excellence, and we're talking about the future of OASAS and mental-health services, that if that collaboration already exists, why wouldn't, you know, the St. Lawrence Psychiatric

Center -- I guess I'm testifying at this point -- be seen as a center of excellence, because they already have that ability, and, likely, there's some sort of collaboration.

And in a rural area, where we have heard so many times that there's a lack of providers, you know, you kind of get a certain amount of synergy, and ability to bring the professionals together that need to address all of these issues.

JAMES SCORDO: Yeah, that's a secondary concern on our part, that if the St. Lawrence Psychiatric Center were to close, what is that going to do on the alcohol and drug treatment center?

You know, I understand there's underground heat systems that come from the main OMH, over to the alcohol and drug treatment center.

Are they going to be able to continue to exist if the psych center is closed?

Hard to say what impact that will -- ripple effect that will have on the inpatient treatment program that the state-run facility operates.

ASSEMBLYWOMAN RUSSELL: Thank you.

Concern of mine as well.

SENATOR CARLUCCI: All right, thank you.

[Applause.]

JAMES SCORDO: I will close and say that, take your time. Let's not rush into this, and, this involves way too many people's lives.

Just take your time, and do this right.

SENATOR CARLUCCI: Thank you.

JAMES SCORDO: Thank you very much.

[Applause.]

SENATOR CARLUCCI: Next we're going to hear from our host, our city manager of Ogdensburg, John Pinkerton;

Council Member Storm Cilley;

Donald Peck, county legislator;

And, Vernon "Sam" Burns, county legislator.

So just introduce yourselves and your title, and start into it, please.

STORM CILLEY: My name is Storm Cilley.

I am a member of the Ogdensburg City Council;

I'm a life-support provider for the Ogdensburg Volunteer Rescue Squad;

And I'm a recently retired teacher of the Ogdensburg City School System.

For the past 32 years, I have had almost daily contact with individuals receiving psychiatric services within the community, as well as those desperately in need of such services, who, for one

reason or another, are not receiving them.

Instead of cutting mental-health services and putting more obstacles in the path of individuals and families attempting to obtain those services, the State of New York needs to increase and improve the services available to the neediest, most vulnerable members of our society, including more readily-accessible inpatient beds.

The 1980s saw a drastic reduction of patients receiving inpatient care at the SLPC, and we as a community are still waiting for the State of New York to fulfill their promises of improved outpatient care that were made at that time.

You need only to spend a few hours in Ogdensburg to get a sense of how many mentally ill individuals are present in our city, and how they wander from place to place in search of meaningful activities.

The lack of those activities is a major source of concern for all of us who interact with them.

And for the past 123 years, these individuals and the caring, dedicated professionals who care for them have made up the fabric of the city of Ogdensburg.

The idea of moving inpatient beds from Ogdensburg to Syracuse and Utica is a poorly thought-out and ill-conceived plan by career bureaucrats who have been ordered to cut expenses at any cost, with very little regard as to how it will actually affect the patients and families that desperately need this care, and no concrete plans to help those who are having enough trouble dealing with the system now.

By moving those inpatient beds an unreasonable distance away, the OMH is making it even more difficult for patients to obtain care and for their families to provide the support that is so necessary to the successful treatment of this vulnerable population.

When developing this plan, much more consideration needs to be given to the travel distances and times involved for those seeking care, not simply the population or the political power of the areas involved.

I have personal experience making the 2 1/2-hour trips to Syracuse and Utica in the winter months when those trips have lasted four, five, and even six hours one way.

In a manner, I believe that the Albany

bureaucrats understand this, because it is almost impossible to get them to travel to the North Country between November and May.

[Applause.]

STORM CILLEY: The St. Lawrence Psychiatric Center is already a center of excellence doing all of the things that the new centers are supposed to do.

Historically, it has been a leader in providing care and improving the lives of the mentally ill.

It enjoys tremendous support from the citizens that it serves, local governments, industries, educational institutions, and numerous other organizations.

It provides top-notch quality care.

It is one of the most professionally operated, highly rated and respected facilities within the Office of Mental Health.

It has an extremely dedicated and professional workforce, whose jobs are vital to the economy, of not only Ogdensburg, but the entire North Country.

Provided with, essentially, free heat, it is one of the most economical facilities to operate in

the entire state.

Unlike other facilities downstate and in the Southern Tier, the ability of these facilities to be re-purposed is nonexistent.

The grand and historical buildings that the State abandoned in the 1980s continue to sit idle and deteriorate while nothing is being done to maintain, preserve, or market them.

The promises made by OMH and Albany bureaucrats that no jobs will be lost with this restructuring is dishonest.

Offering current staff another position in facilities downstate does nothing to preserve badly needed jobs in the North Country.

Based on past experience, it is highly unlikely that New York State will ever follow through on its promise to create more outpatient services in the community.

Even if it does, those services will demand a different set of skills than those possessed by current employees, probably at much lower pay grades.

The SLPC is already seeing employees flee in search for other jobs even though the plan has not yet been implemented. They cannot afford to wait

until the last minute to secure the future of themselves and their families.

In conclusion:

This plan is not providing -- about providing more or better care for the mentally ill of New York State.

Pure and simple, it is about cutting the cost of running the Office of Mental Health.

It is being done at the expense of and without regard to the needs of the mentally ill and the residents of the economically-depressed rural areas of the state.

It is an unconscionable, poorly conceived plan that will do irreversible harm to those that it purports to serve.

I am asking you, as responsible members of the New York State Legislature, to evaluate this plan honestly, and force the Office of Mental Health to do the right thing for the mentally ill in northern New York.

Keep the St. Lawrence Psychiatric Center, already a center of excellence, open as a full-service inpatient facility.

[Applause.]

JOHN PINKERTON: Good morning.

My name is John Pinkerton. I'm the city manager, and welcome to my hometown.

I'd like to come from a historical viewpoint.

I'd like to know where we've been before I know where I'm going; therefore, I'm going to delve into a little bit of the history of the psych center.

The St. Lawrence State Hospital was championed by Congressional Medal of Honor recipient General Newton Martin Curtis, a resident of Ogdensburg, and a member of the New York State Assembly.

On April 29, 1886, the New York State Legislature approved the bill of General Curtis, authorizing the appointment of five commissioners to locate a mental hospital in northern New York.

Several psychiatric hospitals were already built in New York, but none north of what is the present-date thruway.

The State Commission on Mental Health, at this time, decided the psychiatric needs of the state would be best served by locating a mental hospital in northern New York.

We will show that history validates that decision.

On May 18, 1887, Chapter 375 of New York State law was passed, which ratified the selection of Ogdensburg as the site of the mental hospital.

Built in 1890, the state hospital soon became a national leader in the treatment of the mentally ill and the training of nurses in psychiatric care.

Dr. Peter Weiss, the first director, initiated the training of local residents to staff the nursing components of that hospital.

The St. Lawrence Psychiatric Center was the first to have a school of nursing;

Was the first to have entrance exams for nurses, which was replicated by all the other schools of nursing thereafter;

Was the first to assign all patients to employment in various occupations, for the purpose of reeducating the facilities of attention and volition.

This program was initiated by state hospitals all over the country afterwards.

The programs of purposeful activity enabled the St. Lawrence State Hospital to become a self-supporting institution.

It was the first to establish a set of

standards to help in the cure of patients;

It was the first state hospital to open a beauty salon, and offer other amenities, which improved patients' feeling of self-worth.

This format has been duplicated in assisted-living centers to this day.

It was the first to allow voluntary admission of patients;

It was the first state institution to have an outpatient clinic;

It was the first in New York State to initiate the open-door policy;

It was the first to have a children's unit north of Syracuse.

In 1966, the New York State Department of Mental Hygiene commissioner of that time, Dr. Alan D. Miller, remarked, "The St. Lawrence State Hospital is world-renowned for the care and treatment of the mentally ill."

No Willowbrook here, but we are concerned about what could happen to our most vulnerable citizens should they be placed in an urban center like that.

It appears that the OMH plan for mental-health care is this: If you live along the

thruway or New York City, you will get the mental-health care you deserve.

If you don't, then you don't have enough votes to warrant concern.

Often I hear that the North Country is too reliant on New York State jobs, jobs which, by the way, are deemed necessary to promote the general welfare of the citizens of New York.

I do not hear any complaints about the monetization of the electric power generated by the St. Lawrence Seaway that goes into the coffers of the New York Power Authority.

I do not hear the Governor complaining because St. Lawrence County does not receive any monetization of electricity like they do in Niagara.

I do hear the Governor say that the North Country needs to pull itself up by its bootstraps, but, when the small village of Waddington and other communities in St. Lawrence County banded together to break attendance records at the elite Bassmaster's Fishing Tournament in August of this year, without State aid, the Governor took the time out of his busy schedule to come and promote an elite series event for the Finger Lakes next year, not the St. Lawrence River Valley.

I want to highlight just one significant metric that demonstrates a glaring weakness in the OMH redevelopment plan.

The population of the six-county catchment area of the St. Lawrence Psychiatric Center is less than the population of Onondaga County, and yet the suicide rate for this catchment area is greater than that are for Onondaga County for 2008, 2009, and 2010.

How can OMH release a report, "Suicide as a Never Event in New York State"?

I applaud that goal; however, I am concerned.

The State for that period, as a whole, had a suicide rate of 6.6 per 100,000 people.

In St. Lawrence County, that rate was 10.8.

We are currently underresourced in this critical area.

What happens when our services are reduced?

I think we all know the answer.

Currently, New York State receives free steam from what was once a cogeneration plant.

This plant loses between 2 and 3 million dollars a year supplying the steam to the Ogdensburg campus of prisons and mental-health facilities.

The plant officials have offered to supply

steam heat at cost, and electricity at a 22 percent discount over the rate currently being paid by OMH and DOCS, thus reducing the overall operating costs at the Ogdensburg campus, but State officials have been nonresponsive to the proposed negotiations.

Such an agreement would improve the economic viability of the St. Lawrence Psychiatric Center and the Ogdensburg Correctional Facility.

Over the years, the State Office of Mental Health has developed plans to reduce inpatient care at the St. Lawrence Psychiatric Center, and today, there are over 30 vacant, once magnificent buildings left to rot and decay.

Now there is no economically viable solution to use that 500,000 square feet of space.

Are we about to add buildings to this inventory?

Rather than talking about reducing or eliminating inpatient services for our people, we have no choice but to loudly protest.

We cannot stand by while needed services are being taken away.

We need to expand the excellence exhibited by the staff of the St. Lawrence Psychiatric Center in caring for the mentally ill.

I learned a long time ago, the best predictors of future of outcomes are past results.

Based on the past, the St. Lawrence Psychiatric Center needs to be recognized as a center of excellence.

Let me conclude with this chilling thought:

Within weeks of announcing the State's plan, Kristin Woodlock resigned her position as acting commissioner, for personal reasons.

Now she says, one of her biggest worries about the reform plan is that the State won't be able to follow through.

We share Commissioner Woodlock's concern.

Thank you.

[Applause.]

DONALD PECK: My name is Donald Peck. I'm the vice chair of the St. Lawrence County Board of Legislators.

I also believe you have a copy of the testimony from Chairman Putney in your list of testimony, who couldn't be here today due to work commitments.

And I have a brief statement I'd like to read on behalf of St. Lawrence County.

St. Lawrence County is the largest county in

New York State, comprising of 2822 square miles.

We're larger in land area than Rhode Island and Delaware, yet our largest municipality has fewer than 15,000 people.

St. Lawrence County has some of the most poorest communities in the state.

During the past three decades, manufacturing employment has declined and has -- as has the number of farms.

Economic barriers facing St. Lawrence County have led to high employment [sic] and poverty rates.

We have one of the highest unemployment rates in New York State and one of the lowest per capita income levels.

It seems that, every day, we find ourselves in some type of struggle just to maintain our quality of life for our citizens.

The Office of Mental Health's proposed plan to remove inpatient services for adults and children at the St. Lawrence Psychiatric Center will impair the quality of life in the North Country.

The removal of services and care from a vast impoverished area will force our citizens to travel excessive distances to access other facilities outside of this region; thereby, creating serious

hardships for the patients and their families.

The removal of the St. Lawrence Psychiatric Center will also put additional stress on the county budget, already stretched to the maximum, as St. Lawrence County will most likely have to shoulder one more unfunded mandate: the additional associated with transporting Medicaid-eligible patients.

Despite the barriers we face, St. Lawrence County has always provided an excellent workforce, but we struggle every day to keep jobs here.

Approximately 500 employees at the St. Lawrence Psychiatric Center will be affected under the Office of Mental Health's proposed plan.

Despite the OMH's public-relations hype, the reality is, that many of these employees will be required to move out of the North Country to retain their jobs.

This will have a serious effect on population demographics and economy of the region, and will add additional stress to an already overburdened social-, health-, and mental-service system in this region.

New York State has the responsibility to

protect its citizens.

It is bound by its Constitution to provide for care and treatment of persons in need of mental-health services.

The State can assert it is not taking these services away from North Country residents, but making the services so inaccessible to North Country residents is doing just that.

Thank you.

[Applause.]

VERNON "SAM" BURNS: Good morning, and welcome.

My name is Sam Burns. I'm a county legislator of St. Lawrence County, and I represent the city of Ogdensburg.

Welcome to my legislative district.

Senator Carlucci, thank you for coming all the way you have.

Senator Ritchie, it's always nice to see you.

Senator Little, thank you for coming from the eastern part of the North Country.

Chair Gunther, as a nurse, and someone who's worked with people with disabilities, I'm sure you understand what we're going through and what we're facing.

Assemblywoman Russell, it's good to see you cleaned up from the spaghetti dinner on Saturday.

[Laughter.]

VERNON "SAM" BURNS: And, Assemblyman Blankenbush, thank you for coming.

I've heard that one in four people in our nation will suffer some form of mental illness in their lifetime.

I think we can all agree that every family in our state will, sooner or later, deal with a family member that has a mental disorder.

My wife and I have an autistic son.

We are thankful that other disorders have not surfaced, but the possibility is always there.

If he ever had to be hospitalized for a disorder, he would not survive away from us.

My son walks all over Ogdensburg. Most people in this room will tell you that he can be seen in all parts of the city.

Ogdensburg is not Syracuse.

Why, if the mission of OMH is to provide hope, would placing him in such an urban setting as Syracuse be more therapeutic than a rural setting like this?

Some of you have already visited the grounds

of the St. Lawrence Psychiatric Center.

Thank you.

If you would have had more time, I would have asked you to stand on the banks of the St. Lawrence River and watch a sunset.

Bring along any psychiatrist or psychologist and let them judge what setting is more conducive to working with those with disorders: the St. Lawrence; or downtown Syracuse, with I-81 and I-690 crisscrossing outside your window?

Others have already told you, or will provide you, statistics --

[Technical difficulties.]

VERNON "SAM" BURNS: We're not proud of this fact, but it is a reality.

A large percentage of families in our region would not be able to travel to Utica or Syracuse to be with their loved ones.

OMH can tell you and us that videoconferencing is a great alternative.

How stupid do they think we are?

Videoconferencing will never take the place of a parent's hug or the soft touch of a sister or brother.

[Applause.]

VERNON "SAM" BURNS: This plan is not in the best interests of those in need of mental-health treatment, and certainly does not provide hope to their families in the North Country.

The North Country is not like Long Island or Western New York.

We do not have a passenger rail system or interstate highways that can get us from the western part of our region to the eastern.

There's 136 miles from Ogdensburg to Utica. There is no direct route.

Use MapQuest, then actually see how long it takes to get from here to there in the winter. Some days, it just will not happen.

I have been a St. Lawrence County legislator for seven years now, and it has been my honor to represent the city of Ogdensburg.

I've lived in the North Country my entire life, and my family roots go very deep here.

I take my responsibility to provide needed services to the residents of St. Lawrence County at the least cost to be of utmost importance, as each of you do on the state level.

I am concerned, that as this plan goes forward, then the cost of providing transportation

to Medicaid patients that will have to be transported to Syracuse and Utica will fall back on St. Lawrence County.

This cost should not be borne by the county because of such an unfunded mandate from Albany.

At an operations committee last night, the county sheriff was asked about the daily census of the county jail.

Not only are we full, but we now must board out inmates to other counties.

Our county jail is only five years old.

It was built on time and under budget, thank God, in a PLA, but, recently, we have had to board out inmates because of overcrowding.

If the sheriff has the opportunity to provide figures, he would explain to each of you the problem all county jails now face for those inmates coming into the system needing mental-health services that they do not receive in their communities.

This plan will only make matters worse, because we all know, but don't want to talk about, the local jails becoming a dumping ground for more and more people that have mental disorders.

There have been multiple times this year when the sheriff has come to the board of legislators

asking for more money to provide for the mental and physical health of incoming inmates.

Again, due to the lack of state-operated mental-health services in the North Country, St. Lawrence County and all counties north of the thruway will see higher and higher medical costs for our jails.

Remember earlier, when I mentioned how poor St. Lawrence County is?

How do we pay for this additional cost?

It is a fact that a large percentage of the residents of the North Country have served our country in the many branches of the armed forces.

We are a deeply patriotic people in the North Country, and take great pride in the fact that the 10th Mountain Division of Fort Drum is our army base.

We are proud of the heros that have been deployed from the base, and thank them for their service.

I question if this plan has taken into consideration the fact that research has shown that mental-health disorders suffered by our troops is at an all-time high.

Does this plan provide the services that

those we have asked to defend our freedom, and their family members that they have left behind, will be taken care of?

We owe them at least that much.

[Applause.]

VERNON "SAM" BURNS: Finally, allow me to talk about the cost of this plan in terms of the personal effect it will have on my friends and neighbors, and how it has already affected them.

Former-acting Commissioner Woodlock wrote a letter to Senator Ritchie, explaining that nearly half, 260, of the current employees will continue under the RCE plan.

Are you kidding me?

She goes on to say, that the remaining staff will have the opportunity to work for RCE, in the North Country, with the expansion in the state-operated community mental-health services.

However, within the same letter, she offers voluntary reassignment to go somewhere else.

More double-speak and hogwash from a person that no longer has any say in implementing the RCE plan.

Why can't someone from Albany be honest with state employees and tell us, what jobs will be open,

where they will be, and how soon a decision needs to be made?

Why is it okay for those in Albany to put state employees' lives on hold for years while they develop a new method of reducing the state workforce and privatizing as much as possible?

Why is it okay to tell us on Monday, that Albany is doing everything they can to bring back upstate; and on Tuesday, tell us that they have a great new plan to provide needed services, but, it also means that half of the employees that finally enjoy a decent standard of living could be thrown out on the streets in a few years?

Why does Albany focus on every community on the thruway or south of the thruway, and tell us in the North Country, "We will work with you," and then dump us into a pit of despair?

One of our young presidents, John F. Kennedy, once said, "Efforts encouraged are not enough without purpose and direction."

I ask each of you to join with the people of the North Country, and other parts of New York State that face the same downsizing and cutback in services that we do, to fight against this RCE plan.

Stand up on the floor of the Assembly and

State Senate and tell the administration that this plan will not work, and does an injustice to those New York State residents that require mental-health services across our state.

Their families deserve to be close to their loved ones, and the dedicated state workforce deserve respect for what they do.

Thank you.

[Applause.]

SENATOR CARLUCCI: Senator Little.

SENATOR LITTLE: Thank you.

I really want to thank you for your testimony.

Certainly, each of you hit the nail on the head with each of the issues that you talked about.

And I will tell you, that one of the first questions I had of the acting commissioner, when this was announced, is, "Why isn't St. Lawrence a center of excellence?"

And I was told, it's the numbers.

And I will tell you that I have a colleague -- former colleague in Albany who coined the term "geographic discrimination."

And that's exactly what we see here.

[Applause.]

SENATOR LITTLE: We have so many issues -- no public transportation, higher cost of gas, everything -- but to look and see, that when you look at a map of the state of New York, north of the thruway is larger than several states. And to say that we won't have a center of excellence here is just mind-boggling.

And the other thing is, that when we talk about and we read about the savings, it's my understanding that 100 percent of all the savings must go into "community reinvestment," which is a term we heard before, when they closed the developmentally-disabled facilities.

And then you have to fight for that reinvestment funds and be competitive with other areas that have the numbers.

So, it just doesn't make any sense, this entire thing.

And, your presentation was excellent.

The other thing is, I thought, with all of the tragedies that we've seen happening in Colorado and Connecticut, and last night in Washington, D.C., and all over, that our focus is supposed to be on the mental health, and those with mental issues.

[Applause.]

SENATOR LITTLE: So, I appreciate Senator Carlucci coming up here, and Aileen Gunther, for the hearing.

And, you know, I only represent six small towns in St. Lawrence County, but, Clinton County, Franklin County, Essex County, and even parts of Warren County, depend upon St. Lawrence.

I've had people call my office and ask me to try to help them, because they needed a loved one that they wanted to see get into St. Lawrence.

The other thing is being close, because part of a cure program or a rehabilitation program is family, and family involvement.

Unfortunately, there are some that have no family, but for those that do, that's what's going to help them heal, and be able to be healthy citizens again, if they can.

So, so many things here just be don't make sense, but I think we should be a center of excellence here.

ASSEMBLYWOMAN GUNTHER: I also wanted to thank you for your testimony.

You know, I was out in Farmingdale. And if you think about, and the whole plan, Farmingdale, you see the people on Long Island traveling to

Queens and the Bronx, and then you go to Binghamton.

And, you know, I kind of made this thing about where people are going, because it was so confusing to me, to where children go, where adults go. And you can see, you know, there's a lot of movement going on.

And you're right, a lot of times, those folks that, you know, we're caring for, if you have a lot of money, there are, like, places you can go and be self-pay, and, you know, really see -- receive great, you know, care.

Not that, we receive great care in Sagamore, in St. Lawrence.

And, you know, I -- it is -- it also is sometimes economic discrimination because, if you can't afford, and, you know, to let your child be admitted in a time of crises, it's not only that that child needs treatment, but it's a family thing.

And you just can't heal, or you can't -- and, also, you want the school district to be part of that, so you can go from treatment, to school, to go back to, you know, the best life possible.

And there are certain degrees.

And then, you know, you read statistics, like, by the time our adolescents reach 18,

50 percent will have a mental-health crisis.

And then, when Addie, who is a tremendous advocate to the veterans, PTSD, you know, we see more and more from Vietnam, to Afghanistan, and the treatment is so much different.

Flashback, it's so much different than any other mental illness or mental-illness disease.

And, you know, we can't treat mental illness any different than we treat diabetes.

And you know what?

[Applause.]

ASSEMBLYWOMAN GUNTHER: I think that, you know, we all -- listen, we're all taxpayers in this room. We all want to save money, but, we want to save money by providing care that will rehabilitate people to return to their community, to return to their schools, that they won't have to be in an inpatient setting.

So I think that we still have to, you know, go back in and look at, How can we provide the best care in the most cost-effective way?

And that way is, to bring that child back home, to bring that husband -- we're talking about children, but we're also talking about husbands and wives, we're talking about that kind of dynamic

also, that requires a lot of therapy. People get frightened and people act out, and there has to be a lot of healing before you can return home.

But getting them home is cost-effective.

ASSEMBLYWOMAN RUSSELL: We've heard some testimony earlier that children, in particular, are being boarded in our emergency departments at our 939 facilities.

And you county legislators mentioned, as well as some of the previous speakers, that a large amount of the jail population, you know, have psychiatric disorders.

Do you have any sort of idea, maybe it can be, you know, how many inmates are on, like, you know, drugs to treat psychiatric disorders?

Do you have any idea of -- of, roughly, how many folks in your jail, or that are under the custody of your sheriff, have psychiatric disorders?

VERNON "SAM" BURNS: I don't know.

We don't have a number for you, Assemblywoman.

But as I mentioned earlier, the sheriff has had to come back to us and ask for more funding because of drugs needed for them.

And, hopefully, if he doesn't testify --

UNNKOWN MALE SPEAKER: He is.

DONALD PECK: He's back.

VERNON "SAM" BURNS: He is?

DONALD PECK: Yes.

ASSEMBLYWOMAN RUSSELL: Okay.

SENATOR CARLUCCI: He can answer that question.

DONALD PECK: He can answer that question.

UNNKOWN MALE SPEAKER: Addie, the sheriff's going to speak.

DONALD PECK: Yes.

ASSEMBLYWOMAN RUSSELL: Oh, okay. I just -- I didn't see his -- there he is. Okay.

I know he's going to speak later -- well, I'll -- okay, I can ask the specific jail questions to him, because I think that's a very striking issue.

Thank you, all of you, for coming -- oh, and, actually, I have one question for Mr. Pinkerton.

You talked a lot about the history of this community, and providing mental-health services here.

It seems to me that -- do you know how many residents, or how many folks, receive outpatient care here in the Ogdensburg area?

JOHN PINKERTON: I don't.

I know that someone will be giving you statistics on the children.

I don't -- I take that back.

They won't because they weren't here.

But, it's 115 children are receiving outpatient from Ogdensburg. I believe it is 45 from Gouverneur, and 37 from Massena.

I don't know about adults, Assemblywoman.

ASSEMBLYWOMAN RUSSELL: Okay.

JOHN PINKERTON: But I'm sure we'll have speakers that will know that number.

ASSEMBLYWOMAN RUSSELL: Thank you.

SENATOR CARLUCCI: Thank you.

[Applause.]

SENATOR CARLUCCI: Next we'll hear from Angela Doe, who's the director of community services for St. Lawrence County.

ANGELA DOE: Good morning.

Thank you for this opportunity to provide comment today.

My name is Angela Doe, and I am most proud to serve as the director of community services for St. Lawrence County.

And while I understand the New York State

Office of Mental Health, like many other agencies contained within government, is under significant financial pressure to reduce costs while implementing the necessary changes in our service-delivery system, I would be remiss if I didn't include in my comments today the very center of our controversy: the Regional Center of Excellence.

While the Regional Center of Excellence Plan, as proposed by the New York State Office of Mental Health, provides an opportunity for a structured approach to improving its service-delivery system, currently, it lacks substantial details, as well as analysis, of the true clinical and financial implications it will have in the states, our communities, and most importantly, on our clients, consumers, and their families.

And while I agree the overutilization of long-term psychiatric beds when other community-based services are not available serves as an expensive approach to addressing psychiatric-treatment needs, St. Lawrence County simply can't afford to lose inpatient beds from its current service-delivery system.

It is important to emphasize to the State of

New York the potential negative impact a regional approach may have, as well, the significant gaps in our already existing community-based service system.

Simply put, St. Lawrence County families, our jail, our service providers, and our local hospitals will incur increased costs, as ambulances, for example, necessary for safe transports to Syracuse and Utica, typically cost up to $595 for those with Medicaid, $1,193 for those with Medicare, and in upwards of $2,495 for those clients and families without insurance, most often known as "self-pay."

Should the State of New York continue its mission to downsize inpatient beds using a regional approach to access intermediate care, it is then important to note, that while it may result in a reduction in state expenditures, it most specifically will be at the cost of quality care.

I thank you so much for this opportunity to share my brief comments with you today, and I look forward to working and serving as a Regional Center of Excellence team member to help facilitate and resolve this most valued issue.

SENATOR CARLUCCI: Thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: You name and title?

KAREN ST. HILAIRE: My name is Karen St. Hilaire. I am the St. Lawrence County Administrator.

I was not on your list to speak today because, frankly, I should be back at the office, building the budget, to deal with the increased costs that I have from many of the decisions that have been made in Albany, this being one that will add another cost to us.

However, I felt this issue was so critical that I should come, and Angela has asked me to crash her time, so I'm going to do that.

I'm going to take the opportunity to tell you that this issue is critical from many perspectives for this county.

Our legislators, I think, have done an excellent job.

My staff, Angela, our sheriff will explain some of the specifics to you, but, holistically, when you look at it from a budgetary perspective, which is one of the issues that drove you as a state to look at this issue, I have to say there have been increasing mandates placed on local governments, and you hear this all the time from county administrators just like myself, that we pick up the

cost because it's not cost-effective for you to do something.

So, you put a plan together and you pass it on down to us, re-tweak your plan, and redo how you're going to do business, and we pick up the cost.

We have, and I believe the sheriff will tell you, over 50 percent of our people get psychotropic drugs. They should not be in jail. They need to be in mental-health facilities.

But, we don't have the capacity for them because the decision was made in the 1980s to put those people out on the street.

We had over 2,000 people who had inpatient psychiatric care in the '80s.

We have fewer than 100, or 200 at this point.

Have all of those people gotten well?

We sent them out on the street and, all of a sudden, they're miraculously well? I don't think so.

They still have many of the same issues, but they're not being treated.

We're treating them, but we're not treating them. We're housing them, so that they're not a hazard to the community, so that things like what

happened yesterday in D.C. do not happen here.

But that is not the way to deal with mental-health issues. I think we all know that.

So I would implore you to, please, look at this, not just from a budgetary matter, but from a human perspective of the individual who needs treatment; from the community perspective, a holistic community perspective, first of all, not burdening us with an economic cost that we can't have, but more to the point, making communities safer.

And we're not safer by saying, We deem you to be well. We're going to put this back in the community.

They're not well. They need care, and not everybody can be treated by outpatient care. Many need inpatient care.

So I would please ask you to look at that.

I will tell you just two examples I know of in the last year and a half.

I -- actually, one is a personal one.

I have a niece.

My brother-in-law was killed by an individual who failed to stop at a stop sign.

He was on his way to work one morning,

killed.

His daughter, who was 14, became very depressed, to the point of attempting suicide.

She, thank God, was able to get into the St. Lawrence Psychiatric Center.

The treatment she got there for three months really helped her to turn her life around. She's now back in school. She's productive, she's doing very well.

My sister, who was struggling, first of all, with the death her husband, then her daughter, had no resources. She didn't have a car, because the car was totaled in the accident. She had to get here from about 40 miles away, every day, to be with her daughter, because she was not going leave her here.

And in doing so, other family members helped with that.

But if she had to go Utica or Syracuse, I don't imagine how she would have done that.

Another case:

A woman who lost her husband after 30 years, she was ill-equipped to handle many things that he had always taken care of.

His first family decided that they were going

come in and take the home over that she had been in, and he had never turned over to her.

She ended up with no home, no ability to deal with things.

She also attempted suicide.

Thank God, one of our firemen stopped her from finishing that act.

She ended up in the psychiatric hospital for six months.

She's now out, she's a productive citizen.

But we need to take care of people when they need that, and saying, "You're well," and leaving them on their own, is not the way to do it.

So thank you for letting me crash your time.

Thank you for listening.

[Applause.]

ASSEMBLYWOMAN GUNTHER: I just want you to -- 50 percent of those that are in jail right now --

KAREN ST. HILAIRE: Yes.

ASSEMBLYWOMAN GUNTHER: -- are on psychotropic drugs?

KAREN ST. HILAIRE: Yes, more than that.

And the sheriff will give you the exact number, but more than that. And that's costly to us.

Our bill for drugs goes up every year. The sheriff comes and begs me to find more money in contingency.

We have this battle: I say, "I don't have it." He says, "I have to have."

We go through this whole thing, and we find money.

It's over $100,000-and-some that we've had to transfer in the last year to cover these costs.

We also have had additional costs to send people who have psychiatric needs to other places.

Because, they're in jail and they should be here, but we have to send them now to a correctional facility with a mental-health facility attached. And that costs an enormous amount of money; again, hundreds of thousands of dollars.

ASSEMBLYWOMAN GUNTHER: Do you have a psychiatrist that comes to the jail?

KAREN ST. HILAIRE: Kevin?

KEVIN WELLS: Yes, [unintelligible].

ANGELA DOE: Yes, we do.

KAREN ST. HILAIRE: Okay.

ANGELA DOE: Psychiatric nurse practitioner.

KAREN ST. HILAIRE: Yes, we closely are aligned with the mental-health clinic, but Kevin

will tell you exactly how that functions.

ASSEMBLYWOMAN GUNTHER: A lot of them probably have the history of dual diagnosis --

KAREN ST. HILAIRE: Absolutely.

ASSEMBLYWOMAN GUNTHER: -- both of addiction and --

KAREN ST. HILAIRE: Absolutely.

ASSEMBLYWOMAN GUNTHER: [Unintelligible.]

KAREN ST. HILAIRE: And mental health [unintelligible].

Yeah.

ASSEMBLYWOMAN RUSSELL: Ms. Doe, I have a couple of questions for you.

How long have you been, I guess, in contact with the mental-health system?

ANGELA DOE: Well, interestingly enough, I returned home, here to St. Lawrence County, after being gone shortly after graduating high school in 1987, so I guess I'll age myself by birth date then.

[Laughter.]

ANGELA DOE: After being away from the North Country for about 18 years, I've been back now for, about, maybe 18 months, to serve in the capacity of the director of community service.

I've spent my entire career working in

mental-health, substance abuse, and in particular, working with folks who suffer from co-occurring disorders and medical comorbidities.

ASSEMBLYWOMAN RUSSELL: Okay.

Is there any specific reason that you chose this career path?

ANGELA DOE: Sure.

I am a second-generation mental-hygiene worker. My parents both retired from the St. Lawrence Psychiatric Center.

Quite frankly, I have spent most of my life in a family system, where working in substance abuse and mental health has most identifiably been a noble career.

But I think, more importantly, I grew up in a house where getting paid for doing something that was very positive, that contributed to society and healing, was a good thing.

ASSEMBLYWOMAN RUSSELL: Okay.

You grew up in a family that really -- in a -- that provided mental-health services.

ANGELA DOE: Sure.

ASSEMBLYWOMAN RUSSELL: Having lived here for most of your childhood --

ANGELA DOE: All of my childhood.

ASSEMBLYWOMAN RUSSELL: -- and -- I don't know, where do you live now?

ANGELA DOE: I live in -- I'm a taxpayer in Ogdensburg.

ASSEMBLYWOMAN RUSSELL: Okay.

I guess --

ANGELA DOE: I think Addie is putting me on the spot here.

ASSEMBLYWOMAN RUSSELL: I'm giving you some leading questions.

[Laughter.]

KAREN ST. HILAIRE: You can handle it.

ASSEMBLYWOMAN RUSSELL: You know, there was talk before, some testimony, about what happened in the 1980s.

ANGELA DOE: Sure.

ASSEMBLYWOMAN RUSSELL: You're probably familiar with the facility back in the 1980s?

ANGELA DOE: Sure.

ASSEMBLYWOMAN RUSSELL: And what happened to that population here in the Ogdensburg area?

ANGELA DOE: Well, I think that there are two ways for us to look at this.

We can rewind this tape, and we can all go all the way back to what is noted in our

human-services books and academia, and then we can look at how those two areas, between theory and practice, interface.

And, certainly, in the '80s, I was -- my family was lucky enough to be able to stay here, but, eventually, as we deinstitutionalized, as you know, a functioning psychiatric center that offered a number of services, whether -- I mean, I remember when the farm was there, I certainly remember when the greenhouses were there.

I remember that my parents would have ongoing conversations about the productivity in the involvement of clients in levels of care that were contained within this psychiatric center, and how there was a notable decrease sometimes in psychiatric medications.

But I have to tell you that, for me, leaving the area, and coming back, was a choice to come back home and bring all of the skills that I had the opportunity to develop outside of the area in best practices, to come home to a place where there was a positive psychiatric center who had a history and a track record of implementing best practices, as a rather attractive thing to come back home.

It is -- it is -- openly, I believe, if we

are the most candid here, it is a saddening place for some of us who understand the need for inpatient intermediate psychiatric care.

I think if we are most honest, as a mental-health practitioner, I understand the fiscal responsibility of taking care of folks in community-based services.

But I also know, that when we think about levels of care, and we think about the Central New York region, in particular St. Lawrence County in Ogdensburg, our levels of care look like this.

In most instances, you have the most restrictive level of care, which is inpatient psychiatric stabilization, and SLPC providing longer-term intermediate care, and then you have community-based outpatient services.

In addition to being the director of community service, I also have the largest community-based outpatient OMH-licensed facility in St. Lawrence County as well.

And having the differentiation between levels of care is a wonderful thing, but, if we're going to look a levels of care, and we're going the utilize the RCE, and the way in which I believe it was

intended, although, when I read, that's not what I'm seeing, the expectation I have as a director of community service, is that we're going to not only look at our need to continue having intermediate levels of care, because they're necessary and they're needed, but we're also going to look at reinvestment, and we're going to look at the continuum to include in our counties, be here or regionally, a number of services that are potentially needed, be it day treatment, partial hospitalizations, crisis respite, to ensure that those services can be utilized effectively in all of our communities across the central region, and in New York State, to ensure that we don't overutilize intermediate levels of care.

But, please hear me say:

Let us not make any mistake, that because we're identifying that it's not always cost-effective to keep individuals in treatment for long periods of care, it doesn't disqualify the fact that we still need an intermediate level of care.

ASSEMBLYWOMAN RUSSELL: Okay.

Where did -- what types of services are the vast majority of folks that maybe were in -- institute -- you know, institutionalized in the

1980s, or those that would have been, you know, moving forward, are they living in the community of receiving community treatment?

Or -- I mean, somebody said they haven't gotten well.

So I guess, is -- what -- I guess -- I've heard, anecdotally, that there is a large number of folks receiving community treatment, say, here in the city of Ogdensburg.

Is that a fair assessment?

ANGELA DOE: Sure.

There's a number of people in St. Lawrence County. But, in particular in Ogdensburg, it's a relatively high number.

ASSEMBLYWOMAN RUSSELL: Okay.

And the community must have been tasked at a certain point during deinstitutionalization to, maybe, provide homes for --

ANGELA DOE: Sure.

ASSEMBLYWOMAN RUSSELL: -- residents to transition to? Residential placements, so to speak?

Can you tell me a little bit about that?

ANGELA DOE: If you're referring to -- if I'm understanding your question correctly, if you're referring to transitional living, and things of that

nature, although St. Lawrence County does have some transitional-living providers, we need to be specific about what we offer.

We don't have a level of housing that adequately provides safety and security for our clients who are participating in intensive or non-intensive community-based services.

[Applause.]

ASSEMBLYWOMAN RUSSELL: I guess another dynamic that I guess I want to try to understand, we, later on, will be hearing, I think, from several folks that are retired from the psychiatric center, that used to work there.

How does -- you live here in this community, you grew up here in this community.

There's a lot of folks that maybe were institutionalized, that continue to reside in this community, some without, maybe, the level of supervision or the safety that they should be provided by, I guess, the mental-health system.

But, I guess, how does this community maybe differ from others that maybe haven't had 100-and-some years of experience being the host of mental-health services?

ANGELA DOE: Well I have to tell you, Addie,

if I can be most candid with you --

ASSEMBLYWOMAN RUSSELL: Yes.

ANGELA DOE: -- Assemblywoman Russell, one of the things that I've had the opportunity to talk about with Karen, and I've spoken to the legislators about this, and colleagues, and, certainly, across the state, and then, certainly, you know, neighbors and friends, is that the reality for all of us is, that there are a number of communities across the state of New York that have individuals who suffer from persistent mental illness.

The uniqueness, though, of St. Lawrence County that sets it apart, and one might say this is anecdotal, because I haven't written anything that shows that it's empirical, so I'll stick with it being anecdotal, but the point being, is that, for me, leaving this community and being involved in very large, more metropolitan areas, the opportunities for additional services certainly are greater. We know this.

But the same struggles and the same concerns and the same needs for inpatient psychiatric care for individuals who suffer from persistent mental illness, they too exist there.

The interesting thing about

St. Lawrence County, is that Ogdensburg in particular, has served as this impetus for an opportunity for our psychiatric center to do something very different than many psychiatric centers across our state, and quite frankly, across our country, if you look at the research.

SLPC has, and I -- and one may say that I'm a bit biased, and that probably is true, but from an administrative perspective, one of the things that they have offered that I haven't had the opportunity to work with rather regularly, is that they have taken the steps necessary to implement best practices.

If you have an opportunity to walk through children and youth services, one of the things that you will see is that, the folks who work at SLPC, they're not just psychiatric social workers and licensed mental-health clinicians and psychologists and docs. These are individuals who made a conscious effort in their career to specialize in childhood disorders.

And specializing in childhood disorders doesn't just mean that we offer an intermediate level of care to children who need inpatient psychiatric hospitalization; rather, what it means,

is that we have done to whatever lengths necessary, whether we're a state-operated facility, whether we are a private OMH facility, to implement the practices necessary, the best practices necessary, to decrease our length of stay, and to increase wellness for our individuals and our children.

And quite frankly, with integrity, I can say that that is one of the things that certainly played into my decision to return back home after being gone for lots of years.

ASSEMBLYWOMAN RUSSELL: Thank you.

KAREN ST. HILAIRE: Addie, if I could also add to that?

I think John Pinkerton is probably the person who can speak the best to this, and I've heard him speak about this, the fact that there are many, many people who live here in the community, who have been at the psychiatric center as patients, and they are now part of the community, and they are integrated into this community.

The community accepts them, they are part of the community, and they work with the -- the people who have those needs, as a very -- and it does make a very different fabric, in that there's a real caring here that you might not find in other places

where they're just released out into the population that is much larger, and people aren't watching out and caring for them.

But I think John is probably the person who can address that probably better than either myself or Angela.

ASSEMBLYWOMAN GUNTHER: Angela, can you provide some of those statistics about readmissions, and all of that, some information, just to show, like, as yours is a center for excellence?

ANGELA DOE: Well, I -- respectfully so, I didn't pull a lot of the OMH --

ASSEMBLYWOMAN GUNTHER: Not today, no.

ANGELA DOE: -- but I certainly can get you those statistics.

ASSEMBLYWOMAN GUNTHER: No, Addie will get it to me.

ANGELA DOE: Absolutely.

Absolutely, I can get those to you.

ASSEMBLYWOMAN GUNTHER: Thank you.

Anybody else have any questions?

Thank you so much.

KAREN ST. HILAIRE: Thank you.

And thank you for letting me crash the party.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: We enjoyed having you.

KAREN ST. HILAIRE: Thank you very much.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Ronnie Freeman, Jr., Colleen Wheaton, and Joseph Cosentino.

Now, after this testimony, if we could take just like a 10-minute break, so that we could just get up?

And, would that be okay with everybody?

Because, you know, I don't want anybody to miss any part of anybody's testimony, because people are waiting, so I think it's important that we do it together. In 10 minutes, we'll come right back.

Thank you.

COLLEEN WHEATON: Good morning, and thank you for taking the time to hear from me.

My name is Colleen Wheaton, and I serve as the CSEA Central Region President, on behalf of the majority of the people who are on the front line -- front-line direct-care workers at the St. Lawrence Psych Center.

I will tell you that CSEA is not here to defend the status quo in our mental-health-care delivery, but we will continue to fight for the

right approach to redesigning that system, one that better takes into account the needs of those who receive services, and those who we represent who help to deliver those services.

We have heard it all across the state, we already have a mental-health-care system that is failing many in our communities. We cannot afford to further allow the system to be cut back due to budgetary reasons.

We must remember, that when we talk about this system, it is not about numbers on paper.

We are talking about an illness that, when untreated, people's lives are at risk.

We, therefore, have a huge mandate to get this right, and not rush into supporting a plan that is not really a plan.

I have submitted our official written testimony on behalf of CSEA.

What I would like to do right now is, summarize our concerns, and then let you hear from our area representative, to give you a better understanding of the full local impact of this closure.

First, I need to state for the record, that when the Office of Mental Health held their

listening tours earlier this year, it was obvious to all of us who had a stake in providing mental-health services that no one was really listening.

If there -- if they -- they were, they would have realized that the North Country already has a center of excellence right here in Ogdensburg, the only facility north of the thruway that serves thousands of families that so many of us -- so many in our communities.

Given our rural coverage area, and a huge distance between these center coverages, we have no business allowing the Governor to close the facility and leave mental-health care in the North Country in a lurch.

The Governor's plan to send those in need of inpatient care to facilities along the thruway corridor in Syracuse and Utica is horribly misguided.

It will not only displace members of our communities, but will discourage people from seeking treatment; discourage families for participating in their children's treatment, and force them to travel long distance if they do.

On that point, I would like to publicly commend Jamie Weber of Gouverneur for starting her

petition to fight for SLPC, and sharing her story with the world.

Her son Alex began treatment at the psych center when he was just 7 years old. And thanks to the ability of this facility, she and her family were able to visit Alex on a daily basis to take part in his treatment.

Because they had the psych center here for them, Alex, now 17, is looking forward to a much brighter future.

I don't want to even think what would have happened if the psych center wouldn't have been there for them. If Jamie and her family needed to travel from Gouverneur to Utica or Syracuse to visit their son, those visits would have been far less frequent, and that could have had a severe negative impact on his treatment.

Thankfully, the psych center was there for Alex, and we now have to make sure the psych center stays here for other children like Alex, whose family chooses to live in the North Country, but shouldn't have to a sacrifice high-quality local mental-health care because of that choice.

Closing the psych center would also shift more of the burden from mental-health care to our

local taxpayer, as those who fall through the cracks will end up in our prisons and jails which are not equipped to deal with them and are already full of people in need of mental-health services.

This just comes as another unfunded mandate from the State, one that we cannot afford, either for a financial standpoint or from a human standpoint.

When we know there is already a lack of needed services for mental health across the state, how can we support the Governor's plan when there is absolutely no evidence that the Regional Centers of Excellence Plan will meet the outstanding needs?

The Cuomo Administration is purposely misleading the public about the impact of this policy by packaging it in a nice-sounding name without providing any real details about how services will be provided or supported.

There is no evidence that the Governor's plan will meet the needs of real people and communities.

We are here today to express our strong disappointment with regards to this plan, and ask for your help in beating back a proposal that will devastate New York's ability to treat the mentally ill.

And we can't talk about the impact of these closures without looking at the economy and the impact of job loss to our communities.

Sure, the Governor says no one will lose their job, but we can't help but ask, Where would these workers go?

Surely, many will face job losses, especially if they choose not to relocate their families to positions far away.

The bottom line, is that we will see more good-paying middle-class jobs leaving the North Country, which will further harm our communities already struggling to rebound from the Great Recession.

St. Lawrence Psych Center employs about 520 people. If these workers earn an average of about $40,000 per year, our North Country communities stand to lose nearly $21 million every year.

How can our communities support these losses?

Small businesses will go under, our tax base will shrink even more, and the North Country will be one step closer to becoming a ghost town.

We cannot let this happen.

In summary, the Governor's Center of

Excellence Plan is not a well-thought-out plan for delivering mental-health services; instead, it is a continuation of a budget policy with misplaced priorities.

CSEA is not simply fighting against change, but we are defending the need to provide better human services to our most vulnerable citizens; to stop the Governor from shifting the burden from the state level to local taxpayers; and to stop the shredding of good middle-class jobs provided by our dedicated and caring state workforce who are providing much-needed mental-health services to our communities throughout the state.

I would like to introduce Ronnie Freeman, our local president at the St. Lawrence Psych Center.

RONNIE FREEMAN, JR.: Good afternoon.

My name is Ronnie, president of the CSEA Local 423 at the St. Lawrence Psychiatric Center.

I come to you guys today to explain to you guys the severe impact the St. Lawrence Psychiatric Center closing will have on the community, its patients they serve, and, of course, our members in CSEA.

There's a genuine concern that the patients

will become a statistic of the future, and let me explain.

In 2006, Markowitz published data on 81 U.S. cities, looking at correlations between the decreasing availability of psychiatric hospital beds, and the increasing crime arrest rates and homelessness.

As expected, he found direct correlations.

This is consistent with past studies in Massachusetts and Ohio that reported that 27 and 30 percent -- sorry, 36 percent of the discharges from state mental hospitals have become homeless within six months.

It is also consistent with the study in New York that found 38 percent of discharges from a state hospital had no known addresses six months later.

I found this publication, and correlated it directly with the concerns that our members will, you know, express their opinions, as far as their concerns with their patients becoming a statistic of the future.

And this directly had New York City in it, mostly because, in many cities, such as New York, homeless people with severe mental illness are now

accepted part of the urban landscape and make up a significant percentage of the homeless who ride subways all night, sleep on sidewalks, or hang out in parks.

You can see that here as well.

These ill individuals drift into the train and bus stations, and even the airports.

Many other homeless people hide from the eyes of the citizens. They shuffle quietly through the streets by day, talking to their voices only when they think nobody is looking, and then in shelters or abandoned buildings at night.

Some shelters become known as havens for these ill wanderers and take on the appearance of hospital psychiatric wards.

Others who are psychiatrically ill live in the woods on the outskirts of cities, small towns, under bridges, in cemeteries, and even in tunnels that carry subway trains beneath cities.

Coming from northern New York, our patients do not know this life.

The biggest fears that the patients we now serve, and have served most of their lives, will become part of these future statistics.

Where has the Regional Centers of Excellence

been for the population of already homeless that suffers from mental illness? It has not had the outpatient resources they need to help in their treatment.

The RCE plan calls for fast action to implement supportive community service for recovery to be able to continue; but, yet, in this plan, there is no outline for how this is going to take place.

We are asking that you look at how much of an impact the RCE plan truly has on the livelihood of our most sensitive individuals.

The time to truly care is now, and to make decisions based on their interests.

And I do have a testimony from a highly-respected treatment aide at the St. Lawrence Psychiatric Center.

A lot of people's past testimonies have been talking about physicians and doctors and social workers, but, truly, where has the census come from, the people that are directly up front with the patients?

So I will read her testimony now.

(Testimony of Angela Caufield [ph.] is read into the record, as follows:)

RONNIE FREEMAN, JR.: "My name is Angela Caufield. I have worked at SLPC for 12 years.

"When I was in training for this position of mental-health therapy aide in 2001, I was told that I had a chance to make a real difference in the lives of our patients. I was told that this job would be difficult, and if I truly invested myself in my work, it would the most rewarding thing I could do.

"The Education Department couldn't have been more right.

"I have worked in adult services for the majority of my years at SLPC. I specialized in the care of geriatric population.

"While some may think of the elderly as lost causes, we take their rehabilitation very seriously.

"We have patients who have spent the majority of their adult lives at our facility. We take care of their needs emotionally, physically, and spiritually.

"I see the difference that our staff makes in the daily lives of our patients.

"We share only 8 hours of our day with them; they share their lives with us 24 hours a day.

"They depend on us to take care of them, to help them heal, grow, and move forward in their rehabilitation.

"When I was informed of changes that are upcoming to our patients, my immediate question was, Who will take care of our guys?

"But the real question is, Who will take better care of our guys?

"The answer is 'no one.'

"The reward that Mr. Peridus [ph.]" --

He was an education and trainer at SLPC for many years.

-- "spoke about 12 years ago is apparent to me every day I walk on to my ward.

"I see my guys show their independence in their daily living skills. I see them trying, I see them work, I see them grow, and on occasion, fail, and then try again.

"They are amazing to me.

"I am proud to work with them, and I am sure they are proud of our service.

"I understand the Center of Excellence wants us to be the hub of Upstate New York.

"We are more than a hub; we are excellence.

"We strive to improve the lives of our

patients every day, without question.

"These men and women do not choose to be ill, but we have chosen this job because we know we can make a difference in their lives, in the lives of those we serve.

"Please make decisions best on the" -- "on the best of the interests of our patients.

"Thank you for listening.

"Angela Caufield."

[Applause.]

JOSEPH COSENTINO: I'm Joe Cosentino, president of CSEA Retirees, Local 923.

If you don't know me, you're lucky.

[Laughter.]

JOSEPH COSENTINO: I worked for the St. Lawrence Psych Center for 25 years, and retired in 1983.

The center was always number one in the state of New York for excellency and long-term employees.

Years ago, we had clients come from downstate, transferred, when Governor Cuomo -- Governor Rockefeller was governor. He brought clients from downstate.

When they got here, they thought they were in heaven.

Why? The food was different. The employees cared for the clients.

And, I can truthfully say, after retiring in '83, I can walk down the street and I still have some of any clients, and they come up to me, and, "Thank you, thank you, thank you, thank you."

Makes me feel good.

Now I feel that the State of New York, if they're going to mandate closing this hospital for the service, they serve six counties, and serving six counties, that's a big area.

And if they mandate that, the State of New York should pay for all of their transportation back and forth.

Let's not treat these clients like New York State treats its veterans.

I am one that's been trying to get the psych center, having a veterans hospital here, and I had people from Albany come down, and all over.

And they feel that if the psych center is still here, they need the alcoholic unit, they need the psych center here, close by. It's all within walking distance from where the Pritchard Pavilion is.

These buildings are in need, and need to be

used, because they should not be left empty.

All I can say, the State should be thankful for this hospital in St. Lawrence County.

Thank you.

I want to thank everybody.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Ronnie, you talked about the statistics in New York City, that, 36 percent, 38 percent, after 6 months are homeless.

RONNIE FREEMAN, JR.: Right.

ASSEMBLYWOMAN GUNTHER: Can you tell me a little bit about your facility here, Ronnie?

RONNIE FREEMAN, JR.: Our facility here --

ASSEMBLYWOMAN GUNTHER: Do you keep those stats?

RONNIE FREEMAN, JR.: Do we keep those stats?

Well, the stats that we have, is that we're, pretty much -- we're -- we're full, most of the time, you know.

ASSEMBLYWOMAN GUNTHER: No, but the "after."

Like, you know, when you said, like, after -- in New York City, when you were reading those stats --

RONNIE FREEMAN, JR.: The "after," I do not have, as far as -- that was, uhm -- that was a

publication by Freddie Markowitz. He's a professor of sociology out of Northern Illinois.

ASSEMBLYWOMAN GUNTHER: You could probably get that information from the folks in your facility.

RONNIE FREEMAN, JR.: Yeah, yeah.

ASSEMBLYWOMAN GUNTHER: And that would be a good thing to -- for a comparison, from what's happening in New York City, and what's happening -- I'm sure there are great facilities in New York City. I'm not to saying anything disparaging, but, just, that would a great thing.

RONNIE FREEMAN, JR.: Yeah, and I think the direct correlation was a percentage of New York State. Even though those were homeless people that were in New York City, they were people that drive from facilities all over New York State.

So it wasn't just, like, Manhattan Psych Center or Brooklyn. It was, you know, Buffalo, Rochester, people who drifted and found that it was more -- you know, it was more applicable for them to be in New York City, just because it's, apparently, easier to be homeless in New York City than it is anywhere else.

ASSEMBLYWOMAN RUSSELL: Just to, I guess, as

the summary, you'd rather that, you know, folks that were released from the psych, say, hang out here at city hall, become part of the community where everyone knows who they are, and is an active member of their independence in the community, and treatment, and, essentially, the community embraces, and tries to accommodate, and be part of their service when they're not in an inpatient setting, versus, shipping our adults to Hutchings, to be discharged to the corner under 81 as you go up the SU hill?

RONNIE FREEMAN, JR.: Well, absolutely.

And we have a lot of patients here that are from this area -- they're not from Syracuse, they're not from New York City, and they're not from Buffalo or Rochester -- to find it treatment-smart, to put them in an urban setting, where they don't know -- they don't know their way around.

And to find it, you know -- to find it deplorable for them to be, you know, put in that situation, where they have to learn how to accommodate this somewhere that they're not familiar with.

St. Lawrence Psych Center has, you know, a lot of people that have come in and out.

And one thing I hear a lot from my members, is, you know: There's so-and-so. I remember when they were here five years ago, and we helped them through this, and we helped them through that.

And they meet each other on the streets, and it's almost like a -- you know, a -- now it's like camaraderie that they have with each other, and it's not just work-related, it's personal-related.

ASSEMBLYWOMAN RUSSELL: Okay.

I just -- I make that anecdote, because I lived in Syracuse for three years, very close to Hutchings, and -- and drove the intersections around that facility.

And for a center that is being told that it's going be our center of excellence, driving around those intersections where, obviously, there are people suffering from homelessness, likely mental-health problems, likely, maybe, on their way to treatment at that facility, that are panhandling on the very busy streets of downtown Syracuse, versus, popping in to see the mayor, or, someone who works here at this building, and, perhaps, the lady at the bank across the street, and -- instead of standing in the middle of traffic, asking for money.

I -- I completely agree with that you we

don't want the patients here at St. Lawrence to become part of that type of world, and those statistics that you referenced.

So thank you for bringing that dynamic to this discussion.

ASSEMBLYWOMAN GUNTHER: Patty?

SENATOR LITTLE: Not at this time.

COLLEEN WHEATON: Thank you.

SENATOR CARLUCCI: Thank you.

[Applause.]

[A recess was taken.]

[The hearing proceeded, as follows:]

[Technical difficulties.]

ASSEMBLYWOMAN GUNTHER: We've gone back and forth, some folks are not here.

UNKNOWN FEMALE SPEAKER: We jumped ahead.

UNNKOWN MALE SPEAKER: We jumped ahead.

UNKNOWN FEMALE SPEAKER: We jumped ahead, because we have to get back to patients.

ASSEMBLYWOMAN GUNTHER: Are you Panel 11?

UNKNOWN FEMALE SPEAKER: We're eleven, yes.

ASSEMBLYWOMAN GUNTHER: Okay.

So, Laurie Zweifel, Elizabeth Chadwick Burns, Michael Lumley, Andrea Randle, Scott Blankenship, Elizabeth Barnes, and I have Terri Langenmayer.

Okay, is everybody here?

Okay, thank you so much for your patience, and, we'll continue.

ANDREA RANDLE: Hi, good afternoon.

Thank you for coming, and having us.

My name is Andrea Randle. I'm a licensed clinical social worker at the St. Lawrence Psychiatric Center; "SLPC."

I've been a licensed clinical social worker for 17 years, and I've been working at SLPC for the past 11 years in the children and youth inpatient program.

This is not part of my written testimony, but I did have some numbers that might be helpful to clarify what some other things have been said earlier.

ASSEMBLYWOMAN GUNTHER: Thank you.

ANDREA RANDLE: In the year 2012; so, January 1st through December 31, 2012, we admitted 293 children to our inpatient unit at SLPC.

The median length of stay was 17 days, not 3 months. 17 days.

Average length of stay is 21 days; 3 weeks, that's our average length of stay.

Certainly, some children stay more, if their

mental needs are more pressing, or discharge planning is more complicated.

Some kids are there much less, if it's a simpler treatment.

So that is the average.

90 children were between the ages of 5 and 12. 203 children were between the ages of 13 and 17.

The other thing I wanted to point out is, the readmission rate, within 30 days, was only 22 children.

So out of 293 children, only 22 were readmitted within a 30-day time period. That's really good.

ASSEMBLYWOMAN GUNTHER: So it's, about, under 5 percent?

ANDREA RANDLE: I'm not sure of the math.

[Inaudible.]

Yeah, I agree with you.

[Laughter.]

ANDREA RANDLE: Last quarter; so, for the last three months, our median length of stay was actually 14 days.

So, the last quarter of 2013, our median length of stay was actually 14 day. That's number

one in the state. Better than Mohawk Valley, which is the proposed center for excellence.

We are, typically, either one or two in New York State in terms of length of stay.

We work very hard to get the children out as quickly as we can, back to the community, and, you know, back to an outpatient level of care.

So, I did want to clarify that, so you'd have them.

ASSEMBLYWOMAN GUNTHER: Can you share those stats with us?

ANDREA RANDLE: I can. I will make a much neater copy. I've written all over this, but I can absolutely give you, after.

I am not in favor of closing the inpatient units at SLPC, as I believe that the closure of the inpatient units will create serious hardships for the patients and the families I serve.

I believe the impact of the Regional Centers of Excellence Plan will have far-reaching effects, many of them damaging on my patients and their families.

To be admitted to an inpatient psychiatric hospital, you must be having an emotional and/or behavioral crisis, and be at imminent risk of

harming yourself or others.

This is trying enough, but to couple it with being separated from your family and loved ones seems just plain wrong.

All mental-health workers and, frankly, common sense, will tell you that patients need their supports when they are undergoing treatment, and this is especially true of the children and youth that I work with.

Parents, caregivers, and guardians are an integral part of a child's mental-health treatment, and I am fearful that this will not be the case if our inpatient units are closed here in Ogdensburg.

I believe that most people don't realize how important inpatient units are until you need one.

A majority of the children that I work with come from families that have serious financial problems, and a majority of the children that I work with are Medicaid-eligible.

Many of these families do not have reliable transportation.

And if they do have a working vehicle, they often do not have sufficient funds for gas.

As you are probably aware, we live in a very rural part of New York State. We do not have public

transportation.

I have parents that walk or ride bikes to the inpatient units.

I have parents hitchhike to the inpatient unit.

I had a parent ride in the ambulance with their child, from the emergency room to our inpatient unit, only to find out they had no way to get home.

Medicaid offers transportation reimbursement for those eligible, including volunteer Medicaid drivers and mileage-reimbursement programs, and only for specific reasons, like a scheduled family session or a doctor visit, not to just come and visit their child.

And this seems only to work in our local area.

It is highly unlikely that a volunteer Medicaid driver will drive you more than one hour, one way.

In my 11 years, I've never had a family have a Medicaid driver drive them from Clinton, Essex, or Franklin county, which is over an hour, one way.

I wrote testimony all about the Medicaid reimbursement; how much -- how many cents per mile,

and what that would do.

And that's kind of been covered already, in terms of the extra costs to the county, so I won't go into that. We'll skip over that.

A psychiatric emergency can happen at any time, and as with all other emergencies, a mental-health crisis is not planned.

If the inpatient children and youth units are closed, that will force people to seek treatment, in an emergency, in Utica.

Our outpatient units -- inpatient unit takes children and youth 24 hours a day, 7 days per week, 365 days per year.

We had nearly 300 children admitted to our facility in 2012 for inpatient psychiatric treatment. "293," actually, was the exact number.

Nearly all of the children and youth we serve are between the ages of 5 and 18.

All of our patients come to us from an Article 28 hospital emergency room, such as Claxton-Hepburn, Alice Hyde, or Samaritan.

What will parents and caregivers do, that have other children that they have to care for?

What are parents and caregivers going to do, that don't have the ability to get time off their

jobs?

What will parents and caregivers do, that are allowed time off their jobs, but as a result, don't get paid for that time off?

Imagine a 6-year-old that is deemed by the emergency room to require inpatient psychiatric care, and his parent, who has three other young children in the home, with no means of transportation. The parent may not be able to travel to Utica right away, and the 6-year-old is transported alone to Utica.

The admitting staff in Utica will not be able to get a good mental-health status on a 6-year-old without a parent, and it certainly seems traumatic to ship children off in this way.

It is hard enough for many of my families to get to SLPC, let alone for them to get to Utica.

Why would we want to look to provide such an essential service, inpatient care, so far away from our community?

There is a continuity of care between inpatient providers and outpatient providers, and this provides for good mental-health treatment.

We have strong working relationships with so many of the community-based providers, including

probation, social services, case managers, and school districts.

Many community-based providers come to visit the children and youth while they are inpatient, and many are an integral part of our treatment planning and discharge planning.

Teachers come to visit their students.

Pastors come to visit their parishioners.

Travel to Utica will be unbelievably difficult for our Amish families. We do have Amish families that we serve.

I cannot imagine what it will be like for the children and families that I serve to lose this piece of their treatment. They will be so alone in Utica, with far less visits and supports, from not only their parents and caregivers, but from all the other supports in our children's lives.

OMH talks about potential innovations, such as concierge services; for example, perhaps, travel assistance, and use of the Internet to communicate between the patient and family.

Albany may not realize this, but there are still places in St. Lawrence County that don't have high-speed Internet, and do not have reliable cell phone service, and you cannot Skype with dial-up.

I relish the idea of expanding our community-based services, and those of us that work in the North Country know how few services we have right now, but I also believe that our community needs some inpatient units as well, as there will always be a need for inpatient psychiatric care no matter how great the outpatient services.

Thank you.

[Applause.]

MICHAEL LUMLEY: Hey.

I'm Michael Lumley. I'm a licensed certified social worker. I'm the coordinator of the collaborative day treatment program -- the on-campus collaborative day treatment program for children.

I wish to thank all of you for giving me the opportunity to provide testimony today.

I'm going to -- my remarks are going to come at, basically, two opposing points.

Okay?

And what I'm hoping for, is that I can fuse the two together in a way that's going to make sense to everybody.

One of the things that we're all talking about is keeping the hospital open; not closing the adult inpatient unit or the children and youth

services inpatient unit.

I am going to make an assumption that I made when I was putting this together, and the assumption that I've made for a very long time, is that, indeed, that's a runaway train that we may not be able to stop it here.

I hate to say that, I hate to be the harbringer [sic] of that potential bad news.

I don't think that I am.

I think lots of people have said that, and it may come to pass.

So, a portion of my discussion will be related to, okay, if that's the case, this is one of the things that we can suggest.

I've worked at the facility for 29 years as a children and youth services social worker. I began my career there, and will be ending it November of 2014.

I'm 54 years old. And next -- my next birthday, will be 55, and I will have 30 years of service.

And, I have some other plans, besides providing mental-health services, and that's lots of good stuff.

While I am going to be retired from state

service, I will still hold out the ideals that I've been carrying with me for the last 29 years.

I've been considered a valuable member of the children's team. I have knowledge and expertise related to best practices, and I truly enjoy that our programs and services bring about improved competence and notable positive change.

Change is inevitable, but the series we deliver -- or, the services we deliver have consistently prompted positive change in every sphere of functioning.

I've been the coordinator of the unit's collaborative day treatment program.

And the reason it's collaborative is because we use BOCES, teachers, and teachers assistants, even though the program is housed on campus.

I managed a very important component of programming that is available for seriously emotionally-disturbed children, and their families.

The program serves 18 school districts with a variety of services which have led to reductions in the use of both inpatient psychiatric hospitalizations and residential treatment.

At this time, I do not support the closing of the children's/youth services inpatient unit, or the

current plan to decommission the building should the inpatient unit be closed.

I would like to make several suggestions to the Committee related to the current plan.

First of all, I would like to define "day treatment," to clarify its position in the continuum of care.

Children's day treatment programs are highly structured, intensive, non-residential mental-health programs that offer a blend of clinical interventions and special education services to children and adolescents, as well as social and clinical supports to their families.

A day treatment program provides services designed to stabilize children's adjustment to educational settings, and to prepare children to return to a regular school-based educational setting.

Typically, these programs include special education in the small classroom environment, with emphasis on individualized instruction; individual and group counseling; family services, such as family counseling, crisis intervention, interpersonal skill development, and behavior modification.

Children and adolescents receiving day treatment services live at home, or, are in the community, but are identified by the school district as seriously emotionally-disturbed and cannot be maintained in regular classrooms.

Day treatment programs occur in a variety of venues, including hospitals and community-based organizations.

I'm recommending that the Committee consider maintaining the children and youth services unit in whatever plan is going to be adopted.

My colleague Lori Zweifel, Ph.D., who's sitting beside me, will be discussing -- addressing some of the numerous reasons why we need to maintain the inpatient program. And, certainly, Andrea has also spoken to that.

Keeping the inpatient unit open will, of course, allow children from the North Country to receive inpatient services relatively close to their homes.

At the same time, maintaining the inpatient program allows the campus-based day treatment program to receive the supports that are necessary to continue the program as it is currently set up, and to promote recovery in our students.

Placing the day treatment program in a non-hospital setting will eventually change the fabric of the program which, at its core, is a halfway point between inpatient services and residential treatment and outpatient programming.

At the same time, because day-treatment students meet the criteria for the New York State classification as seriously emotionally-disturbed; and are, therefore, at a higher risk for demonstrating more severe and potentially dangerous behaviors, the need for a brief inpatient admissions will become more difficult to obtain.

Once obtained, there is clearly a reduced likelihood of family participation should there be no local inpatient unit.

By not decommissioning the building and keeping the children and youth services open --

And this is where I start to go in the other direction.

-- even without the use of inpatient services, I can see the benefits related to outcomes of children's mental-health treatment as it relates to the continuum of care.

By keeping the building open, we could allow the continuation of some jobs for our current

employees.

I would like to have the Committees consider the following:

OMH could expand day treatment and outpatient clinic services using a percentage of the current inpatient staff, such as, but not limited to, registered nurses, therapy aides, teachers, social workers, psychologists, psychiatrists, and other support staff.

I would like to suggest the possibility of developing a partial hospitalization program --

It's been mentioned several times, but I don't think anybody's actually spoke to it.

-- where some of the children would routinely -- where -- wherein, some of the same children that routinely require inpatient hospitalization are treated for a period of time; from days, to weeks, to months, and perhaps even up to 12 hours daily.

Currently -- excuse me.

The day treatment program could be expanded to provide this type of intervention.

Currently, not all children being served in OMH inpatient units are classified as seriously emotionally disturbed; however, once hospitalized,

these same children would meet the formal classification.

Placing this percentage of the children who might otherwise need further readmissions or referral for residential services in a partial hospital program would clearly reduce the need for an inpatient program in our catchment area or region.

A partial hospital program could potentially reduce the number of children that would otherwise require additional inpatient treatment, while providing a pathway for some displaced inpatient staff to continue their employment locally.

The reinvestment of monies saved by inpatient unit closures into an expanded day treatment or partial hospitalization program could result in cost-savings, and meet the needs of our mostly rural population.

The need for inpatient services can be reduced in a potentially dramatic way via increased alternative non-hospital programming.

At the same time, operating both a day treatment program and a partial hospital program located in the children's unit could also reduce the negative impact of placing children far from their

homes as -- at the Mohawk Valley Psychiatric Center, in the form of a reduction in admissions, as well as shortened stays.

I believe that the Committees are aware of the barriers inherent in moving our inpatient services out of the North Country.

Again, I would like to restate that I do not support the closure of the St. Lawrence Psychiatric Center children and youth services inpatient unit or the decommissioning of the building.

I want to thank the Committee for their time and attention in this matter, and for allowing me to share my thoughts.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Thank you.

Name and title?

LAURIE ZWEIFEL, Ph.D.: Yes.

My name is Laurie Zweifel. I am a licensed psychologist, and I work at the St. Lawrence Psychiatric Center, children and youth services, Ogdensburg outpatient clinic.

So we've heard from inpatient care, which is our most restrictive; day treatment, which is in the middle; and I will speak on the perspective of the outpatient clinic, which is least restrictive.

Although I was not born in the North Country, I have worked at SLPC children and youth services for over 25 years. I have worked on the inpatient unit. I worked in administration, but for the past 13 years, I have worked as a licensed psychologist in the outpatient clinic.

During my educational and professional career, I have had opportunities to work and interact with other OMH children's inpatient facilities in the New York City area, as well as Central New York.

I started at SLPC with my master's, worked for four years, and then returned to get my doctorate in New York City, so, I was fortunate enough to have those experiences, to have a comparison of other state facilities to the St. Lawrence Psychiatric Center.

I chose to return to the St. Lawrence Psychiatric Center, and I based this decision, based on the quality of treatment provided by highly experienced and committed staff. These factors have consistently led to positive clinical experiences for the children and families of the North Country.

St. Lawrence Psychiatric Center has always been, and continues to be, a center of excellence

with clearly demonstrated positive outcomes.

That being said, I strongly oppose the RC plan of the Office of Mental Health that includes the closing of the inpatient units at the St. Lawrence Psychiatric Center.

I also strongly oppose decommissioning the children and youth services building which houses all of our programs.

So we would displaced even as outpatient services and day treatment.

I'm going skip around just so I don't repeat.

Okay.

I would like to speak on behalf of the RC plan from the outpatient perspective.

We currently operate three children and youth services outpatient clinics in Massena, Gouverneur, and Ogdensburg. We provide outpatient interventions to 335 children and their families currently. Of those, 173 are in Ogdensburg, 46 in Gouverneur, and 115 in Massena.

We could definitely provide more services in our Gouverneur clinic, but we are down a social worker, so -- and there's a quite an extensive waiting list in that clinic.

So, we definitely could even provide more

outpatient services.

Our goal is to provide intensive, effective outpatient psychiatric treatment to keep children and adolescents out of the hospital; however, there are times when our children cannot be safely treated in the community and they require an acute inpatient stay.

As Andrea had mentioned, in 2012, 293 children were admitted to the inpatient unit. Of those, 145 were from St. Lawrence County.

Having access to care is extremely important for our North Country families who have a high poverty rate and limited transportation, as well as significant stressors.

The reality also, is that the North Country is a culture very different to Central New York.

I also grew up in Central New York, so I can speak to that. I grew up near Utica.

In addition to our impoverished culture, we also have Amish and Native American patients. Cultural competence is extremely important to quality mental-health care, and we have worked diligently to establish connections and effective interventions.

The continuity of care and communication

related to the best interests of our patients are significant strengths between the inpatient and outpatient units, and this cannot be understated.

We also have professional relationships, as Andrea had spoken, with DSS, probation, and our SPOA.

SPOA are our community-based services which include the home- and community-based services waiver, intensive case management, coordinated children's service initiatives, and supportive case management.

Again, I stress the need for cultural competence in the North Country, not only for demographic and census information, but for the awareness of the paucity of community support services available.

Discharge planning is an integral component of mental-health services, and linking the child and the family with available resources is crucial to safety and recovery.

Currently, there are waiting lists for our community support programs.

The most intensive program, the waiver program, has 14 children waiting for services, with a referral as old as December of 2012.

ICM has a waiting list of three, and, "CSI," the Coordinated Children's Service Initiative, has a waiting list of twenty, with a referral as far back as February of 2013.

It is my strong opinion that OMH is putting the cart before the horse, by wanting to close inpatient units before expansion of the outpatient services necessary to keep the children safe in our community settings.

Our children and youth services outpatient team consists of a child analyst and psychiatrist, a community mental-health nurse, one licensed social worker, and two licensed psychologists.

We have provided some recommendations for expansion, not to replace, but in addition to the services that are already provided inpatient and outpatient. I'll kind of list them, but they are in the packet, so I'm not going go over explaining them.

Partial hospitalization; crisis respite; beds to address children who do not need hospitalization, but need a highly structured and supervised time-limited setting; expansion of day treatment, expansion of existing outpatient clinics to expand to wellness centers; expand our clinics to include

pervasive developmental-disabilities spectrum comorbidity, increase state-operated SPOA case-management services, school-based wellness mental-health clinics; and transportation to bring children and families to treatment.

Finally, I am very concerned that the OMH Regional Centers of Excellence Plan is moving toward privatization of outpatient mental-health services.

This is evidenced by membership of the Central New York RCE team.

And I have provided a list of membership to you.

Most of them are for private agencies. There are some community-services director, but if you notice, there are no members, zero, from SLPC.

And we provide extensive outpatient services, and have a huge awareness of the needs, from our perspective.

Yes, that is it. Uh-huh.

Many of us put our names in for -- to be chosen for this RCE team.

Nobody from SLPC was selected.

You will see our executive director is on the list, but he is not an active member.

It is a well-known fact that not-for-profit and for-profit agencies have a lower pay scale and fewer employee benefits than New York State employees; however, along with these higher expenses come high staff turnover and less-experienced staff.

The North Country has a very difficult time recruiting professional staff, and we are designated a national health-services-core underserved area.

A plan to privatize expansion of outpatient mental-health services will, in my opinion, result in even less services and less than desirable treatment.

In sum, I would like, again, to thank you for your understanding the importance of the St. Lawrence Psychiatric Center inpatient, outpatient, services that we provide in the North Country.

We are a center of excellence, but we need a formal designation in order to continue to provide access to quality care that positively impacts the children and their families.

Thank you.

[Applause.]

DR. ELIZABETH BURNS: Hello, I'm Dr. Elizabeth Burns. I also work at the

St. Lawrence Psychiatric Center children and youth services, in the inpatient unit.

I'm going to be giving testimony in opposition to the closure of the St. Lawrence Psychiatric Center, like most of the people here.

Before I give testimony, though, I would like to address some of the things the first presenters brought up regarding residential treatment facilities.

It seemed like, from their testimony, they're saying, and I could be perceiving their testimony differently than others, but, that RTFs could replace inpatient services.

And I think there's some confusion on how you go about getting placed in an RTF.

To get to an RTF level of care, you have to go through an extensive referral process. You can't go to the emergency room, and then go to an RTF.

You have to get approval from two different committees.

The referral packet requires a psychological evaluation done in the first year -- or, in the last year, a psychiatric evaluation, a recreational therapy evaluation, an educational evaluation, and a summary of background information.

So, if all the stars align and your committee meetings fall in the right way, you can get your referral packet in, in two months.

Most of the time it's three months.

And, then, you may not get approved. Your child may not get approved.

To get approval, you have to have an IQ over 70.

To get approval for an RTF, you cannot have a developmental disability or get services through OPWDD.

If your child has autism and is depressed, you don't qualify for an RTF. You're just not going get a placement.

So, two or three months, you may or may not get approval.

If you do get the approval, you're not going get a bed right away.

You're kind of lucky, if you apply for a child in the summertime, because, usually, they discharge people around the end of the school year.

But if you're applying at any other time of the year, you're probably looking, what would you say, Andrea, six months maybe, if you're lucky?

ANDREA RANDLE: Average, usually.

It's a longer wait time for girls than boys.

DR. ELIZABETH BURNS: Oh, definitely.

So, that's the RTF process. It's not going to replace inpatient services.

And to get approval, also, one of the criteria is frequent hospitalizations. You got to prove that they couldn't make it in the community anywhere else.

So if there's no inpatient services, there's going to be longer waits for RTF, but, also, they're not going the meet the criteria for an RTF.

It doesn't really make sense.

They talk about working with the managed care -- Medicaid-managed care.

You know, that has started, we've been working with managed care since January of 2012, with Medicaid.

Our hospital, at least children and youth services, because I can only speak from them, is, I think we've had one disagreement the whole time since that started.

They've approved all of our lengths of stay, because, like Andrea said, we have one of the lowest in the state.

So we've been working with that system very

well.

The St. Lawrence Psychiatric Center serves approximately 2,000 people, both inpatient and outpatient, adult and children, and I think that we've been doing it rather well.

So, that wasn't in my packet, or, in my testimony, but I just wanted to clarify that.

ASSEMBLYWOMAN GUNTHER: I'm glad you did.

DR. ELIZABETH BURNS: My testimony, like I said, is in opposition to the closure of St. Lawrence Psychiatric Center.

I'm going to try not the repeat my colleagues, so, there will be parts of the written testimony that I don't talk about.

So the closure of St. Lawrence Psychiatric Center will greatly affect the rural mental-health services in a large portion of the state.

It's notable, that outside of the small cities and villages, there are a lot of open fields, farms, and distance between local communities.

The unique needs of the rural mental health has been considered, researched, and advocated by the federal government.

I'm asking that our state government do the same.

The U.S. Department of Health and Human Services has an Office of Rural Health Policy.

Their website states:

"That the Office of Rural Health Policy has a department-wide responsibility for analyzing the possible effects of policy on 62 million residents of rural communities.

"Created by Section 711 of Social Security Act, this office advises the Secretary of health issues within the communities, including the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

"This office analyzes the effect of current policies and proposed statutory, regulatory, administrative, and budgetary changes on rural communities."

This website further states:

"That it administers three grant programs with Hospital State Division.

"The grant programs are Medicare Rural Hospital Flexibility Plan, Small Rural Hospital Improvement Program, and the State Office of Rural Health Grant Program."

The reason why I bring this up, is to point out that the U.S., as whole, is acknowledging that, rural health, there are different issues in rural health versus cities that need to be taken into consideration.

And if the federal government's doing it, I'm asking that the state government do it as well, as to consider the needs -- the unique needs of living in a rural area, and needing health services, mental health included, in those areas.

Unlike other areas of the state, there's more than 100 miles in between state hospitals in northern New York. It is more than a two-hour drive between the St. Lawrence Psychiatric Center and Hutchings or Mohawk Valley.

This is a long drive for people in Ogdensburg, but, if you look at the maps people have been talking about, the maps included with my testimony as well, you'll see that many people that come to the St. Lawrence Psychiatric Center come from far north.

We're talking, you know, Plattsburgh, there is CVPH, but, usually, the people who go to CVPH stay for seven days, and then they're looking at another state hospital to try to transfer to. They

don't stay there long.

And even though we're acute care too, a lot of times they send them to us.

So, just because there's a private hospital doesn't mean that that -- the needs of the local residents are going to be served.

So, any change with the closure of the St. Lawrence Psychiatric Center, you could see some of the people that would come there, when the closure happens, could have to drive up to four hours away, one way, to get services.

That isn't as -- acceptable.

There's going to be no support, and I don't see how that will facilitate OMH's view or vision for recovery, described by the Regional Centers of Excellence.

The Office of Mental Health's testimony submitted on September 9, 2013, stated that, "First and foremost, the redesign of the public mental-health system must be good for children, adults, and families we serve.

"OMH knows to how to promote resiliency in young people with serious emotional disturbance, and how to promote recovery from a serious mental illness for adults."

How does a four-hour drive, in good weather, separating people we serve from their families help people recover?

And I say "in good weather" because, some of the residents, people we serve, that come to the St. Lawrence Psychiatric Center, yes, they have to go through the Tug Hill Plateau, but, also, some of them are coming from the mountains.

I don't know if you guys have driven in the mountains in the middle of winter, but it's not safe.

Okay.

I was going to talk about the problems with transportation, but a lot of people have talked about that already.

And the importance of, you know, people are going to have to take off days of work, and need child care, because they can't always bring every child.

But, that's been talked about quite a bit, so, I'll skip over that part of my testimony.

Okay.

The obvious problems with -- you know, difficulty getting family involvement; the problems with not having technology necessarily, or the

access to technology, to stay in touch in that way, will result in extra stress on the people who are recovering.

And that extra stress could be devastating to the kids and the adults that are hospitalized, but, also, lead to longer hospital stays, which is not budget-conscious, which I know is -- a big part of this plan is to, you know, reduce the costs to the state. And this will just end up with longer hospital stays.

I'm never going to advocate against increasing community services.

I think, you know, we would greatly benefit from more funding for outpatient community services, but I think we would be debilitated by the closure of a St. Lawrence Psychiatric Center.

Since the closure has been announced, I've heard some parents say, that if their child was rehospitalized, they wouldn't know what they would do if they had to go to Utica.

I've also heard other community members say, that if their child had a mental-health problem and the St. Lawrence Psychiatric Center was closed, that they would bring their child -- they wouldn't bring their child to the emergency room to be screened;

that they would try to monitor them in their own home.

And if that's the belief of the community members in this area, you know, our community is in danger.

All I ask, is that you please reconsider the closure of the St. Lawrence Psychiatric Center inpatient services.

If the proposed plan for the Regional Centers of Excellence progresses, the Central New York region will be the largest geographical region in the state.

This large geographical area will support the need for two hospitals.

Whether our hospital is called a "Regional Center of Excellence," or a "satellite hospital," the name doesn't matter; the services do.

So thank you for your consideration.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Thank you.

TERRI LANGENMAYER: Hi, my name is Terri Langenmayer.

[Pause in the proceeding as speaker approaches the microphone.]

TERRI LANGENMAYER: Welcome.

ASSEMBLYWOMAN GUNTHER: Name, title?

TERRI LANGENMAYER: My name is Terri Langenmayer. I'm a rehab assistant too. I work in family care.

I'm also a nurse at Claxton-Hepburn's mental-health clinics, mental-health unit, also.

I've worked in the mental-health field in the North Country for 33 years. I've seen many changes which St. Lawrence Psychiatric Center has embraced and worked diligently with to provide optimum services to the mental-health population here in the North Country.

St. Lawrence has been a big part of living here in the North Country for everyone.

Changing this is going to make it harder for people who live here.

Reducing the mental-health services to a poor area is a harsh decision by the State.

Mental illness is a lifelong condition only managed, not cured, so, in a sense, it is a terminal illness.

Are we closing cancer treatment centers in the state? No, we're building new ones, so that people with cancer can remain close to their families and supports to help them through this

illness.

People with mental illnesses should be given the same opportunity.

Letting St. Lawrence remain open will allow our family members, neighbors, friends, and children to remain close to home while receiving the treatment that they need to remain as mentally and physically healthy as they possibly can, with the family supports that they will need to manage their conditions.

Last thing that I would like to say, is that when St. Lawrence has had mandatory inspections, the facility has excelled in every aspect of care.

It is already a center of excellence.

Why should our families have to travel hundreds of miles to receive the services that are available here now?

Why should the families have to share the unfair burden of the distance so that they can remain in contact with those that are suffering?

Give us a chance here in the North Country to show New York State that St. Lawrence is still doing a great job, and will continue to embrace the Upstate New York population of people suffering with mental illness.

Thank you for your time.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Thank you.

TERRI LANGENMAYER: I was wondering if I could have a friend of mine speak?

He needs to return. And I was wondering if a friend of mine could speak very briefly?

He's on the speaking docket.

Is that okay?

Would that be okay?

ASSEMBLYWOMAN GUNTHER: I'm just trying to see.

TERRI LANGENMAYER: His name is Mike Spellman.

UNKNOWN FEMALE SPEAKER: Yes, we have him next.

TERRI LANGENMAYER: Michael, can you come up?

ASSEMBLYWOMAN GUNTHER: Can I ask a question?

TERRI LANGENMAYER: Thank you.

ASSEMBLYWOMAN GUNTHER: Tim Farrell, who is he?

ANDREA RANDLE: He is our --

MICHAEL LUMLEY: He's the current --

ANDREA RANDLE: -- executive director -- or, acting director?

MICHAEL LUMLEY: Acting director.

ANDREA RANDLE: But, the ones on the bottom aren't really members. They're ex -- what are they?

ASSEMBLYWOMAN GUNTHER: Ex officios.

MICHAEL LUMLEY: Ex officios.

ANDREA RANDLE: Yes.

ASSEMBLYWOMAN GUNTHER: Can you tell us your name?

MICHAEL SPELLMAN: My name is Michael Spellman.

I would like the thank the Senators and the members of the Assembly for attending this meeting.

I would like to thank everybody for giving me this opportunity to present myself as a current "SLPC," St. Lawrence Psychiatric Center, patient.

I shall be discharged tomorrow.

First of all, I would like to start off with saying that my name is Michael Spellman.

I've been coming to St. Lawrence Psychiatric Center since November of 1981.

When I first arrived there, I weighed 147 pounds.

Due to proper nutrition, good therapy, and awareness of my substance-abuse problem, I now weigh 175 pounds.

Since 1981, I've been mostly substance-abuse-free, thanks to St. Lawrence Psychiatric Center.

And St. Lawrence Psychiatric Center has helped me gain employment. It's allowed me to stay [unintelligible], where I have a good standing in the community.

I belong to three clubs:

Step By Step, Incorporated; Seaway House; and Amvets.

As a disabled American veteran, I'm proud to say that, thanks to St. Lawrence Psychiatric Center, and the community allowing me [unintelligible], I feel much more appreciated as a veteran than when I did -- that when I felt in my hometown of Plattsburgh, New York.

Not only am I a member of Step By Step, Incorporated, I also serve as president of the board of directors.

I believe that my positive experience at St. Lawrence Psychiatric Center, and the connection with Step By Step, has given me the opportunity to be able to give back to this community and St. Lawrence Psychiatric Center by serving as president of the board.

I was a volunteer driver for St. Lawrence Alcohol and Substance Abuse Treatment Center in the past.

I also volunteered, for many years, at Amvets and Seaway House.

I enjoy being a member of this community, and being able to give back to this community that has helped me with my recovery.

I feel it would be beneficial for myself and peers and the staff at St. Lawrence Psychiatric Center for the State of New York to keep St. Lawrence Psychiatric Center open.

We live in a rural area, and our families are in the same area.

If we need a hospitalization and we are in Syracuse, our families may not be able to visit us due to weather, money, and time reasons.

The harsh reality is, the streets of Ogdensburg are much safer than the streets of Syracuse, and much more affordable for us to be discharged or live in.

I would never survive on South Salina Street in Syracuse. Never. It's a crime area.

With any income, that's all I would be able to afford. With my illness, my income, and my age,

I would not survive in such an environment.

When we get discharged from St. Lawrence Psychiatric Center, we need someone to talk to at the outpatient clinic, the Ogdensburg mental-health clinic.

We have therapists, doctors, we've always worked with, and are familiar with.

I am worried that if I was to travel to Syracuse and [unintelligible] there, would I be able to get these services?

Is there a wait list in such a big area?

Would I be able to get a ride back to Ogdensburg, or would I be discharged to the streets of Syracuse?

This things concern me -- excuse me -- and my fellow patients.

Also, the closing down of the St. Lawrence Psychiatric Center won't just hurt St. Lawrence County, but also the six counties being served by St. Lawrence Psychiatric Center. This is gonna cost people their jobs in all six counties that St. Lawrence Psychiatric Center covers.

I, Michael [unintelligible] Spellman feel the obligation [unintelligible] to take a look at what St. Lawrence Psychiatric Center stands for.

Not only is it just the only hospital north of Syracuse, it is rated as one of the best in New York State.

Close down St. Lawrence Psychiatric Center [unintelligible] on both inpatient and outpatient clinics -- clients, excuse me, outpatient clients, patients, or consumers that St. Lawrence Psychiatric Center serves.

I may not have a college degree, or hold a political office, but I have some thoughts, and many years of experience, to which I can help make St. Lawrence Psychiatric Center a little less costly to operate:

Having a small self-sufficient farm, employing 10 to 25 people.

It doesn't take a rocket scientist to figure out, all you need to start out with is a physical examination, and continue the physical examination. You know, check for diabetes, blood pressure, things like that.

And get people from inpatient and outpatient to work on the farm. It would help the hospital be self-sufficient, and -- like it was in the old days, and it would give people self-worth and a feeling of accomplishment.

It would employ patients and work and -- employ patient-workers and staff alike, and also cut down on the food costs at the hospital.

So you [unintelligible] groups and classes, but you could also teach people that work is therapeutic.

I know for myself that work therapy is the best therapy for me.

Because of these basic and simple ideas, I feel my voice, and the voice of other patients, should be heard.

Also, St. Lawrence Psychiatric Center staff has shown me better care than short-term and long-term facilities I have been in across New York State; therefore, I feel that it's ridiculous and outrageous to shut down St. Lawrence Psychiatric Center and the children and youth.

Thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Thank you.

I think you're pretty much of a rocket scientist when you say about the therapeutic community.

I represent a place called "The Center for Discovery," and they did just what you said for

people with disabilities.

So -- and it's really been wonderful. They work on the farm. They -- actually, nine months out of the year.

And they have 1400 employees, they have people that are in day program for DD, and it really, really works.

So that's number two.

And I want you to tell me a little bit about that Step By Step, Michael.

MICHAEL SPELLMAN: Step By Step, on a daily basis, has 50 to 60 members attending.

It is my thought that you could -- not all of them are able or capable of working, whether it be physical or mental, but, yet, it is a club that keeps people off the streets.

I started out as, you know, the first visitor there. It's expanded.

The troublemakers have been weeded out. Street people, and things like that, have been weeded out. The people that are just there to take advantage of the members, has been weeded out.

It's a sad thing you have to do that, but, at one time, it had 70 to 80 people, and 25 to 30 that were causing a lot of problems.

ASSEMBLYWOMAN GUNTHER: Are you a veteran, Michael?

MICHAEL SPELLMAN: Yes, I am a veteran.

ASSEMBLYWOMAN GUNTHER: You served in, what?

MICHAEL SPELLMAN: I served in the United States Army.

ASSEMBLYWOMAN GUNTHER: Well, thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Well, thank you for your testimony.

MICHAEL SPELLMAN: You're welcome.

SENATOR CARLUCCI: And, Michael, just one question.

You talked about, that you're going to be discharged tomorrow?

MICHAEL SPELLMAN: Yes.

SENATOR CARLUCCI: Can you just -- how long have you been at --

MICHAEL SPELLMAN: Tomorrow will be three weeks.

SENATOR CARLUCCI: Okay.

MICHAEL SPELLMAN: It's no longer long-term stay. They get people out pretty quick.

Not unless they're criminals and they -- you know, the choice is either a correctional facility

or inpatient in the psychiatric center; so, those would be staying.

I feel St. Lawrence Psychiatric Center can provide much better care to what Hutchings or Utica can.

As I said, I've been, you know, in different short-term and long-term facilities across New York State, and I feel that St. Lawrence Psychiatric Center is one of the best, if not the best, in New York State, as far as an inpatient facility.

ASSEMBLYWOMAN RUSSELL: Mr. Spellman, can you also explain to us what the Seaway House is?

MICHAEL SPELLMAN: Seaway House is a club, also, for people to attend. It's sponsored by Catholic charities, funded by Catholic charities.

However, what scares me is the dominoes effect. If they close down the St. Lawrence Psychiatric Center, what's next? The Ogdensburg mental-health clinic? Step By Step?

Dominoes, what else are they going to close?

The Governor is not here. I wish the Governor was here, really --

LAURIE ZWEIFEL, Ph.D.: So do we.

MICHAEL SPELLMAN: -- but, he could not make

it.

ASSEMBLYWOMAN RUSSELL: And, so, you said that you don't stay for a long period anymore when you have to go inpatient. It's shorter lengths of stay.

MICHAEL SPELLMAN: Yes.

ASSEMBLYWOMAN RUSSELL: So, I guess, where do you -- where are you discharged to after these short lengths of stay?

MICHAEL SPELLMAN: I'm discharged usually to my own apartment.

They still have family-care homes, they still have community residents.

ASSEMBLYWOMAN RUSSELL: Okay.

MICHAEL SPELLMAN: Now, without St. Lawrence Psychiatric Center being open, there would be no social workers in Plattsburgh, Clinton County. There would be no social workers in Malone, Franklin County, or Essex County, or Jefferson County.

ASSEMBLYWOMAN RUSSELL: Because they're all tied to this clinic?

MICHAEL SPELLMAN: They're all tied to St. Lawrence Psychiatric Center, yes.

ASSEMBLYWOMAN RUSSELL: So all those

outpatient clinics, you're concerned, will be turned upside down?

MICHAEL SPELLMAN: Yes.

And there's just not -- you know, if that's the plans, close down St. Lawrence Psychiatric Center, which I don't agree with, like I say, why not turn it into a small self-sufficient farm, like this lady spoke of to you.

ASSEMBLYWOMAN RUSSELL: So, you choose to live here, even though you're from -- originally from a different community?

MICHAEL SPELLMAN: I'm from Plattsburgh, but I choose to live here.

I mean, let's face it, have you ever watched "Channel 7," you know, the news in Syracuse?

ASSEMBLYWOMAN RUSSELL: Yeah.

MICHAEL SPELLMAN: What goes on there, compared to the streets of Ogdensburg?

[Laughter.]

[Applause.]

ASSEMBLYWOMAN RUSSELL: Well, I guess, one of the things that we've -- you know, that is concerning is, you know, should length of stays be longer? should they be shorter?

You know, I guess, if you don't mind

sharing --

MICHAEL SPELLMAN: They no longer, as a rule, want you there for a long-term stay anymore.

ASSEMBLYWOMAN RUSSELL: But occasionally --

MICHAEL SPELLMAN: Occasionally, in this -- at one time in my life, you know, I was a very sick young man, a very emotionally-disturbed young man, and it was necessary to keep me four to eight months. It was very necessary for me to stay there for four to eight months in my first two admissions.

ASSEMBLYWOMAN RUSSELL: But typically, now, you're able to stay in the community that you have chosen --

MICHAEL SPELLMAN: Yes.

ASSEMBLYWOMAN RUSSELL: -- for longer periods of time, with just an occasional short readmission as an inpatient?

MICHAEL SPELLMAN: Yes, that's correct.

ASSEMBLYWOMAN RUSSELL: Okay.

ASSEMBLYWOMAN GUNTHER: It's like going to a chiropractor. When your back gets out, at the beginning, you go for a longer period of time. And once in a while, you have to go back for readjustment.

MICHAEL SPELLMAN: Yes.

I have arthritis, so...

[Laughter.]

MICHAEL SPELLMAN: There's no cure for that.

ASSEMBLYWOMAN RUSSELL: Thank you, Mr. Spellman.

SENATOR CARLUCCI: Senator Ritchie.

SENATOR RITCHIE: I have a question for Mike.

MICHAEL LUMLEY: Yes, Senator.

SENATOR RITCHIE: We were told earlier this morning, that one of the reasons that it would be better for those that were at this center to go to the new centers, is because of education.

And I know yesterday, when I was there, Ginny showed me the classroom, and talked about it; and you were talking about it.

For the record, can you make sure that everyone knows what kind of educational opportunities are there for those who are receiving inpatient treatment?

MICHAEL LUMLEY: Well, I haven't done inpatient treatment for the past 12 years, but I can tell you some specifics --

LAURIE ZWEIFEL, Ph.D.: I think Ginny is going to speak to that as well.

MICHAEL LUMLEY: Yeah.

-- basically, the inpatient program provides educational services for all the children that are hospitalized.

Okay?

The program starts at 8:30 in the morning, breaks for lunch at about 11:55.

Okay?

Restarts programming at, I believe, 1:30, and then goes to about 2:30.

So, there's about five hours of services, that -- and, again, there's a lot of communication between the inpatient education supervisor and all -- any district that a child comes from within the six-county catchment area.

There's usually a telephone call between the education supervisor and a member of the home schools, either administration or clinical staff. A school counselor, for example.

Okay?

So there's always that kind of process occurring, as well as discharge. Knowing -- identifying, through testing, and through daily participation in the program, being able to identify, "What does this child need upon

discharge?" and making sure that those needs are going to be followed up upon.

And that requires more communication, more telephone calls, et cetera, at the time of discharge.

SENATOR RITCHIE: Well, I think it was implied earlier this morning that maybe that wasn't going on, and that maybe --

MICHAEL LUMLEY: I got that --

SENATOR RITCHIE: -- that was one of the reason that this plan --

MICHAEL LUMLEY: -- that was one of the -- one of the many times that I wanted to actually jump up.

The other thing is, the reality -- let me tell you what I believe is the reality there.

What you were -- who you were talking to is a non- -- not-for-profit organization, okay, in Jefferson County, which has swept in and picked some of the remains of things, like, the Department of Social Services in St. Lawrence County.

Okay?

And what you get when you get a private provider, at times, and it's not true all the time, is you get the kind of services that are defined as

appropriate, but you get them done by people who don't know the business.

Okay?

So, you got the children -- some of Jefferson County basically trying to spread out and develop more tentacles, more services, at the same time, not representing what's available, because I'm not sure that they -- and nobody from the children's home has ever talked to me about day treatment services.

I don't believe they've talked to my colleague in the Jeff Lewis [ph.], our sister program, in -- in, uhm -- oh, what's the school?

DR. ELIZABETH BURNS: Indian River.

MICHAEL LUMLEY: -- Indian River.

It's, like -- I'm sorry, but that doesn't work.

That doesn't work for me anyways.

SENATOR RITCHIE: I just have one question for Andrea.

Could you just explain, you're talking about the families that come in to those that you're taking care of.

Can you just elaborate on how many times the family comes in, or, how important it is, and what

would happen if -- you know, I understand that we need to cut costs, but, if you have a child in there and it's going to be a Skype visit versus a parent giving their child a hug, those are two really different things.

So, could you just kind of elaborate on?

ANDREA RANDLE: Sure.

Can everybody hear me?

Is it okay if I sit here?

ASSEMBLYWOMAN GUNTHER: No, we can't.

If you can just stand up.

MICHAEL LUMLEY: I will trade with her now.

ANDREA RANDLE: You know, to give you an example: Yesterday, for about two hours, I listened to a 6-year-old wail for his blankie. Literally, just wailed, "I want my blankie," for about two hours.

You know, we tried every other blanket we had. I ran out and got a stuffed animal.

It didn't work. He wanted his blankie.

And, you know, those of us with children understand, sometimes they have real attachments to their blankies.

So, this was a very emotionally-disturbed 6-year-old who wanted his blankie.

The parent was able to come in last night.

If we were in Utica, I don't know that that 6-year-old would have his blankie in any kind of timely fashion.

It was heartbreaking to listen to him yesterday. It was absolutely heartbreaking.

That's gonna happen more and more and more, because people aren't going to be able to get to their children.

We would ask parents to come in daily to visit their children, and a lot of them do that can.

Some of them have to space it out more.

And as a social worker, and Liz is my co-worker here, a psychologist, families will work with us in terms of, "I can't afford to come every day, so I'm going to try to do every two days."

You know, if we have a team meeting, or something, we'll invite them in. "So don't come Tuesday, save your gas money. Come Thursday, 'cause we're gonna meet."

But we would welcome families daily if they can get there. Certainly, most families would want to come.

The younger the child, the more often, parents, I think, want to come.

It's a little different with teenagers. You may be able to go a few more days without seeing your teenager, versus young children.

But like I said, there were 90 children under the age of 12 admitted in 2012. That's a lot of kids that are really young.

SENATOR RITCHIE: So can you tell me, in your you know, estimation, what would a Skype visit versus a personal visit, what difference would that make to the child?

ANDREA RANDLE: I think it would be useless, really, to do Skype.

I guess if I was really desperate, I would do it.

I do a lot of telephone family sessions with families that can't come, that can't come to the center.

I find it to be an exercise in futility.

You know, you can't see the people. You can't read the non-verbal cues.

The parent doesn't see what's happening with their child during the communication.

We do what we have to do, because, you know, I'm a social worker, I'll do just about anything to, improve the lives of the people I work with, but,

face-to-face contact, there's no -- there's no question that that is the best practice, in terms of family sessions, in terms of just sheer support.

Doctors talking with their patients about medications often want to see the parent. They want to be able to explain to the parent fully about the medications. It's so much harder to do that over the phone.

I don't think that's a good solution to use Internet at all, as a way to --

SENATOR RITCHIE: And for me, I think it would just be a teaser.

If you have a child there, and you get to see the parent, but you don't get to touch them, I think it would actually make it worse.

ANDREA RANDLE: Yeah.

ASSEMBLYWOMAN GUNTHER: Senator Little.

SENATOR LITTLE: Yeah, if I could.

You're the ones that are working with the children and adults in the field, and I just wonder, we talk about levels of service that are necessary, and there's outpatient and day treatment, and all, but that residential level of service is sometimes really necessary.

Looking at the people you deal with, how many

do you think, or do you think some of them would say, going to Utica, going to Syracuse, going to -- for Plattsburgh, Rouses Point, going to the Capitol District, how many would say, they would just take the child, or the adult would just go home, and not have services?

ANDREA RANDLE: I think a substantial number would do that.

And I think, you know, as a kind of a tentacle effect, so to speak, of that happening, I'm concerned more about what's going to happen with child protective services.

You may have parents in an emergency room situation say, I will not allow my child to go to Utica. I can't get there, it's too far.

And if that child requires inpatient care, you're going to wind up hotlining parents, basically, for medical neglect, because you're not allowing the child to get the treatment they need, but the parent sometimes is put in that position where they really can't get long distances.

LAURIE ZWEIFEL, Ph.D.: And that has happened.

I've had outpatients who, they've been deemed in need of inpatient care and had to go to CVPH.

And, parents weren't able to go, and they were hotlined.

ASSEMBLYWOMAN RUSSELL: Because they didn't participate in the outpatient treatment?

MICHAEL LUMLEY: No, because they -- they refused. Or, they refused to come to sign -- to do the family work while the child was inpatient at CVPH. They hotlined them for medical neglect.

ASSEMBLYWOMAN RUSSELL: Did they refuse, or they couldn't come --

LAURIE ZWEIFEL, Ph.D.: They -- well, they -- they refused, because they could not, due to transportation or other family factors.

ASSEMBLYWOMAN GUNTHER: I have one more question.

SENATOR LITTLE: I said, or the fear would be, that they go home, and the parent is really not capable of dealing with them --

LAURIE ZWEIFEL, Ph.D.: Right.

SENATOR LITTLE: -- and all kinds of things happen.

LAURIE ZWEIFEL, Ph.D.: Right.

SENATOR LITTLE: CVPH is not here, but I did talk to Stevens Monday, yesterday, and they had a patient, that the parents brought a young adult who

was having really severe disturbance -- I don't know all the technical terms -- and was quite violent.

And it was beyond their level of service.

So either these hospitals would have to increase their level of service, take that chance that they won't send them down to Albany, Syracuse, Utica --

[Technical difficulties.]

SENATOR LITTLE: -- or, you know, not having St. Lawrence Psychiatric.

But what happened there, is they had to keep that child in their unit, which they weren't capable of really dealing with them.

There were 12 staff people injured in the time that he was in that unit, before they could get him over here to St. Lawrence Psychiatric.

And if they went to -- if you consider Plattsburgh, or even Rouses Point, I mean, from Plattsburgh to Albany, it's got to be 160-some miles, and --

UNKNOWN FEMALE SPEAKER: Albany has no children's unit.

It would be Utica.

SENATOR LITTLE: All right, so they'd be coming to you, it's even further.

He said it's going to have a terrible impact on CVPH to have St. Lawrence Psychiatric closed.

MICHAEL LUMLEY: And the other thing is, you the don't know what the magical number is.

Let's say that happens five times in a year, and nothing bad occurs. Well, maybe it's going to happen the second time, or the twenty-third time.

You know, we don't have those numbers, but the reality is, that any decision made at the time that a child is in crisis has effects on every other decision made 2 days later, or 10 days later.

So, if a parent doesn't want to take that child all the way to Mohawk Valley, let's say that it works, say it worked out five times, then, unfortunately, I think some of the bean-counters take that.

Okay?

But the next situation may be a Sandy Hook situation.

SENATOR LITTLE: Could be. Absolutely.

DR. ELIZABETH BURNS: And, you know, to add to what people are saying, sometimes, when a child or an adult goes in for a screening, they're not necessarily admitted.

So, the family is driving to Utica for a

screening, they get turned away, the child goes into further distress, does need hospitalization.

Will that family be able to take off, you know, another day of work to bring their child down?

And also, the Skypeing? They're going to have to change our policy, because we're not even allowed to send an e-mail to parents, okay, because of confidentiality.

So how are we going to Skype? Is that more secure than e-mail?

I don't know.

It just seems --

ASSEMBLYWOMAN GUNTHER: It's telemedicine.

DR. ELIZABETH BURNS: -- kind of disturbing.

LAURIE ZWEIFEL, Ph.D.: But then they're going to have to come to us --

DR. ELIZABETH BURNS: Yeah, and we're not be there.

LAURIE ZWEIFEL, Ph.D.: -- for telemedicine, because we have the equipment, but that would still require coming to our agency to access it.

ASSEMBLYWOMAN GUNTHER: Right.

ASSEMBLYWOMAN RUSSELL: If the building is closed, where are they going to access the telemed system?

LAURIE ZWEIFEL, Ph.D.: Right.

ASSEMBLYWOMAN GUNTHER: That's correct.

LAURIE ZWEIFEL, Ph.D.: Thank you.

ASSEMBLYWOMAN RUSSELL: I know, the county can pick it up. They're flush.

LAURIE ZWEIFEL, Ph.D.: Can I -- I just have -- I know you wanted outpatient statistics, and Mr. Blankenship had to leave, because he had a patient.

I don't know if you're still interested, but right now, the SLPC adult outpatient census, as of September 1st, was 1,470 for adults.

So, that's a significant number.

ASSEMBLYWOMAN GUNTHER: I was also thinking, when Michael was telling his story, that, you know, when they talk about continuity of care, and the fact that Michael, if he does go in for a back adjustment, that -- if you really know the patient that well, that the length of stay is a lot shorter, and there's -- also, there's a level of comfort, and knowing where you're going, and trusting.

LAURIE ZWEIFEL, Ph.D.: We do that all the time, inpatient to outpatient.

ASSEMBLYWOMAN GUNTHER: [Unintelligible] it's much more cost-effective.

LAURIE ZWEIFEL, Ph.D.: Yes.

TERRI LANGENMAYER: And we know what baseline is.

They're not going to know him from anybody else.

We know what Mike's behaviors are, baseline. We know when he's well and ready to leave.

They're not going to know him. He's just going to be --

ASSEMBLYWOMAN GUNTHER: That would only increase the anxiety, I think.

LAURIE ZWEIFEL, Ph.D.: Right. Yes.

ASSEMBLYWOMAN GUNTHER: Well, thank you.

MICHAEL SPELLMAN: Thank you.

LAURIE ZWEIFEL, Ph.D.: Than you all for coming; thank you all for listening.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Susan, come on up.

SUSAN KENT: So, good afternoon.

I'm Susan Kent. I'm president of the Public Employees Federation.

I want to thank you very much for your fortitude with these hearings, and the hearings that you're having throughout the state.

You see that my face is familiar, because

I have committed to come to every hearing.

I want to thank you so very much for putting them on.

I agree with Michael, that we really should have the Governor and his people here, and they should be doing what you're doing, and should have been doing what you're doing, before they put this announcement for a center for excellence out because, it is not a plan; it is an announcement.

I'm joined today with the local union president for Public Employees Federation, Virginia Davey; as well as the executive board member, Edward Snow, who is also the labor management chair for OPWDD.

So I just want to introduce, very briefly, that I can't thank you enough for the time and the attention that you're giving to this, and I know that this is not the time within your legislative cycle for you really to have the ability to make change here, and I do understand that the Governor has wide latitude in terms of organizing state services and deploying the state workforce.

So, I really do appreciate that you're doing this at this point.

And, I don't want to be the bearer of bad

news, but I'm sure that this won't be new news to you, I really don't think that we, working together, are going to be able to effect the kind of change we need to with -- in regard to this plan until budget time, because that is really when you wield the power to be able to make changes.

And I know that this won't be easy for you, because it is a statewide plan, and because, at budget time, you have many people that are needing you to listen to them, and many people asking you to make budgetary decisions.

So I hope that, starting now, throughout the budget cycle, that we will able to convince the Governor and the public that this is really not about saving money, will not result in saving money, but instead, will result in further relinquishment of the State for its responsibility for state services, and will really cost more in terms of both money and social stigma that mental health unfortunately still has with it, and, the social problems that will only exacerbate as a result of this.

Ginny is going to talk to you about what she does, and what she sees at the facility, and is here to provide any technical assistance you need.

I would like to conclude at the end, and I would like to just point out, that you've done something here: you've afforded an opportunity that, unfortunately, the state government doesn't do.

All of those professionals that came before us, they're past members.

They're public employees, they're professionals, they're credentialed, and they care about the work they do, but no one's listening to them.

No one is giving them an opportunity to talk about how services should be organized, how they should be delivered, and, it isn't that they missed their opportunity either.

They were all at what, supposedly, were the listening tours, and they gave this information, but no one listened to them.

So, I want to thank you again, because you did listen to them, but we need to partner together to make sure that professionals that come to public service because they care about it, just like you all came to public service because you care about it, they're not denigrated and they're not insulted to the point where their professionalism is not engaged in the active dialogue about how state

services should be delivered, and what is good public service and what is bad public service.

VIRGINIA E. DAVEY: Welcome to the North Country.

You already have a really good feel, I'm sure, of how committed our people are in the North Country. When they believe in something, they stand to voice their opinions, and they not only do that, they try to help us to get there.

So, I thank all of you for being here, and I also thank all of the people who spoke today.

That's the North Country.

I am very pleased to be able to relay my concerns to you regarding the proposed Centers of Excellence Plan put forth by the Office of Mental Health.

My name is Virginia Davey, and I have been a teacher at the St. Lawrence Psychiatric Center for over 22 years.

I have been proud to work for the Office of Mental Health, and continue to love working to improve the lives of the children with mental-health challenges.

Part of the joy in working in the mental-health field is that one is in a position to

positively impact the lives of the patients who receive services, the families whose children receive services, and the communities in which the patients and their families reside.

My area of expertise at SLPC relates to the delivery of educational services.

Please allow me to provide a snapshot of what SLPC has to offer our children.

I believe that you will be able to understand how the Regional Center of Excellence Plan will be unable to match the quality of services currently available to children with psychiatric disabilities.

You will see that the involvements of parents, schools, families, and communities, and community-based service providers, begins immediately when a child enters the SLPC children and youth program.

When a child enters the SLPC children and youth education program, they are provided with a preliminary interview to determine their school of origin, their current courses, the current topic areas being studied in their courses, whether they are attending general track courses, whether they are receiving any special educational services, whether or not they have experienced any behavioral

difficulties, whether or not they have attention or concentration challenges, whether or not they have experienced bullying as a perpetrator or a victim, whether or not they have attended classes regularly, what their general feelings are about school, and what they aspire to be in the future.

If deemed necessary, children are also administered Woodcock Johnson III tests of academic achievement in order to identify their academic strengths and needs.

This information helps to tailor an educational plan that meets the academic, behavioral, emotional, and social needs of patients during hospitalization, but it also helps to reinforce the recommendations made to home school personnel upon discharge.

Once consents have been obtained, the education manager has direct phone contact with the guidance counselors assigned to work with the children who enter the educational program.

A comprehensive review of a child's school history is obtained, including any information that helps the treatment team to address any stressors that may have negatively impacted upon a child's mental-health status.

This information would be included in a comprehensive treatment plan while the child is hospitalized.

Schools are given the opportunity to provide assignments and materials so that a child can keep up with the demands of his or her own home school lessons.

The education manager, through several years of forging positive relationships with home school personnel, has been able to build a network of contacts -- "a network of contacts" -- to assure that the best possible educational outcomes are achieved during a child's hospitalization.

SLPC has invested much time, effort, and financial resources to obtain the latest technologies, textbooks, and teacher materials.

These type of investments have helped to assure a smooth transition back to the student's home school programs.

Through frequent interaction with area schools, the Education Department has come to know many of the specific textbooks used by the area schools and has purchased those same textbooks for use with the students who enter our education program.

When a child is slated to take New York State exams, the coordination with area schools has allowed for schools to send exams so that students are not disadvantaged due to their hospitalization.

Ongoing contact is maintained with area schools to assure that once a child is discharged, that opportunity for success in the school environment has increased as a result of their hospitalization.

In the process of treatment and discharge planning at SLPC, the teachers regularly participate in Committee on Special Education meetings to share information that may help to address a child's academic, behavioral, emotional, and social needs.

Teachers have also regularly participated in conference calls with school personnel, treatment team meetings, and meetings held at the actual area schools.

The relationships that have been forged throughout the years greatly, greatly advantage our patients and students in a way that cannot be replicated overnight.

And some of us would argue, will never be replicated.

These types of contacts take years and years

to establish.

The students who participate in the children and youth program at SLPC are granted full attendance and course credit once they're discharged from the hospital.

A final education report with grades and behavioral, psychiatric, and social recommendations are provided as well.

If the Regional Center of Excellence Plan were in place during the 2012-2013 school year, approximately 293 North Country students and patients would have been uprooted from their home communities to receive psychiatric care in Utica, New York.

The Regional Center of Excellence would have called for approximately 586 parents to find a way to travel to Utica to participate in the treatment of their loved ones.

It would have called upon a number of economically-disadvantaged parents to choose between their jobs, their children at home, and their own safety to participate in the treatment of their hospitalized child.

The Regional Center of Excellence would have required several North Country school districts to

develop a working relationship with a center of excellence hospital that serves 90 other psychiatrically-ill patients.

It would have called upon schools to provide state tests and Regents exams to students located over 100 miles away from home.

It would have called upon home schools to send school materials, lessons, and textbooks to school personnel with whom it had not developed a trusting relationship.

As I review the Center of Excellence Plan, I found some good ideas about expanding community-based services.

I think most of us can agree that there is a need to expand outpatient mental-health services, and, to build upon opportunities to decrease the reliance on more costly inpatient care.

The problem, though, is that we will never be able to fully eliminate the need for inpatient psychiatric care.

As noted on Judge D. Bazelon's "Center of Mental Health Law" website, the Olmsted decision, this is paragraph 4 on the website:

"In the end, we prevailed. In a 6-3 landmark opinion, authored by Justice Ginzburg, the

Supreme Court affirmed ADA prohibits the segregation of individuals with disabilities. Needlessly isolating such individuals," the Court wrote, "is a form of discrimination based on disability, discrimination that perpetuates unwanted assumptions about their capabilities and their worthiness to participate in community life. The Court found that institutional confinement deprives people of most of what is valued in life: family relations, social contacts, work, educational advancement, and cultural enrichment."

These are thought to be the key things that people who are suffering from mental illness need to do: they need to have their family, they need to have social contacts, they need to have work, they need to have academic and educational advancement, and cultural enrichment.

We've talked about a lot of those today.

When one focuses on the spirit of the Olmsted decision, one can only conclude that hospitalizing northern New York children and youth in a hospital setting in Utica, New York, does not serve our patients well due to the failure to provide integration to the fullest extent possible.

Locating a necessary inpatient hospital far

away from home further uproots children and their families from the benefits of active involvement in their community providers -- with their community providers, family support system, home schools, and social networks.

It is not in keeping with the least-restrictive setting.

If professionals determine that inpatient mental-health care is necessary, it should remain accessible for the patient, their families, their schools, and it should be in reasonable proximity to their homes and places of employment.

Many elements of the Regional Centers of Excellence Plan, as it relates to the inpatient treatment component, diminished the quality of services provided to persons suffering with mental-health challenges.

What would the general public say if we determined that anyone with a heart condition would not be able to stay in a North Country-based hospital?

What if a heart attack patient was advised that they had to make arrangements to go to Utica, New York, because the only center of excellence was located in that city?

Would it be acceptable that the family had to travel long distances to visit their loved ones in Utica?

Would it be reasonable for them to have to find and pay for child care for extended periods of time?

What if the family had to miss work and possibly undergo financial hardships as a result?

Do we not yet understand that mental illness deserves a place in our local health-care system?

The Regional Center of Excellence Plan crosses the line.

The nature of mental-health illness dictates --

[Pause.]

[Applause.]

The nature of mental-health illness dictates that mental-health services be readily accessible.

Remember, people who require inpatient mental-health services are deemed to be of imminent danger to themselves or others.

I would not suggest that we delay treatment.

We are counting on you, our elected officials, to see the forest through the trees here, and to advocate strongly to keep inpatient care

close to home.

Please do not allow our patients to be uprooted from their community of support just because they have a mental-health disability requiring inpatient care.

This is unacceptable.

Those of us who work on the front lines understand how utterly ridiculous this is.

I am a union representative, and I care about jobs.

I am a union representative, and I understand the value of having good jobs in our communities.

But for me, as you can see, this is about patient care.

After 22 years of working with mental -- children suffering with mental-health illness, and patients, adults, dealing with mental-health illness, this is about their treatment.

And I come to you today to beg you to do whatever is within your power to do to help others to see the forest through the trees.

Thank you for your interest in learning more about the mental-health needs of people living in the North Country.

[Applause.]

SUSAN KENT: As you can see from the testimony, the myths that people that work for a living only care about themselves, are really a terrible disgrace to working people.

And public servants have really been bashed again and again and again, to the point that they're not even treated as though they're human, and no one recognizes that they are taxpayers and part of the community.

All of my members that came to you today, the CSEA people, the other members of the community, they're not coming here out of self-serving reasons.

They're coming here because this announcement, which purports to be a plan, which now is to be, apparently, decided in terms of what the community-based hubs will be, which is the major part of this transition plan, will be decided with only three meetings.

That is absolutely impossible.

The first meeting is occurring today in Albany. There will be another one on Friday.

Each of the teams will have three meetings.

This is not thoughtful, thought-out good government.

This is not good government.

No one is here to say that everything about change is wrong.

You heard CSEA say that.

They are not against change.

We are not against change.

The professionals that deliver the services every day, they're not against change.

But this isn't about change.

This is about "see as we go," and you're talking about people's lives.

And, yes, it has a devastating economic impact on this community.

Fort Drum was great for the community of Watertown and the surrounding communities, but, also, when you increase a community, and you bring it to life and you invigorate it, you have to have support structures in place.

We heard a terrible thing that happened yesterday in Washington, D.C.

We hear about terrible things happening all the time.

You have a huge employer in terms of Fort Drum, with people that are under constant stress, and I'm pinpointing that because it's so relevant in this time period.

They don't need to have no services available for their families.

Services need to be available in the community that needs them.

I am very concerned that what's going to happen with this plan, once it does become a plan, is that it's going to pit community against community.

I've seen a little of it, not too much, but I think that as to get closer to fruition, that that could happen.

I'm working as hard as I can not to have that happen.

I think that you're probably all working to have that not happen too.

But unless we can slow down state government, in terms of what they think is transition, or what they think would be money-savings, we are going to see our communities pitted against community, and no one's going to win.

No one's going to win.

The two big issues here, just like with Sagamore, just like with Buffalo children's psych, just like in Elmira, issues about children having Skype in terms of having parental involvement in

their therapy, or, long visits to hospitals which they can't afford.

Or maybe they can't get to, the terrible -- it's beautiful, right, it's beautiful when it snows, but this is really a terrible winter environment, in terms of what could happen during that time of season. And to even think about that kind of a drive at that time, it absolutely is life-threatening.

So that's a huge issue.

We're talking about children, we're talking about adults, but, you know, let's focus on the children, which I have been throughout by state testimony.

Really, we can see the cycle, and I see it, because we represent people in every entity of state government.

So I represent people that work in mental-health clinics, as well as administrative offices, as well as prisons, and my people are the psychiatrists, the psychologists, clinical social workers, teachers.

They're there, trying to make social problems better.

But if we don't start with our children,

things will only snowball and escalate, and get worse.

Then, the other big problem here, and the big missing link here is, where is the community infrastructure for these services?

The acting commissioner, Kristin Woodlock, who seemed to be a very lovely woman, and seemed to believe in everything she was saying, we had a one-on-one, and she really truly believes that inpatient services would not be needed if outpatient and community-based services were being delivered in the way they should.

Now, you know, that's a nice thought, but, it's not reality, it's not realistic.

And, so, to take away the infrastructure from the community, to take away inpatient services, without a plan to serve that population of people that are not going away, that's just -- it's totally irresponsible, and we can't do state government that way.

So, again, I think we're going to be seeing each other during budget time.

Unfortunately, I think that's where this is gonna -- you know, this is going to be played out.

I am doing what I can, and my people are

doing what they can, to try to effect the change now.

But, I think we're going to be doing this at budget time, and I'd just ask you to hold strong, and we will do everything we need do to work with you, to make sure that mental-health services in New York are something not to be ashamed of, but will be a hallmark for the nation.

I want to thank you for your time.

[Applause.]

SENATOR CARLUCCI: Senator Ritchie.

SENATOR RITCHIE: Ginny, I just wanted to say how much I appreciate your testimony, and the fact that you pretty much countered what we heard earlier this morning about, those that need services need to go to this new facility in order to get what they needed, as far as educationally.

And I guess, for the record, I would just like to say, that just shows the quality of service that those who have been to the center have received.

I have not received one phone call from a parent, anyone involved, who said anything except for wonderful things about the care they received there.

And I think, for the record, your testimony, and those before you, just show, that if we're really trying to do the right thing for these children and these adults, that this is absolutely the wrong plan.

SENATOR CARLUCCI: And, Virginia, I just want to thank you for letting us into your classroom yesterday on such short notice.

VIRGINIA E. DAVEY: You're welcome. Thank you for coming.

SENATOR CARLUCCI: Thank you for your commitment to the community, and to serving people with mental illness.

Now, would the plan be that you would have to move your classroom to Utica? Is that what we're talking about?

VIRGINIA E. DAVEY: I think they're going to be -- from what I understand of the plan thus far, and I understand that it hasn't really been all worked out, but that we will certainly be offered an opportunity to move to Utica, if we so desire.

ASSEMBLYWOMAN RUSSELL: I noticed something in your testimony that I would just like to talk a little bit more.

It's been noted several times that

293 children have been inpatient here locally.

And later on, just in the testimony, you stated that, if the plan had, I think, been in place, "the Regional Center of Excellence would have required several North Country school districts to develop a working relationship with a center of excellence hospital that serves 90 other psychiatrically-ill patients."

Are you referring to the Utica center for children?

VIRGINIA E. DAVEY: Yes.

I think they have a proposal to have 90 beds.

Do you remember that, President Kent?

SUSAN KENT: No.

ASSEMBLYWOMAN RUSSELL: Do we know what their current capacity is in Utica, or how many they have serve?

VIRGINIA E. DAVEY: No, I do not know.

SUSAN KENT: I can tell you this, Assemblywoman --

ASSEMBLYWOMAN RUSSELL: Yes.

SUSAN KENT: -- this plan does not call for any addition of beds, which is also a mathematical puzzlement.

ASSEMBLYWOMAN RUSSELL: Well, I guess I'm

wondering, what is the size of their child and adolescent facility there?

Is it comparable, is it larger, is it smaller, than Ogdensburg?

SUSAN KENT: I believe it's smaller, but we can get you those numbers.

ASSEMBLYWOMAN RUSSELL: Okay.

And, so --

VIRGINIA E. DAVEY: My understanding was, that it was pretty close to what we had, but I really think we should check the numbers, because I don't want to mislead such an important Committee.

ASSEMBLYWOMAN RUSSELL: Okay.

I mean, it just seems that merging two, kind of, you know, similarly sized, you know, are people going to get lost?

How is that going to happen --

SUSAN KENT: Assemblywoman, this is the issue here. The issue is --

That's why I talked about the mindset of the then-acting commissioner.

-- the mindset is, that the number of inpatient beds that are currently being used are not needed. And reality does not play that out.

So you will not see -- you will not see an

addition of inpatient beds, because the plan really is, to make people live in the community without the inpatient services they need at time of their -- you know, their need.

So, when they have struggle that requires inpatient --

ASSEMBLYWOMAN RUSSELL: So their plan is, that they don't need any additional staff or capacity, but, that staff is then going to be responsible for forging relationships across three different catchment areas?

SUSAN KENT: That's the whole hub concept that none of us can understand.

ASSEMBLYWOMAN RUSSELL: That one person is going to be able to forge relationships, especially when it's, children and adolescent services are complicated by educational mandates, that they're going to be able to create relationships with all of the school districts in the six counties?

SUSAN KENT: They have not even thought of that, although --

ASSEMBLYWOMAN RUSSELL: Just in North Country, not including the Southern Tier, which is also being planned to be merged in, but that same group of counselors is going to then be

able to recall and have personal working relationships, and the educational component is going to get better? -- which is what the first group testified to.

SUSAN KENT: There's nothing in that plan that even connects the dots with a child that is in inpatient services and the need to keep them connected to their educational community.

No connection.

VIRGINIA E. DAVEY: I can tell you that this network that I referenced has been a work in progress, even for us, with inpatient now of 28 beds.

We have fluctuated in our numbers of beds throughout the years, and twenty-eight, right now, we have been able to forge some very tight contacts, and it's almost seamless in many ways.

It's amazing how, in terms of finances, public schools being willing to send their textbooks, sometimes their teachers'-guides lessons, everything, to our hospital, because they know they're going to receive them back.

We have accounting procedures that allow them to trust us.

That did not happen overnight.

And I really think the number, in and of itself, you can always get enough staff members if you have financial resources to make a number work, to make the "90" number work.

But we're not seeing in this big scheme that they're gonna -- they're trying to spend money.

We see that they're trying to save money.

And to that extent, I think that they're -- it's very unlikely that they're going to be able to anywhere near approximate the high level of education that these patients receive.

ASSEMBLYWOMAN GUNTHER: The total number of beds for the children, and it would be called "Empire Upstate" or [unintelligible], it would be 90; so they'd come from what's already in -- they would be coming from --

Rochester?

ASSEMBLYWOMAN RUSSELL: No, Hutchings.

ASSEMBLYWOMAN GUNTHER: -- Hutchings, Mohawk, and St. Lawrence.

So there wouldn't be any additional beds --

VIRGINIA E. DAVEY: They're just moving the shells.

ASSEMBLYWOMAN GUNTHER: Yep.

ASSEMBLYWOMAN RUSSELL: And Binghamton.

ASSEMBLYWOMAN GUNTHER: Yep.

VIRGINIA E. DAVEY: And I don't know how we could ever even conceive that that's going to make things better for their educational component of their treatment.

And mind you, we spend a lot of our day, we spend 5 1/2 hours a day, in active treatment in the school setting.

So this isn't something to be looked at, that can be -- it's not 2 hours a day tutoring, like what might happen in a general hospital.

We spend, five, five and a half.

And then there are recreational activities for patients, to help them to learn to get to work together in social settings, to be successful in recreational activities, and so on.

This is active programming. This is real programming. It's something that is similar to what they get in the public-school setting, so it's easier to transition them back.

ASSEMBLYWOMAN GUNTHER: So five hours of classroom time per day?

VIRGINIA E. DAVEY: 5 to 5 1/2 hours.

ASSEMBLYWOMAN GUNTHER: How many teachers are there?

VIRGINIA E. DAVEY: There are four teachers at our facility.

There used to be ten when I first got there.

I did a whole report on that, when the State Education Department was reviewing our programs.

And we have, still, proudly, been able to maintain what we believe is, under the worst set of circumstances, financially-strapped situations, we have still been able to decide our priorities, and make sure that we provide a good education to these --

ASSEMBLYWOMAN GUNTHER: So how many children are -- four teachers for how many children; what's the ratio?

VIRGINIA E. DAVEY: There -- the ratio in the classroom can be about -- we have four different class groupings; and, so, you divide 28 by 4, and you're pretty much around the number.

And it fluctuates a lot, from day to day, because we want one -- at one time, we might have mostly high school students, and another time we might have mostly elementary.

So all your teachers really flex between elementary classes to high school classes, and we

just kind of roll with our -- the population that comes in.

So we have areas -- my education is nursery school through 12th grade, with an emphasis in English, 7 through 12.

So, we're able to kind of move like a wave in an ocean, back and forth, so that we can carry them to their destination.

ASSEMBLYWOMAN GUNTHER: What's a workday for you?

VIRGINIA E. DAVEY: Pardon me?

ASSEMBLYWOMAN GUNTHER: Is your workday, 8 hours? 7 hours?

VIRGINIA E. DAVEY: Our work days is 8 1/2 hours, with half hour for lunch.

ASSEMBLYWOMAN GUNTHER: Okay.

VIRGINIA E. DAVEY: So it's similar to any other state.

ASSEMBLYWOMAN GUNTHER: Got to pack it in.

VIRGINIA E. DAVEY: Yeah, exactly.

ASSEMBLYWOMAN RUSSELL: And, of course, like a teacher, I'm sure you take things home to grade, just like every other teacher?

VIRGINIA E. DAVEY: Oh, I don't know about that. Confidentiality.

We might get stuck at the hospital a little bit after hours.

ASSEMBLYWOMAN RUSSELL: To make sure it gets done?

VIRGINIA E. DAVEY: [Inaudible.]

SENATOR RITCHIE: I've got one.

I'm just looking at this OMH proposal that we have here, and, if it's only 90 beds, that means, current capacity, they would already be 15 beds over what they're proposing.

So, that's a concern.

I mean, all I hear is, that we need more services.

And now this already says that there's going to be 15 less than it's at the current capacity right now, if this plan goes forward.

So, what happens to the other 15 kids in -- that's in the units right now?

What happens to those --

SUSAN KENT: Again, you're dealing with a mindset.

You're dealing with a mindset that believes inpatient services are not necessary.

And they really need to be held accountable for putting this plan together with no empirical

data to back that up.

ASSEMBLYWOMAN GUNTHER: Thank you very much.

SUSAN KENT: Thank you.

VIRGINIA E. DAVEY: Thank you.

ASSEMBLYWOMAN GUNTHER: We appreciate it.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Charles Thorpe?

CHARLES THORPE: Good afternoon.

I'm going take a very different direction from the directions that we've already been going, and talk about educational connections.

SENATOR CARLUCCI: Could you state your name and title.

CHARLES THORPE: I'm Chuck Thorpe. I'm the senior vice president and provost, starting my second year at Clarkson University.

For those of you who are from the North Country, welcome home.

For those of you who are not, welcome to the North Country.

Clarkson is in Potsdam, which is about 30 miles away from here. That makes a commuting distance.

We have faculty and staff who live here and drive to Potsdam every day.

I put into the record a letter that my boss, President Tony Collins, wrote for the May hearing, which summarizes these points.

Of course, there's been a lot said about jobs.

We're a big supporter of jobs.

My boss, Tony, is the co-chair of North Country Regional Economic Development Council.

Jobs are important.

Of course, there's been a lot said about quality of care.

We're one of the largest employers in the North Country. We care about the quality of care for our employees.

And lest you think that these universities are these bucolic oases that don't need psychiatric care, let me only remind you of final exams. We need psychiatric care as much as anybody else.

But here's what I really want to talk to you about today, is the center of excellence concept.

When I heard about the potential closing of the psychiatric center, I heard that one of the notions, is to create centers of excellence with close ties to universities.

I turned out to be pleasantly embarrassed.

I went around to my faculty, I said, We've got the St. Lawrence Psychiatric Center. Don't you think we ought to have some close professional ties?

They said, Chuck, we already have close professional ties.

The center of excellence is already in operation, we just didn't hold the press conference to announce it.

I found out that many of our psychology students already rotate through here.

If you really want a career in clinical psychology, our students do their internships at the St. Lawrence Psychiatric Center.

Our physician's assistant students, about a third of the class of our PA students rotate through here.

If you really want PAs who understand rural health care and who understand mental health, that's one of our advertising strengths; that's what gets students to come to Clarkson to study PA.

Our new occupational therapy program will start next summer. Occupational therapists need rotations through psychiatric centers. That's a natural combination.

Beyond that, our MBA students, some of our

premed students, just finished a summer project working with E.J. Noble Hospital, to see what we could do to streamline the processing, streamline the business processes there.

This is good for E.J. Noble Hospital.

It is great for these students. They come out of here with a deep insight as to what it takes to have efficiencies in health care.

We want to have more of those students rotating through internships up here at the psych center.

You add to that all kinds of other things that we would like to do up here: Working with efficient heat, working with efficient lighting, leveraging the strengths our engineering school.

This is a natural test ground, a natural classroom, for our students.

I'm speaking about Clarkson.

My colleague Ben Dixon from St. Lawrence, who had to leave, leaves me an even longer list of St. Lawrence.

Their graduate mental-health-counseling students rotate through here. The community-based learning students rotate through here.

Ben had to leave to go to a meeting

SUNY Canton. Their nursing students rotate through here.

The center of excellence exists, the partnerships exist.

This is an important part of the educational mission of all of us, and if the center goes away, we lose an important part of our educational mission.

Thank you for taking the time and paying the attention to this important issue.

ASSEMBLYWOMAN GUNTHER: Well, thank you.

[Applause.]

ASSEMBLYWOMAN RUSSELL: You just mentioned a couple of other colleges, and Clarkson belongs to a consortium of colleges here in the North Country.

Can you just educate the panel as to those colleges?

CHARLES THORPE: Sure.

There's two different sized consortia.

The Associated Colleges of St. Lawrence Valley: Clarkson, St. Lawrence, SUNY Canton, SUNY Potsdam.

We're close enough to each other, we cross-register classes, we share some hours, et cetera.

The large consortium, the HERC consortium, which stretches from Plattsburgh to -- you probably know better than I do, Assemblywoman -- there's eight of us in that.

ASSEMBLYWOMAN RUSSELL: Across the Adirondacks, and then --

CHARLES THORPE: -- across the Adirondacks, Paul Smiths. It includes the Trudeau Institute, which is not an educational institute, but the other major research institute up here. The community college.

So eight of us that stretch across there, and this is a catchment area for all eight of us.

ASSEMBLYWOMAN RUSSELL: So we have 8 institutions of higher education, 4 within 30 miles of this facility of, not adolescents, but, 18- to 22-year-olds, larger amounts living away from home and experiencing different stressors in their life for the first time?

CHARLES THORPE: You said it very eloquently.

Now, to be completely honest, if a student is going to be in long-term psychiatric care, we will typically send them home.

It is good to have a place that is close by for the shorter-term care.

If we know it's going to take months, and they are from -- we have more students from the five boroughs than we do from the North Country, it's better for them to be close to their family.

But for our students from around here, or for the shorter-term care, it is definitely a plus to be able to drive here.

ASSEMBLYWOMAN RUSSELL: Thank you.

CHARLES THORPE: Anyone else?

ASSEMBLYWOMAN GUNTHER: As Chairperson, I would love you to write me a letter, and I don't have your written testimony, but, you could put that into a letter form, just forward it to me.

CHARLES THORPE: You should have that.

I dropped a copy of my boss' letter of May 9th, which summarizes these same facts.

ASSEMBLYWOMAN GUNTHER: You know, my daughter attended Cornell University, and there are a lot of foreign-exchange students there, so, their families are very far away from home.

And, you know, some of the -- as a parent, some of the statistics were pretty alarming.

They used to have to put the nets under the bridges at Cornell.

I don't know if you know anything about it.

But, you know, you can do crisis intervention on a campus, but you really can't, you know, admit -- there has to be a point where they -- we do get admitted. And, especially, there were tons of foreign students, and kids from all over the United States.

So, I think a facility like -- you know, having some -- a facility in a close proximity is very important, especially when you talk about eight different campuses.

CHARLES THORPE: Well, you understand this from a parent's viewpoint, as well as from a state viewpoint, as well as from a professional viewpoint.

ASSEMBLYWOMAN GUNTHER: Yep. I do.

Thank you.

Any questions, Patty?

SENATOR RITCHIE: No, that's all right.

Thanks, Charles.

CHARLES THORPE: Thank you very much.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Patrick Kelly, are you here?

PATRICK KELLY: I'm here.

ASSEMBLYWOMAN GUNTHER: Laurie Smithers?

PATRICK KELLY: Just me.

ASSEMBLYWOMAN GUNTHER: Okay, we're happy to have you.

PATRICK KELLY: Good evening.

ASSEMBLYWOMAN GUNTHER: Thank you for being so patient.

PATRICK KELLY: You're welcome.

Thanks for coming up here.

ASSEMBLYWOMAN GUNTHER: I loved it.

PATRICK KELLY: Good.

ASSEMBLYWOMAN GUNTHER: I absolutely did.

PATRICK KELLY: Beautiful part of the state.

ASSEMBLYWOMAN GUNTHER: It certainly is.

And I took Route 3 up -- I think it's, Route 3 up, so I could see Lake Ontario.

The last time I was here, my husband actually went to St. Lawrence, and his dad did, too.

So we came, he was taking a class, and we stayed in the dorms over at St. Lawrence University.

So, I've been here before.

It's gorgeous.

PATRICK KELLY: You are welcomed anytime.

I am here as a member of the St. Lawrence Psychiatric Center Task Force.

The St. Lawrence Center Psychiatric Task Force, as I'm sure you realized by this point, is

disappointed with the New York State Office of Mental Health Regional Centers of Excellence Plan.

OMH removing access to inpatient care in the North Country is inconsistent with the goal of providing care in the most integrated setting appropriate for those adults, children, and families requiring access to this key component of the mental-health-care continuum in our region.

As a result of this plan, despite demonstrating an unmatched level of support for its center throughout the OMH listening-tour process, the North Country region will see a drastic reduction in access to care for those who need mental-health services.

The sheer size, distance, and lack of adequate transportation, infrastructure, and services in the North Country will place undue hardship on local individuals and families requiring quality mental-health services.

With the proposed OMH plan, no full service state psychiatric hospital will be located north of the communities along the New York State Thruway.

As a result, the distance between the St. Lawrence Psychiatric Center and the nearest proposed center of excellence is significantly

further from the same distance between other OMH facilities in all areas of the state. In fact, that distance is roughly four times.

The point is, for a Regional Center of Excellence to work, it has to be in the region.

When the OMH plan was announced, Senator Carlucci basically confirmed this.

I spoke with him in the hallway, he said it was okay if I quoted him.

At the time, on July 11th, Senator Carlucci said, "I am absolutely thrilled that OMH has decided to base part of its regional operations right here in Rockland County. This is also a huge win for the people of the Hudson Valley living with mental illness, and their families, who depend upon quality care and treatment."

We agree with Senator Carlucci. We think he gets it.

And while having a Regional Center of Excellence in your region is, in fact, a huge win, it must then be true that not having one is a huge loss, and the magnitude of that loss is what we're trying to communicate to you.

Something else to consider: The Lower Hudson Regional Center of Excellence, which is the facility

that the Senator was referring to, is 7 miles from the nearest Regional Center of Excellence within the state system.

That's a research center, so to be fair, the distance from that center to the nearest full service Regional Center of Excellence is 23 miles.

The distance to our next closest Regional Center of Excellence is 129 miles.

The next closest one to that is 132 miles.

And these facilities are a distance from us, that is not served by a 4-lane highway, primarily, and, it's through a part of the state that receives 25 feet of snow a year.

You've heard person after person mention that to you.

We know you're aware of our weather patterns, but, we like to be repetitive.

The reality is, as a result of the OMH proposal, residents and families in the North Country will be forced to travel to facilities which, in many cases, are well over 100 miles from their home communities.

OMH offering that it is considering, and this is a quote, "hospitality housing, discounted hotel arrangements, and web-based videoconferencing as

solutions," that was according to OMH Spokesman Benjamin Rosen, "highlights the lack of detail and planning for services for those who are going to be most negatively impacted by the OMH proposal."

We have families who can't afford to feed their children.

To suggest to them that discounted hotel vouchers are part of the solution, I'd be embarrassed to say that.

And as I sit here and I listen to people talking about videoconferencing, that we're put in the position that we have to defend ourselves that videoconferencing is a way to deal with your child's illness is in any way appropriate, is ridiculous.

The unfortunate truth is that the OMH plan does not have a lot of answers.

We know what the plan doesn't do.

It doesn't offer an option for adult and children inpatient services in the North Country, and it doesn't offer a specialized rural location for assisting rural residents.

Another concern with the plan is the lack of continuity in the leadership within the New York State Office of Mental Health throughout the Regional Center of Excellence planning and

implementation process.

The original OMH plan was released on July 10th.

On July 20th, Acting Commissioner Woodlock resigned.

Acting Commissioner Tauriello will serve until November, at which point Dr. Ann Marie Sullivan is expected to be appointed.

This rapid turnover at a time when OMH is drafting and executing plans which will irreparably change the way our residents access mental-health services raises significant concerns regarding the future accountability of OMH during the delivery of the plan.

What value do the assurances and promises that have made by OMH hold at a time when they are changing leaders three times a year?

The fact that the plan was announced in July, and it's primary architect left OMH three weeks later, is only part of the problem.

The Regional Center of Excellence teams were supposed to be appointed by August 1st.

The full teams still haven't met, and they were supposed to deliver an implementation plan by October 1st.

Again, this is before the next commissioner is even appointed: plans were designed to be created before the next commissioner was even going to be in place.

It would be irresponsible to assume that such a hastily-constructed plan with so many different hands on the wheel could be practically implemented in these time frames.

In many ways with this plan, it feels like OMH has jumped, and now they're looking for the ground.

The lack of information and contradictions with the OMH plan provide even greater uncertainty.

Though the OMH proposal highlights continuity of employment, and we were assured it would result in no job losses, three of the five examples of this commitment from OMH involve the transfer of jobs from existing facilities, such as the St. Lawrence Psychiatric Center, to other areas of the state.

The removal of any jobs from the North Country, which is, by virtually every measure, already the most economically-challenged region of the state, will have a disproportionately negative impact our communities.

There are unique issues in the North Country

beyond our great size and disbursed population.

We have clearly documented circumstances of social and economic need.

For example, St. Lawrence County has one of the highest poverty rates in New York State. It is, in fact, over 20 percent greater than the overall state rate.

One in every six persons in St. Lawrence County is living in poverty.

Per capita income is just above $20,000, and is more than one-third lower than the New York State average.

Franklin County, also in our region, has an even lower per capita income.

Veterans, I know we've talked about veterans quite a bit today.

Veterans make up 6.6 percent of the state's adult population.

Among the counties of the North Country, that percentage ranges from 1 1/2 to 2 times that high; so, in the 9 to 12 percent range.

With the occurrence of posttraumatic stress disorder and other mental-health issues becoming more evident in our veteran populations, efforts need to be made to increase, rather than decrease,

access to mental-health care and treatment options in the region.

We have provide more information and statistics on our socioeconomic circumstances in your binder, copies of which were also provided to OMH and the Governor's Office.

Everybody up there is supposed to have a nice powder-blue binder.

It's got all of our facts in it; all of our research and all of our claims are held within here, if you want to check them for further information.

The most bothersome aspect of this plan is that we have the potential to create an outstanding mental-health-services model in this region, and OMH is not seizing upon it.

The St. Lawrence Psychiatric Center currently provides a unique range of children and youth, adult, and sexual-offender treatment programs, and the facility grounds host the New York State Office of Alcohol and Substance Abuse Services treatment facility.

Preserving one center in a rural part of the state that already offers this diversity of services would enable OMH to have a center of excellence that adds significant rural and geographic diversity to

the OMH Regional Center of Excellence footprint.

Another consideration, is that the elimination of catchment areas in the OMH plan may create a greater need for services for those individuals and families who would choose to receive care in a rural setting, such as on the banks of the St. Lawrence River, as opposed to a facility in a congested urban location.

In fact, on the their website, OMH proclaims to have, quote, "strategically located the Regional Centers of Excellence across the state, from Buffalo to Long Island."

This statement is as insulting as it is misleading.

The Regional Centers of Excellence are indeed strategically located.

They're located in urban settings along the thruway route, down south to New York City, and out to Long Island.

There is no accommodation in this plan for the vast areas north of the thruway, nor is there one for the millions of residents who live in or prefer to receive care in the rural communities of the state.

The St. Lawrence Psychiatric Center has taken

a leading role in establishing a continuum of care with a number of community-based organizations in the region.

The potential and willingness of the universities, hospitals, and community-partner organizations in the region to further collaborate with the St. Lawrence Psychiatric Center has been well demonstrated, both, at the listening-tour visit, and through numerous letters and resolutions of support in the materials we have provided to OMH.

The St. Lawrence Psychiatric Center's track record of delivering mental-health services in a rural setting could be a model for other areas of the state, and could be used as the foundation to transform the St. Lawrence Psychiatric Center into either a northern center of excellence or a center of excellence for rural services.

In light of these issues, in light of our concerns and our suggestions, and everything that you have heard today, the St. Lawrence Psychiatric Center Task Force has some requests for this Committee.

We would ask you to ask OMH to provide rankings for key performance measures -- length of stay, overtime rates, quality-of service

indicators -- of the facilities across the entire Office of Mental Health network, and that the Committee share this information with the public.

We've had people ask, "Do you have this information?"

Our request to you is, you should be asking it of OMH.

We think your voice would resonate louder with them, and you may have a more appropriate channel for finding this information out. And find it out statewide, and compare.

We ask that you look at the distances between the proposed centers of excellence in the OMH plan with an eye toward reasonable and fair access.

We ask that you determine which facilities have the broad functionality in place to easily transition into true centers of excellence.

And, we ask that you analyze and compare the information and support materials provided to OMH at each of the listening-tour locations.

We also wish that you would assess the negative impacts of the OMH Regional Center of Excellence Plan on the affected communities and regions in light of existing economic and social hardships.

In undertaking these steps, we think you will see that this plan will not save money. In fact, it will add costs and inefficiencies to the residents and communities across the state.

The plan is not based on the needs of this region;

It is not based on the quality of the OMH's facilities;

It is not based on a facility's ability to provide comprehensive services;

And in many cases, it not will not improve access or care for those who need them the most.

Finally, we ask that the New York -- we ask that New York State amend the OMH Regional Centers of Excellence Plan to include the St. Lawrence Psychiatric Center as either the northern center of excellence or as a specialized rural center of excellence, and in so doing, preserve three inpatient adult wards, as well as three inpatient children and youth service wards, at the center.

Improving the plan in such a manner would go a long way toward providing the complete range of mental-health services in the most integrated setting possible for a large region of New York State.

Thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Did you tell us -- your title is...?

PATRICK KELLY: I am the chief executive officer for the St. Lawrence County Industrial Development Agency, and a member of the St. Lawrence Psychiatric Center Task Force.

ASSEMBLYWOMAN GUNTHER: Any questions?

ASSEMBLYWOMAN RUSSELL: I think that was quite thorough.

Thank you. Very nice job.

PATRICK KELLY: You're welcome.

SENATOR RITCHIE: I just have one comment, Patrick.

If you could tell my colleagues about the cogen plant, and what that means, as far as the facility being more economically feasible than some of the other ones.

PATRICK KELLY: Sure.

What -- I'm not sure how much background you have on the site itself.

On site at the psychiatric-center grounds is a privately-owned facility that used to be a cogeneration plant.

The plant provides free steam as part of its lease arrangement with OMH.

The owners of the facility have been working to try to renegotiate their agreement, make it a long-term arrangement, so they could take that, create a long-term project, and repower the facility with regionally-sourced biomass.

What that would enable us to do, is provide a source -- an output source for local biomass for landowners and for our -- we have a fairly robust forest-services industry. And it would enable the state to take advantage of a renewable energy source.

You hear a lot of talk about microgrids and about renewable energy, and the state trying to move toward a green economy.

There's an opportunity here for OMH and New York State to lead the way in creating a solution that would be, I think, innovative and impressive on a national level.

It would be something the State could point to and say, We work together with private industry.

You hear a lot about public-private partnerships.

This is -- this would be an opportunity to

lower the cost for the state facilities. It would be an opportunity to get some private investment and create jobs; not just retaining public-service jobs, but create jobs in the private sector.

And these are all of the things everybody talks about wanting to do.

Right here, we have a -- almost a laboratory-style project where we could actually do it.

SENATOR RITCHIE: We have the opportunity to actually save the state money, too, because one of those facilities currently is using that, but Riverview is just across the road.

So this is an opportunity for the State to save taxpayer money.

PATRICK KELLY: Yeah, the -- using the electricity from a repowered facility would save the state significant money, not just on a long-term steam contract, but also on electricity as well. And it would be green energy.

I mean, like I said, this is the stuff everybody likes to talk about.

Here's a chance to do it.

You know, here's a chance to say: Okay, this is something that Empire State development is

supposed to be working toward. This is something that the Governor says is a priority.

This is something that we could be doing, and we're not. We're leaving an opportunity on the table.

And the real risk up here --

And I know my local representatives know this, so I'm going to focus on Ms. Gunther.

-- the -- here's what's going to happen if this plan goes forward, and it is my concern:

You've got OMH pulling away from this area.

They're saying that this is a, you know, regional-center plan. We're going to be a hub.

The fear is, we're going to look back, two or three years from now, and say: Wow, that was really the beginning of the end. That was when we had 520 people here providing robust services to all of these regional residents.

And two or three years from now, we're going do see about half that many people.

And then, eventually, we're going to worry about what's going to happen with the other facilities on site at that campus.

There's a correctional facility.

You've talked about the OASAS facility.

My concern is, that if this is the first domino, and this is the State moving resources out of our area, we're going to see a job loss, not just of 500 people, it's closer to 1,000, when you look at the other facilities that are there.

And I think we can either work creatively, we can be innovative, and we can move forward for a long-term future; or, we can watch the State pull away from here and decimate the community.

The stakes are high.

It is very interesting that the vice president of Clarkson came.

And, you know, we talk about, you're part of economic development, and the regional economic council.

And one of the important things that, you know, the Governor has talked about, is the relationship between universities and economic development.

ASSEMBLYWOMAN GUNTHER: Well, health care is economic development, absolutely, but, also, you know, you have this established relationship, where, these folks are doing their internships.

PATRICK KELLY: Correct.

ASSEMBLYWOMAN GUNTHER: And so what would

they do, if that's part of their rotation, if this wasn't available to them?

And, again, you know, education is economic development. It's all part of the whole equation of making a community healthy.

So, I haven't read the book yet. I just got it today, and my speed-reading has gone to the wayside.

PATRICK KELLY: I want to draw your attention, we highlighted the important stuff, but, I'm on a roll [unintelligible] today, so I'll read a little bit more.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: Okay, go ahead.

PATRICK KELLY: This is from -- this is from your binder:

"SUNY Canton has 40 new nursing students performing their clinical rotations at the St. Lawrence Psychiatric Center.

"Four of the college's graduates were hired at the center in 2012, helping to contribute to SUNY Canton's 94 percent placement rate for nursing students last year."

I mean, this thing is filled.

And what is frustrating to us is, we were

proactive, we were ahead of the curve.

Look at the numbers that were here today.

The listening tour was the same way. There were 300 people here.

Any opportunity to raise our voice and to say how important this facility is, not just to Ogdensburg, not to St. Lawrence County, but to the entire region, we took advantage of those opportunities.

And if you look, that's why I asked you to compare the different materials that were provided --

No, no, don't read it right now.

ASSEMBLYWOMAN GUNTHER: No, I can't.

PATRICK KELLY: -- just, put everything that we provided together, analyze it, and you'll see, you know, you mentioned, the provost of Clarkson University sat here for six hours.

That's stunning.

How important must this be to this region?

ASSEMBLYWOMAN GUNTHER: Absolutely.

PATRICK KELLY: You know, the county sheriff is still back there.

He's got better things to do.

We've all got important, you've got

important, things to do.

The fact that this many people turned out and sat here, I mean, this is an essential part, not just of our economy, it's not just -- you know, people say, Oh, you can't just talk about --

ASSEMBLYWOMAN GUNTHER: Delivery on the care --

PATRICK KELLY: It's quality of life. It's vitality.

It's the ability for this region to participate in the New York State economy and in the New York State -- and in society in New York State in 2013.

ASSEMBLYWOMAN GUNTHER: The only way you can increase your population is having -- having the services in place that people are looking for.

PATRICK KELLY: Correct.

ASSEMBLYWOMAN GUNTHER: Good education.

You want job -- there are certain things you definitely need.

And I still loved Michael, our veteran, when he talked about, you know, being self-sustaining on the farm, and, creating jobs.

I loved it.

You know, I see my friend in the back,

I forgot your first name.

But, you must have somebody that does measurements, or come -- that comes to your facility and inspects it.

So, a lot of those numbers, like, you -- I don't know if it's Joint Commission or OMH, the Department of Health, but, they know your readmission rate.

Now, I've looked at it.

And also, Binghamton, they're doing great too.

PATRICK KELLY: Yep.

The decision, I think John Pinkerton told you --

ASSEMBLYWOMAN GUNTHER: I mean, Sagamore, I went to Sagamore. Those kids are -- you know, kids and adults, it doesn't even -- they always -- I just want to say one thing:

Kids are important, but, you know, that adult is part of a family too. And to have a mother leave her children, to go and do therapy with her -- you know, with her husband is the same difference.

It's all about, you know, working as a family.

And, more so, like a family, you have your

small family, but you have aunts and -- there's just people that are involved in treatment.

And, it just makes it very difficult.

And I'm Sullivan County, and we have to go down to Rockland County.

They did it, quite a few -- we do have some, you know, outpatient facilities.

But, you know, an ER is not the appropriate place to provide that kind of therapeutic care.

PATRICK KELLY: I agree.

And it has been enlightening to us in this process to learn so much about the facility and its interactions within the community.

You know, the -- when you look at the decision that was made -- and we've done a great deal of, admittedly, probably biased research -- but when you look at the decision that was made, you can't say that it's about the quality, you can't say it's about fairness, because look at the map.

I mean, that makes no sense.

I mean, to close a facility up here, it just -- it's -- it defies reason.

It feels like to us, it's about votes, it's about politics. It's about where the power is within the state.

And that's a frustrating feeling.

And that's why we elect people like you, because we expect that, when we have the opportunity to have a forum like this and the story is told, that, hopefully, the message gets across, and somebody can look at this and say, You know, we're not a state that stops at the thruway.

That isn't even the midway point in the state, geographically, when you look at the distances we have to travel.

And you hear a lot about the Olmsted decision.

You know, to have truly integrated care, you need all facets of that care.

And to remove a key portion of it and say, Well, you know, you can go to Utica for that, because there's going to be -- you know, there's gonna be high-quality research and excellence and services there that you can't get here, people aren't going to go.

ASSEMBLYWOMAN GUNTHER: What would Judge Ginzburg say?

PATRICK KELLY: Yeah.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: I shouldn't say that

right now.

PATRICK KELLY: You said it, not me.

ASSEMBLYWOMAN GUNTHER: Well, I can say it.

PATRICK KELLY: Yeah, go ahead.

ASSEMBLYWOMAN GUNTHER: I mean, interpretation.

PATRICK KELLY: Yeah, it's your committee.

ASSEMBLYWOMAN GUNTHER: Well, I thank you.

PATRICK KELLY: You're welcome.

ASSEMBLYWOMAN GUNTHER: And I -- you know, I have to say that -- I only -- this is a new committee to me. We're pretty brand new.

And I'm sure, Patty, you must have talked to David, but, Addie Russell and Donna Lupardo and my -- I mean, they said we have to have a hearing.

And it's been really very, very enlightening for me, and realizing the impact of this -- how these decisions create such an impact in a community.

I was in -- I got up at 5:00 this morning.

I came last night, and I went for a tour.

And I was in Phil's Diner.

[Applause.]

ASSEMBLYWOMAN GUNTHER: So I go there.

[Applause.]

ASSEMBLYWOMAN GUNTHER: So I don't know how I found it, don't ask me. It was still dark.

But, anyway, I -- actually, I had my pajamas on, because I figured no one would know me anyway.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: But I was in there, and there was a gentleman there, and he has a cab company.

And, you know, I was asking him questions, because, you know, that's the way, like, I like to understand what's happening in a community.

So he said, Yeah, well, it's going to have a really impact on my business.

He said, You know, I transport a lot of people.

And he said, You know, my grandson comes with me.

And, you know, he said, And it has a large impact.

And then the diner itself serves, you know, that community.

So, it's not -- it's a lot bigger than we sometimes think.

And, you know, if you go into -- and I went to your -- I went to the Trinity. Allison took me

on a tour.

We just found it on our own. We thought we might get arrested. We were knocking on the -- at the -- the state, you know, we didn't know if we were supposed to be there or not, but we figured, What the heck!

UNNKOWN MALE SPEAKER: [Unintelligible.]

ASSEMBLYWOMAN GUNTHER: My father was NYPD. And -- but, it's an incredible facility.

PATRICK KELLY: It is.

ASSEMBLYWOMAN GUNTHER: And, you know, it's a very therapeutic environment, just the grounds itself, and everything.

PATRICK KELLY: You don't even have to read this binder. I mean, you've pretty well got it down.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: No, a lot of it --

PATRICK KELLY: That's what we're trying to express.

ASSEMBLYWOMAN GUNTHER: Yeah, it is. It's pretty incredible.

PATRICK KELLY: Thank you.

ASSEMBLYWOMAN GUNTHER: So, we're going to work very hard.

UNNKOWN MALE SPEAKER: Well, thank you, because I just want to mention that, we did this battle four years ago with the prison.

ASSEMBLYWOMAN GUNTHER: I remember.

ASSEMBLYWOMAN RUSSELL: We speak to each other, frequently.

UNNKOWN MALE SPEAKER: You see those binders you got there? Remember back to those days?

Every member of the Legislature, in both Houses, got one. And I'm afraid you're going to get one before you're done here, too.

We're not quitting. I guarantee you that.

ASSEMBLYWOMAN GUNTHER: You're Irish.

UNNKOWN MALE SPEAKER: You got it. I got the right name.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Richard Halpin, Karin Riches, Maybelle Rowland, Roberta Hagerty, and Barbara Ward.

I don't know who's going first, but, thank you for being so patient.

ASSEMBLYWOMAN RUSSELL: All right, who wants start?

BARBARA WARD: My name is Barbara Ward. I am the mother of a paranoid schizophrenic son --

ASSEMBLYWOMAN GUNTHER: Can you speak up a little louder?

BARBARA WARD: My name is Barbara Ward. I am the parent of a paranoid schizophrenic son, who is quite upset at this supposed decision.

It's obvious to me that whoever thought this not-so-excellent plan up knows nothing about brain diseases, for if they did, they certainly would not close the St. Lawrence Psychiatric Center, a facility covering a vast rural area that has provided quality inpatient psychiatric care for adults and children for over 100 years.

You see, if they knew anything at all, they would realize that when someone is in distress, when someone is suffering from a psychotic episode, when someone's child is drastically out of control, or suicidal, or threatening, they need the immediate attention.

It is cruel to even suggest they be shipped off hours away like cattle.

It is cruel to rip them away from family.

It is cruel to add additional hardship to a very difficult situation.

Life is hard enough in the North Country for so many families. I dare say, this plan had nothing

to do with excellence, but all to do with money, and that is unforgiving.

Eric Leventhal, a senior social worker at the outpatient clinic at Bellevue Hospital, and a National Alliance for the Mentally Ill board member states:

"The hospital stay of a loved one is a critical time for families to get involved. There's strong evidence that shows family participation contributes to improved outcomes for both the individual and the family itself.

"Hospitals are busy, high-stress places, and families need to remain assertive. It is a vital part of the recovery process, and learning how to advocate for a loved up with will go a long way."

End quote.

Like anything else, you have to live it to understand it.

I am the mother of an adult paranoid schizophrenic son. I've lived a long frightening journey of my son's and our family's journey for over 20 years.

While, to date, my son has never been inpatient as an adult at SLPC, he was inpatient at children and youth as an early teen.

While he was inpatient, I was able to visit most every day. I was part of his recovery.

To think that children in this region will soon be sent hours away from family makes me cringe. My heart aches for those families, many struggling to make ends meet.

How will families handle this?

How, considering the distance and the cost?

Just having a child inpatient at a psychiatric center is burden enough.

It was suggested by OMH that communication between family and their loved ones can be set up electronically.

Take it from me as a mother who's had a child locked inside an inpatient facility, nothing, absolutely nothing, replaces a warm and loving hug. Nothing can replace the presence of loved ones when one is in crisis, when one is in recovery, and especially when that someone is a child.

An electronic device is just that: electronic; cold and heartless, about a heartless as those who conjured up this disastrous reconstruction.

The mentally ill continue to take the brunt of downsizing and cutbacks. You don't have to go

too far in Ogdensburg to see the results of empty promises of extended outpatient services, the closing down of valuable work programs, the lack of quality housing.

It's frightening to think what lies ahead.

Marvin Swartz, a researcher at Duke University, who has studied mental-health systems for the past two decades, states:

"We say a better system would cost too much, but we're spending more money ignoring the problem than we would have to spend to address it."

End quote.

Instead of closing facilities and pulling back on services, why not invest in those services; offer quality work programs and decent housing.

If you nurture the human spirit, no matter how injured that spirit is, it will grow and prosper and become a contributing member of the community.

If we did this, the ERs would no longer be crisis centers, prisons would no longer house those who belong in a psychiatric center, police agencies would not have as many calls, there would be less need for public assistance, and so on.

This certainly make sense to me.

I live mental illness every minute of every

single day. I'm living it now as I speak, wondering what my son is doing, waiting for me to come home.

I've seen madness in my son's eyes, wild eyes that looked right through me, looked frightening, taking me to a place I never imagined going as a mother.

I've also watched my son flourish when he was part of the greenhouse program on the grounds of the St. Lawrence Psychiatric Center, responding to the nurturing of seedlings, caring for them as they grew, and taking pride in them as they blossomed, for as they blossomed, so did my son.

Not only were seedlings being nurtured, so was his soul and his spirit. He felt responsibility, he felt worth, he felt pride.

He was up very early every day, waiting to be picked up, and when he returned, the dinner conversation was all about his day at the greenhouse, until the New York State's Office of Mental Health closed that program down and locked the doors.

My son lost his job.

You all have your jobs.

My son had his, and they closed it down. He lost his source of pride.

That plot of land on the grounds of our psychiatric center was his office, and they closed it down. They closed it right down.

They closed down other work programs too, and now it is the psychiatric center itself being targeted.

While my son remains stable, doing jigsaw puzzles, working out in his gardens, listening to music, I worry.

If you are a parent of a child who is chronically ill with any illness, you worry. Even if your child isn't sick, you worry.

Are those strong anti-psychotic meds too strong?

What will happen to him when I'm gone?

Will he end up wandering the streets?

Who will answer his endless questions?

Who will reassure him that his face is not elongated, or his right side is not bigger than his left, or he won't grow so tall that he won't be able to fit in the car, let alone the house?

Who will listen about him having wings and special powers, and that God is his father?

What will happen if he needs inpatient care?

And so on.

You need to know there is flip side to my son. He has the ability to analyze the situation and solve it in seconds.

He told me early on in the Iraq war, there were no weapons of mass destruction.

The Sunday night when we heard that President Obama was going to speak, my son nonchalantly told me that we probably got Bin Laden.

My son is a superb artist.

And, somehow, after the hell he continues to live, he has a wonderful sense of humor.

You see, when one suffers from a brain disease, it doesn't mean that person should be feared or left to fend for himself. It only means their brain is wired a bit differently.

This could happen to my brain, this could happen to anyone's brain.

And if it happened to a loved one of yours, what would you do?

How would you feel about this plan if it affected your family?

Thank you.

ROBERTA HAGERTY: I'm Roberta Hagerty. I'm, first and foremost, mother of Dennis.

I'm a retired senior budget analyst from

Fort Drum. I'm a former volunteer executive director of the Mental Health Association in Jefferson County at the time of reinvestment funding.

My son suffers from chronic paranoid schizophrenia. Having more than 40 years' experience in eight different hospitals, four states, and various community and peer initiatives, I can tell you about the old, the new, the good, the bad, and indifferent treatment and services.

There are no words to tell you how much families suffer -- feel as they deal with lack of knowledge, stigma, and hopeful denial.

Dennis says, "You cannot imagine what it's like to be -- not be able to control your own mind."

The beginning of chronic mental illness is insidious and ever-more frightening for the patient.

As a distorted reality builds in his or her mind, an individual will not, then cannot, ask for help.

That responsibility falls to family or friends.

Not knowing what to expect, a pick-up order brings two or three policemen as first responders.

By law, Dennis is put in handcuffs and taken to the local hospital. Frequently, he must stay local, waiting for a bed at St. Lawrence. For his safety, and hospital liability, he is transported by ambulance staffed by two or three squad members.

For people like Dennis, other than expensive, court-ordered, forced treatment, no amount of community mental-health services will prevent this from happening again and again.

In July, I wrote a letter to Mayor Nelson, with a copy to Charles Kelly. I berated the task force for whining about the transportation and distance.

Living in Watertown, halfway between Ogdensburg and Syracuse, my primary issue was not miles or jobs per se; it was, and is, quality of treatment and services that have evolved over 100 years at St. Lawrence and in the city of Ogdensburg.

Trying to understand the task force concerns, I put a large map on the wall. As I stared at it, questions we all need answered came to mind.

I trust you will give serious thought to each question and the consequences of each answer.

If my son must wait for an available bed, why

are you closing St. Lawrence?

If local hospitals, like Claxton-Hepburn, must increase waiting beds, why are you closing St. Lawrence?

If rural police, already understaffed and underfunded, are dealing with mental-health pick-up orders, who is available to cover accidents and other enforcement -- law-enforcement emergencies?

If rural ambulance squads, already understaffed and underfunded, are tied up for hours transporting mental-health patients to Syracuse or Utica, who is available for accidents and other medical emergencies?

A two- or three-hour distance is more likely to be a five- or a seven-hour round trip.

Since real brain research is done under controlled and voluntary conditions at such places as National Institute for Mental Health, and McLean Hospital in Belmont, Massachusetts, why would you send any mental-health patients to a hospital that, according to its website, is primarily focused on being a fertile training ground, rather than a center for therapeutic treatment, leading to stability and potential recovery?

How could you think that the sending of a frightened child far from home would not adversely impact his or her treatment?

Do you truly believe that an e-mail or a Skype visit can replace a hug?

In the 1980s and '90s, bed reduction, followed by reinvestment in communities, was an exciting concept like fireworks that flourished and fizzled.

But, in Ogdensburg, beginning with inpatient, then supported by St. Lawrence and New York Association for Psychiatric Rehabilitation Services, community and peer services continues to grow.

Whatever your decision, we are all dependent on taxpayers: that's you, and me.

Human and fiscal responsibility dictates we put our tax dollars to work expanding valid existing outreach services, not in creating further economic stress, and perhaps danger in our rural communities.

Thank you.

[Applause.]

KARIN E. RICHES: Hello, name is Karin Riches.

I actually came from the Buffalo area. I came that far because this Committee was looking

at shutting down beds, and that is really passionate to me, because my son has paranoid schizophrenia, and, also, severe PTSD.

My son Jacob has been in special education throughout his school years. In spite of his special needs, Jacob worked part time in a restaurant from age 16 to 18.

Upon graduation, Jacob worked full time until age 27. This is when he began to change. Anxiety, increased delusions, hallucinations, self-injury, to threats of violence.

As an ICU nurse, I only took care of people until they're stable, then we sent them to the floor.

I had no idea where this journey was going to be, and I still don't.

This is the negative stuff, called "stigma," that needs a lot of work.

I went to his primary doctor, to only be accused of not handling my son correctly, and that maybe I just wanted to medicate the problems.

Upon going to our local hospital with psych intake, I was told, "Take him home and call his psychiatrist."

Jacob didn't have a psychiatrist. He had to

wait for almost six months on a list.

Jacob continued to cut his arms and wrists so deeply that the ER doctor said he missed his artery and tendons by a hair.

As a nurse, I could see his tendons and arteries as it pulsated in his arm.

We then, after that was stitched up, went over to psych intake, only to be told there's not enough beds.

Jacob went to psych intake about 15 times. I was told to go to a psych doctor.

When he was finally accepted by a psych doctor --

Hang on one minute.

When he was finally accepted by a psych doctor, uhm -- okay, the doctor told -- I'm sorry.

My computer went down last week, and I had a lot of problems typing this up.

ASSEMBLYWOMAN GUNTHER: Just go slow, it's okay.

KARIN E. RICHES: The doctor -- okay.

I went back and forth continuously, going from the staff at the doctor's office, saying that he was too sick to be -- dealt with anything into his office, so, they recommended me to go to the

psych hospital.

And the psych hospital said, "Absolutely not. He has to go back to his doctor."

And, there, I would flip-flop for at least six months.

Okay?

One time, he would -- one of those times I brought him home, and it only took him about 10 to 20 minutes, I found him on the top of my roof of my house, because --

[Pause.]

-- he wanted to fly like an angel; that he was seeing his brother.

His brother died about two years prior to that, because he also had neurofibromatosis.

And he wanted to fly like his brother.

I had no one to call.

You see, we was involved in serious domestic-violence issues years prior with his dad, and the local police there told us that they do not deal with mental issues.

I was concerned about a possible rape that my son, with my ex, what he had done to my son.

The domestic-violence unit said if I called the police, and went to court, on Jacob, then the

jury would see me as a mom wanting attention, and then I would be jailed.

I was told that police do not deal with PTSD or any mental issue.

I didn't know who to call. This was new for me.

So we stayed on the roof for hours and hours with Jacob, until I got him down.

But he wasn't -- a couple hours prior to that, he was not sick enough to be hospitalized.

Jacob wanted help, but he was continuously turned away.

Jacob went missing in the city of Buffalo.

Thanks to the Buffalo PD, they found him hours later. He was hiding in -- he was hiding in Friday's restaurant. He was afraid that his father was going to get him.

Jacob used to hide in his closet and sleep in his closet so his father couldn't find him.

Time went on, Jacob finally got into a psych hospital. This happened when Jacob started pulling fire alarms in the local hospitals.

His father used to teach the boys how to burn things and start fires in the house.

Jacob spent three months before he was

actually diagnosed with his first visit. In his first visit, they did diagnose him with severe PTSD.

It took another two visits in the hospital, a couple of months each, to be able to get the diagnosis of paranoid schizophrenia on top of that.

Being that he's got Medicaid, there is no help for PTSD. It's a very specialized counseling, and only if you're a veteran, you're allowed help.

But he's on Medicaid, Medicare, and there is no help for PTSD.

So I do thank God for those hospital visits.

Jacob was tried with cheaper psychotropic drugs, 'cause new legislation with Governor Cuomo said that people on Medicaid is not allowed on your higher tier of medication.

So, he went on slicing his wrists, being very violent.

It took another four or five months before he was allowed to go on to other medications.

Jacob now thinks that he's the devil. This was two weeks ago.

His doctor's office said that he was way too sick to deal with him, and due to his aggression, he needs to be seen by the ER. He needs to be -- go to that hospital.

He engraved "666," not into his skin of the knuckles, to the knuckle, he engraved. He believes he is satan.

He has taken his aggression outward now, and I am very worried.

His dad used to teach the boys how to kill.

My ex-was very sick.

I did finally get the boys away from the father, but not until they were about 9 years old. And then he spent another 10 years stalking us.

Jacob communicates better if you write to him.

The intake doctor said, "No, that's fine, I just need to speak to him. He don't need to write."

He said he was fine, so he sent him home again, only to put his head through a window, and broke two of the other windows with his fists.

Senator Ritchie, will you -- you wondered what happens to people that don't get beds?

This is what you deal with; and, yet, I still have to go out and maintain a full-time job in between all this.

So we continue to watch as -- okay, as the doctor said, to "send him home," the psych hospital

intake room, when I went there at ECMC.

Buffalo General was a little bit easier taking in a child -- a young adult, he's 30, that's handicapped.

I went there to ECMC, and I've been there at least 15 times. It looked like a third-world nation. There were people laying on bare tile floors, with only sheets over them, because they were waiting in line to get a bed.

In the Intake Number 3, there were seven patients lying on the floor, two of them had their legs up on the wall just so they could get some rest in there.

And this bothers me, not only as a mom, but as a nurse.

And some were wandering in just a very small area.

Jacob feels he is becoming his father, and that there is not much hope.

The State wants to close beds.

Center of excellence is supposed to be center patient-driven.

50 percent of schizophrenics and 40 percent of bipolar patients have is what's called angano -- I can't say this word -- "anosognosia."

This is a belief that they are not sick, and unaware of their brain disease. This comes from impaired right hemisphere frontal-lobe damage.

They can't advocate for themselves. Many don't take their drugs, and they don't believe they're sick.

Again, the severely mentally ill are not helped until they are reached -- until they reach the courts and they are jailed.

As a nurse, we take care of people that can't breathe, have chest pain, perhaps a broken bone or two.

In America, we jail our mentally ill. That's where I'm afraid my son is going to end up.

Helping the severely mentally ill does not make the news. Only when they kill someone, then it does.

And if you guys can do anything, trauma counseling would be good on Medicaid.

ASSEMBLYWOMAN RUSSELL: Yeah, I get it.

KARIN E. RICHES: Because this -- we, us three -- my son Jason was so terrified to die, to leave me and Jacob non-protected from his father.

We, all three, have PTSD.

I've gone through counseling for, like,

seven years, and on meds. And I've learned how to deal with a lot of it.

I have to, as you see, I've work in an ICU for the past 17 years, because I was determined not to have that slow me down.

But, my son has multiple issues. He can't handle it.

And I think it's not the schizophrenia, but I think it's the trauma that's going to put him into jail. And I have no hope for the system.

I'm sorry. I know you guys work for the system --

ASSEMBLYWOMAN RUSSELL: No, we don't.

KARIN E. RICHES: But I don't have hope.

ASSEMBLYWOMAN RUSSELL: We work for you, not the system.

RICHARD HALPIN: I'm going to let the next gentleman testify.

KARIN E. RICHES: Okay.

ASSEMBLYWOMAN GUNTHER: And then if anybody wants to have any questions of you.

I'm sorry.

RICHARD HALPIN: What they said, because the stories are very common.

My name is Richard Halpin. I am from

Watertown. I'm a retiree from Jefferson Community College, and from the Cornell Cooperative Extension system.

One of the reasons I retired, is so that I could spend the time that my daughter needed; needed some full-time attention and support. And how privileged, it was a circumstance that I could do that.

I speak to you today primarily as a father.

I know the agenda mentions that I'm a member of the Community Services Board in Jefferson County.

I am, as I --

Thank you.

-- as a representative of -- what am I trying to say? -- one of those people that are in the system.

But, I'm on the Community Services Board because I am the father of a beautiful, smart, precious daughter who is mentally ill; severely and persistently mentally ill.

She is Bipolar I, with schizo-effective disorder, and it's an incredible challenge to try to manage that.

My comments are mine, not the Community Service Board's.

I know you know this, but we have to say it again: Mental illness hurts. Profoundly, profoundly hurts.

Take the worst dental pain you can imagine, magnify it by any number you want.

Mental illness turns the world gray. It turns the world dull. It turns the world cold.

Mental illness takes away from people, the capacity to feel happiness, joy, or hope, any sense of accomplishment.

Mental illness takes away from people, vision, and aspirations.

Mental illness takes away from people the ability to even manage their lives.

And so, somebody, often a parent, takes that role as best they can.

Mental illness often kills.

"Mental illness often kills."

Mental illness stole my daughter's adolescence, and it fractured our family, but I've also learned this: With good treatment; with courageous, insightful, wise treatment providers, and a reliable system of care, the worst aspects of mental illness can be mitigated.

New York State is currently planning to

consolidate, and the numbers I saw, include further reducing the number of beds available.

This is unimaginable to me, to do this.

It's often nearly impossible to get into a hospital now.

My daughter, when she was 15, spent a week in Samaritan Medical Center, in a general room, with this nice lady crocheting something, watching her.

She was a watcher.

That's what they call it, "watchers."

And somebody had to watch her 24/7.

And it took her a week to find a youth placement. And when they found that, it wasn't here, but, in fact it was in Saratoga Springs.

They said, "You want to go away?"

We said, "You bet we do. We're out of here."

And off we went in the ambulance, after a week sitting in Samaritan, knitting sweaters.

There's a supply-demand problem right now with psychiatric beds, and there's little to suggest that this Center of Excellence proposal can do anything other than exacerbate that.

How can this Center for Excellence be other than a disaster for the people, for the communities, for individuals involved?

I'm going use a phrase that my daughter used, and I'll pass it along you to.

She said, "Dad, this is a crazy plan," intended.

It is.

It is.

For severely and persistently mentally-ill people, careful medication management is crucial, talk therapy is necessary, group therapy is essential, some kind of social-support network is imperative.

And even with all of that, and as we've heard often, that's not there.

At the foundation of the core of that, a hospitalization is sometimes absolutely necessary.

Over the past 7 years, my daughter has been hospitalized 13 times, for periods ranging from 4 days to well over a month. Many of these hospitalizations were in a facility over 200 miles from our home, although some were here in the local region.

Now, fortunately, we had the means, and the ability, to get her to the hospital, or, when she went by ambulance, we were able to visit her regularly.

That is not universally the case with everybody, certainly, across northern New York.

We were fortunate, and I'm thankful for that, but I recognize that that isn't universally the case.

During hospitalization, you need to understand, from my perspective, the patient is safe. The patient, she doesn't feel confined, she feels safe.

She has the space to gather herself, to reboot emotionally and psychologically.

Intensive treatment can occur in a 24/7 environment that's just not possible in a community setting.

She is surrounded by other patients who understand, because they have the same issues.

So instead of being on the outside of society kind of looking in, and feeling awkward, she is, for once, in. She has this community of peers momentarily.

The value of that cannot be underestimated.

She does not have to be embarrassed or ashamed about her illness. And, ideally, she's also surrounded by a rich array of specialists who bring experience and wisdom to her treatment.

Now, I say she's been in a hospital 13 times.

You say, isn't that a hospital failure?

And the answer is, absolutely not.

And your metaphor of the chiropractic visit is right on the money. That's exactly what folks need.

They can get a little better. And, sometimes, stuff slips. And without the opportunity for hospitalization, that can't be corrected. With it, it can.

Hospitalization is critical to an effective mental-health system.

I'm happy to tell you, and almost embarrassed for my friends here, that my daughter appears to be recovering after these seven years.

Not getting over it, not like you get over cold or you get over measles, or whatever, but I think she's finding a way to manage, and she's reembracing her life.

She takes, every morning, seven psychiatric meds, heavy meds. She sees a psychiatrist weekly.

Who has that advantage?

And she sees a therapist weekly as well.

And without all of those pieces, it all -- it's too fragile.

But, it's working.

She's on Social Security Disability, and she's in school, believe it or not.

And with the help of VESID, which has been invaluable to her, and I need you to know that, I think in another year, she may actually be in a position where she is employable, and employed.

To even imagine this, four years ago, three years ago, two years ago, would have been beyond the pale.

So friends of mine, it can happen.

"It can happen."

Two things about the discussion of this initiative I want to strongly address:

One is, while I understand and I empathize with folks, I believe, we believe, that this issue has been framed as a jobs issue, to excess.

Please, the point here is not about economic development. The focus here is not about jobs.

Those are ancillary benefits, I suppose, but the goal of a mental-health hospital, the psychiatric hospital, is to assist people to get well.

And I ask you, please, to focus on that first, not second, and not third.

Kelsey -- oops -- my daughter said this, she said, quote, "The workers in the hospitals are dependent on their jobs for their incomes, but the patients in the hospitals are dependent on the hospitals for their lives."

This is not an exaggeration, so let us have the right discussion about this initiative.

Let's talk about the impact on the lives of mentally-ill people, and let's quiet the noise some, about some of the peripheral issues, please.

The second, and I just need to say this, and I'm sorry, I am personally offended by the hyperbole of Centers for Excellence.

How in the world can a proposal that (a) expands the distances; and, therefore, the barriers, and (b) reduces the number of beds, be in any lifetime, something that resembles excellence?

It's right out of -- it's right out of -- it's Orwellian, isn't it?

The mislabeling of things, that idea that -- double-speak, isn't it?

It's double-speak.

If you call a thing a different thing, and you say it often enough, soon enough, people will come to believe it.

I can't find a thing, in what I know about this, that suggests that we're going to have a more excellent system by the time we finish.

I think we'll have a less costly system, and I understand the need for that.

And with that in mind, I'm in favor of containing costs of government, but I'm also in favor of ensuring that the pain of that is spread around evenly. I want you to feel it and me to feel it, and everybody to feel it.

And I want avoid temptation to burden those who can least squawk about it.

The mentally ill don't have a good strong lobby, if you will.

Please strive to maintain current levels of access to hospitalization for mentally ill. The option of hospitalization is at the foundation of successful treatment for severely and persistently mentally-ill people.

The existence of a safety net of accessible residential psychiatric hospitals is essential.

Treatment can work, people can get better, but it won't happen by just -- by just wishing it to be.

Thank you so much for being here, thank you

so much for your tenacity, thank you for listening, and your presence speaks volumes, but, please help us.

ASSEMBLYWOMAN GUNTHER: That's why we're here, Richard.

And I --

[Applause.]

ASSEMBLYWOMAN GUNTHER: And I -- you know, you're right, the most important thing is the care, and the accessibility to care.

And we didn't mean to take anything away.

As my teacher friend --

I forgot your first name back --

VIRGINIA E. DAVEY: Ginny.

ASSEMBLYWOMAN GUNTHER: -- Ginny back there, I mean, her tears were for the children that won't get what they need.

So I didn't want to -- and, you know, you're right, that's primary here.

RICHARD HALPIN: But you're right.

I've heard people talk today whose first interests may be job-related, but who clearly have a sense of need of the welfare of the folks as well.

So I don't mean to disparage anybody, but, the focus is on the patients.

ASSEMBLYWOMAN GUNTHER: You're right, Richard.

SENATOR LITTLE: You know, one of you asked the question, What would you do if it was your child?

And I just want to say, I would do exactly what you're doing.

And I want to thank you for being here, for sharing your story; having the time and the courage to come, and talk about how this -- these psychiatric hospitals have helped your children.

And you're what's making a difference.

So, thank you very much for being here.

ASSEMBLYWOMAN GUNTHER: And, Karin?

KARIN E. RICHES: Yes?

ASSEMBLYWOMAN GUNTHER: You know, I just -- there's experts in the audience here, and they might be able to direct you, to see if you could get the help that you need.

Obviously, you need an advocate, because you're not getting the services you need for your son.

And there's got to be somebody in the audience that knows a lot more than I do.

And if not, you know, you know my name, and

if you call our office, we'll help you.

KARIN E. RICHES: Okay.

ASSEMBLYWOMAN GUNTHER: You know, we're pretty good at that.

KARIN E. RICHES: You know, I just want to say one last thing, real quick, on beds.

That doctor told me, he said, "We have to worry who has a home to go to, and who don't. He has a home to go to, so that's why I'm discharging him."

But it wasn't based on psychiatric need.

ASSEMBLYWOMAN GUNTHER: Well, I'm sure there's somebody in the audience that's an expert, that might be able to help you, because I just think you need a little help to get where you need to go.

KARIN E. RICHES: I want to thank you for your time.

ASSEMBLYWOMAN GUNTHER: Thank you, guys.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Okay, now we have Panel 15: John Burke, Frank Spotswood, and Douglas Jones.

Are we here?

ASSEMBLYWOMAN RUSSELL: Welcome, gentlemen.

Look likes we're missing one, but we will go

ahead, and, whoever would like to start, please do.

JOHN BURKE: I'm John Burke. I retired from Binghamton as the director of inpatient psychiatric services. Most of my career was spent with St. Lawrence Psychiatric Center. I started in 1968 as a therapy aide, and had the pleasure of working under some --

UNNKOWN MALE SPEAKER: Can't hear you. You have to speak up.

JOHN BURKE: Oh, I'm sorry.

I had the pleasure of working under some wonderful directors who truly advocated for quality of care.

This is -- this is very upsetting to me.

When I -- even though I'm retired, my heart has always been near and dear to the people that need our help.

And, I guess, I -- I have a little thing to read.

OMH has attempted to market this plan as a strategy for improving care that appears to be based on the premise that if you close hospital beds and reallocate resources to urban hospitals out of the area, with the promise of expanding community care, you will need fewer hospital beds for the most

seriously ill.

Thank goodness this line of reasoning hasn't been embraced by general hospitals, with the promise that if you close hospital beds and reinvest some of the savings, that -- in the community care, that this will be good for the seriously ill and their families.

And there was a mention here today, that -- and, certainly, by the Office of Mental Health, about the cost of hospitalization, that I believe they used the statistic that -- that 20 percent of the OMH funds goes to 1 percent when they're hospitalized.

But, that by no means is out of the norm.

I mean, general hospitals, usually it's, 33, 34 percent of the total health-care expenditures goes to a stay in the general hospital.

So, the -- and somebody mentioned thirteen to fourteen hundred dollars a day for inpatient care in a psychiatric hospital.

That truly pales in comparison with a stay in the general hospital. I mean, it's a small amount.

Well, anyways, in the decades since the Community Mental Health Center Act of 1963, psychiatric hospitals have significantly decreased

capacity as more people were being treated in the community.

Today, SLPC's hospital capacity is a small fraction of what it was 50 years ago. The facility -- the facility's capacity for adults is 70, and for children it is 28.

Currently, because of this reduced capacity, a large number of patients needing hospital care are being sent throughout the state every year.

Not only is the present hospital capacity inadequate, OMH's plan will eliminate this capacity altogether for northern New York.

Access to psychiatric care is of paramount importance to the citizens of northern New York. All six county areas are officially designated as "mental-health-professional shortage areas," and most have had that designation for years, yet OMH plans to remove access to hospital care and give our resources away.

They are -- you know, the strange part about this whole plan, is that they demonize large hospitals, large psychiatric centers, and say that it's from centuries past; that the theory of providing treatment is age-old.

That is not the case with St. Lawrence

Psychiatric Center.

St. Lawrence Psychiatric Center has -- is small. It's a relatively small hospital.

And their plan is to create larger hospitals.

You know -- I mean, figure that out if you can.

It's -- yet -- you know, they criticize the size of the psychiatric centers, but yet their plan is to go -- from Hutchings, it's to go to 185 adults; and for Utica, it's to go to 90 children.

And they're giving one of our adult wards to CDPC in Albany, supposedly, with a theory that people from Plattsburgh, and that area, might choose to access care in the Albany area.

The logic behind all of their argument seems to fall apart, even by using their own words.

On their website, they did a needs assessment, and you can see it there. It's dated 2011.

OMH did a needs assessment -- unmet needs assessment, I should say.

And they talked about the rural population, how they are disproportionately disadvantaged because of barriers, such as lack of transportation,

lack of insurance, lack to -- lack of specialized services.

Now, this is in their own report; yet, what does their plan do? It further disadvantages the rural populations.

Also in that report, and I would respectfully ask that maybe you look into this, if you would, they talk about state and federal laws that guarantee equal access to care for all --

[Technical difficulties.]

JOHN BURKE: -- New Yorkers.

Now, if there are state and federal laws that guarantee equal access to all New Yorkers, how do they reconcile that with the plan that they have proposed?

It doesn't guarantee equal access. You know, it creates barriers to access.

And how can they say one thing out of one side of their mouth, and then something completely different out of the other side?

And, if you were to present a business plan the way they presented this plan, and you were to tell somebody, that, We're going save $20 million in the first three years, and we're going to expand community services, we're going to shut down

15 percent --

I believe that's the figure they gave you. They said they're going to utilize 85 percent of the current capacity.

-- and they're going to shut down 15 percent of the inpatient beds, but, yet, this is going be wonderful. It's going to be so good, that we're going to call it "Centers of Excellence," I mean, you know, I just can't imagine.

If I were asked to do a plan, and I came up with a plan like that and presented it to OMH, you know, I don't know what they would say. I think they would probably laugh me out of the room.

Yet, here is this agency, responsible for the mental-health care for the entire state, proposing this plan, which has no substance.

You know, Where is the treatment? Where is the rehabilitation? Where are all of the components that go along with a good plan?

Where are they?

They've been absent during this whole discussion, other than the promise that, Look, we'll put together these committees, and we'll give them a little window of opportunity to come up with ideas; yet -- yet, look at who's chairing those committees.

You know, they maintain tight control of this, but, they're trying to sell us on the fact that this committee is going to put together such a wonderful plan that other states will look to us as leaders in mental health.

You know, it's just -- it's deceptive, at its very best.

It's deceptive, and I hope you call them on it, because it's wrong.

It's wrong what they've done for the most disadvantaged population that we have in our state, and it shouldn't be allowed. It's unfair.

And, well -- go ahead, Frank, take over.

I get a little emotional, because I have to tell you, I'm angry, I'm really angry, with the Office of Mental Health.

I can't believe they would have put forth such an ignorant plan and expect people to embrace it.

And the only people I see embracing this, are the people who are looking forward to whatever scraps of money are left over from the closure of hospital beds, who are looking to see if their agency can't get some of that money.

Those are the only people that I see somewhat

excited about this.

You know, people who know about mental health realize that psychiatric-center care, hospital care, is the heart of the mental-health system.

It's the heart of it. You have to have a place to treat the most critically, seriously, persistently mentally ill.

ASSEMBLYWOMAN GUNTHER: Okay, Frank.

FRANK SPOTSWOOD: Thank you for coming to see us.

ASSEMBLYWOMAN GUNTHER: You're welcome.

FRANK SPOTSWOOD: My name is Frank Spotswood.

I'm a former staff member of SLPC, and I was working there during our previous downsizing escapade in the late '80s, instituted by previous-Governor Cuomo, Sr.

I once again have been questioning the rationale of our closure since it hint print a few months ago.

I feel I'm qualified to talk you to about this because, from the inside out, I previously served in the capacity at SLPC as an RN nurse administrator.

Now, that's a fancy name for a ground supervisor on the midnight shift for the children

and adult inpatients.

I just retired one month ago after 33 years of service.

My function as an RN ground supervisor was the representative and liaison during the early morning hours to the director of the facility, the chief of service, the director of nursing, the treatment teams. I was responsible for all movement that are patient- and staff-related on the midnight shift.

My role, also, was to handle all admissions initiated by other hospitals whose patients were in their ER, getting medically cleared, and with a pressing need to be seen by us in our psychiatric setting.

These patients were brought into their ER by law enforcement, or by other hospital ambulances, or family members that had a love one who was in dire threat to themselves or others.

And in the admission process, be it mental or medical, family support and involvement is extremely important for the care of their child or adult family member, as their unpredictable behavior needs immediate attention.

The adult patient or child has exactly the

same needs for timeline treatment, due to their unpredictability and impaired behavior.

In questioning the rationale for Albany wanting to close the children and adult services of SLPC, I can't unravel the logic. I really can't see justification.

And I keep seeing and hearing the catch phrase of these new academic buzz words, as the state's goal is to want to create centers of excellence in 15 other regional centers, but not SLPC.

But what does that actually mean?

What constitutes the merit of arrogance for other facilities to be called the new academic term "Centers of Excellence" now, when they were never considered to be before.

SLPC has proven themselves for over a century. They have earned that title of "excellence," the state credentials and accreditations that were awarded by you: Albany.

The demonstration of an actual admission process and legal protocol set by the State are elaborate, concise, and cause insurmountable duress to the patient and the family.

The role of the patient and family during a

child or adult admission needs complete support by a conscientious treatment team of professionals made up of psychiatrists, psychologists, psychiatric nurses, ward staff, social workers, and rehab specialists.

The burden of the financial obligations alone, and emotional distresses for a child or adult and their family, only to be sent 100 miles away, many times in the middle of the night, to a strange city where they probably have never been, especially when they are in dire circumstances of mental trauma, is unwarranted.

It's unwarranted, it's unnecessary, it's unethical, to put these obstacles and mazes for someone seeking treatment for themselves and their loved one who are now in a frenzied emotional crisis.

How [unintelligible] Albany star chamber can make decisions of such magnitude with the flick of a pen, without any consciousness whatsoever and feeling, our SLPC closure is indicated, and faraway [unintelligible] transports are beneficial for all involved, is beyond comprehension.

And I keep asking myself in a ruminating fashion, though, that if one of your panel had

family -- son, daughter, mother, or father -- that came across a psychiatric problematic episode which needed immediate constructive attention, wouldn't they want to expediate [sic] efficient treatment, and within a close proximity so they could be with them?

You know, excessive distance, many times, I've seen, especially with dysfunctional families, and, is in, actuality, out of sight, out of mind.

As cold as that may sound, it's true, especially with today's family dynamics. It's not "Beaver Cleaver" no more.

Our local schools, private, and state colleges, some ivy, have students that, many times, warrant psychiatric attention due to an overwhelming stressor, showing questionable signs of danger to self or others on their campuses.

Many times these students are brought into our facility, professionally screened, only to find that admission isn't indicated. That student immediately goes back, but, get outpatient treatment with us first, expertly trained for follow-up.

In turn, these students, since they don't need admission, don't jeopardize their educational attendance, they can go forward without gaining an

elaborate stigma on campus, which, unfortunately, as you know, would occur if their school involvement is curtailed.

Has a consideration of transportation fees for a private ambulette or ambulance services been considered during this financial tallying?

This would prove to be astronomical for the taxpayer to have to pay transportation fees to distant facilities, considering many admissions may be two a day or more. This would mean that each separate trip, with each fully staffed at each admission.

What is not general knowledge is that -- unless you're hospital-oriented, is that patients' admissions cannot ride together at any time, due to insurance and legal purposes.

I read in last Tuesday's paper, in quote, "That the cost of transportation would be another unfunded mandate, with the cost having to be picked up by the taxpayer."

It was documented as saying, in quote, "That if patients needed to be transported to Syracuse or Utica, your cost, upwards of $400."

Well, I'm not a numbers person, but I would have to make a biggest bet that that transportation

fee alone, with trained staff would have to accompany them, would be quadruple that, and equivalent to taking a cab to Boston, and back, then to New York.

The other factors to be taken into consideration, if there was closure, would be:

Obvious employee-family stress, where wages considered middle-age -- -class would be lost;

Crime rate would spike due to our patients now avoiding needed treatment, because they no longer want to go anywhere else, and we're not there;

Domestic violence and drug involvement would be considerably more noticeable to all of our law enforcements;

And, your box stores, they'd bail, due to lack of constructive sales.

And it all should be noted that, Fort Drum, only an hour away, we were always there for them to assist in their traumatic events, along with their family issues.

I'd like to thank you for giving me the opportunity to express my concerns, and the liberty to say them.

But, again, while we're on the subject, if

you happen to need a center of excellence, we got one two miles down the road.

[Applause.]

ASSEMBLYWOMAN RUSSELL: Well, just, John, could I ask you a question?

You've been on the inside at the director level; correct?

What did you do in Binghamton? Can you remind us?

JOHN BURKE: Initially, director of outpatient. Then I went as director of inpatient services.

ASSEMBLYWOMAN RUSSELL: Okay.

And, you're familiar with the different types of scoring --

JOHN BURKE: Yes.

ASSEMBLYWOMAN RUSSELL: -- and I guess, scores, or indicators?

Could you tell us what the history has been with this psychiatric center here, versus others in the state?

JOHN BURKE: Yes.

St. Lawrence Psychiatric Center, Binghamton as well, Elmira, three of the facilities slated for closure, consistently scored in the top four or

five hospitals.

ASSEMBLYWOMAN GUNTHER: In the state of New York?

JOHN BURKE: In the state of New York.

On the management, there's two -- you should probably ask for them from OMH, but, there's a Management Indicator's Report. There's an ORYX Report; O-R-Y-X.

And, there is also, you should look at the overtime reports as well, because, St. Lawrence has been consistently number one in the least amount of overtime for the state.

You know, St. Lawrence, and it's been mentioned here before, they have career employees. There's a relatively low turnover of staff. These are people that are truly dedicated to the care and treatment of the mentally ill.

And, you know, if you look at -- you know, if you look at the indicator report, you will see that these facilities score in the top three, four, and five positions.

St. Lawrence, historically, has been number one outpatient productivity. St. Lawrence has been number one quite frequently over the years.

So, that's information that -- again, to talk

about the business model, if you were going to select a facility that should be called a "Center of Excellence," shouldn't you look at the performance, the past performance, of the hospital; all the indicators that Office of Mental Health routinely evaluates, shouldn't you look at that; and make that information public?

You know, they talk about the need for transparency.

Where is the transparency?

What went into their decision-making, other than seeing a little statement about -- from Kristin Woodlock, about, this was the most difficult decision she's had to make?

Well, you know, that doesn't tell us anything that went into the decision-making.

You know, it should be, and you mentioned this earlier, Assemblywoman Gunther, that you like the flow sheets; you like to see the data.

You know, that hard data that went into this decision-making should be available for all of us to see and examine, in a truly transparent system.

And if that were the case, they'd have -- they would be hard-pressed to set -- to explain to us why St. Lawrence was one of the facilities slated

for closure.

Because, it's one of the most cost-efficient, highest-performing facilities in the state.

It just defies logic.

ASSEMBLYWOMAN GUNTHER: Well, you had inspect- -- when you were a director of patient services, you certainly had inspections in your hospital.

JOHN BURKE: We did.

ASSEMBLYWOMAN GUNTHER: I mean, you know, you had accreditations, whether it's the Joint Commission, whoever it might be.

JOHN BURKE: Right.

ASSEMBLYWOMAN GUNTHER: So, I mean, those are some of the things that we are definitely going to look at and see, you know, we -- because there is -- we've been looking, and we have seen, like, the -- either, readmissions, this, that, and all that information is important information.

Thank you very, very much.

[Applause.]

ASSEMBLYWOMAN GUNTHER: You're not related to John Burke at Goshen?

JOHN BURKE: In where?

ASSEMBLYWOMAN GUNTHER: I went to John Burke

Catholic High School in Goshen.

I thought maybe you were a distant relative.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: Okay, the next folks are -- oh, just, is Connie here?

There was Connie and David, but David isn't here.

SENATOR RITCHIE: No, Dave's here. He's sitting in the back.

ASSEMBLYWOMAN GUNTHER: Oh, hi, Dave.

CONNIE SHANNON HARREL: He's not going to speak.

ASSEMBLYWOMAN GUNTHER: You know, in terms of time, if you'd get your paper, if you just want to give the testimony in, you know, we want to listen to you, feel free.

CONNIE SHANNON HARREL: Well, first, I want to say thank you very much for giving us this opportunity to share our perspective.

Today, I want to share the peer perspective.

And, I want to start by telling that you I spoke at the listening tour, and I walked away disheartened, because, no offense to anybody, but the focus of that day was jobs.

I'm a big-picture girl, I understand the

importance of jobs, but I'm an advocate. And I was disheartened at the listening tour.

But I have been refilled today, because, today, the point has been quality of care, service to the individual.

And I was terrified that that was getting lost.

And today has given me back my hope, and I thank you, and I thank everybody that has come here today, because today was about my peers, and the quality of their lives.

My name is Connie Shannon Harrel. I am the contract coordinator for Step By Step, Incorporated, of Ogdensburg.

Step By Step is a peer-run, not-for-profit agency that provides a wide variety of services to individuals 18 years of age and older, living in St. Lawrence County, and recovering and living with issues related to their mental health.

As a contract coordinator --

I'm kind of not staying with this, but I'm, kind of.

As contract coordinator, I am directly responsible for the delivery of peer services within Trinity, and at the three wellness centers in

Ogdensburg, Massena, and Gouverneur.

I have a firsthand picture of the quality of services delivered by SLPC.

I am a fourth-generation Ogdensburg native, and I am a third-generation mental-health service provider.

As a child, I can remember the patients walking down the street to go to Phillip's Diner.

As a child, I can remember the gentleman who spent so much time next door visiting the family that I thought he was their grandfather, only to find out that he was a gentleman who worked on the farms and lived at the St. Lawrence Psychiatric Center, and came home regularly with the lady who worked in rehab.

This city is a psych-center city.

We have 100 years of caring for people at St. Lawrence Psychiatric Center.

When we talk about the importance of community supports, and I strongly advocate for the development of specific community services, we do not have enough housing. We do not have enough supportive housing, transportation, access to services.

You can give me a list of 40 services, and

I'm telling you we don't have enough of it.

But what we've got is a committed community:

People who spend their whole lives working at St. Lawrence Psychiatric Center, who go there with the intention of staying there to retirement;

People who connect with the recipient of service, who know them. Like Terri Langenmayer said about Mike Spellman, "We know Mike's baseline."

It terrifies me to think of people I've known and provided services to for 20 years, to end up, they're lucky, in Syracuse.

'Cause what people forget to tell you is, if you're in Claxton-Hepburn's ER, and you need admission, and SLPC is closed, and there's no beds in Syracuse, they're going to look at Buffalo.

And if there's no beds in Buffalo, they're going to look further south.

It happens all the time.

I worked 12 years at the acute-care unit in Claxton-Hepburn. I can't tell you how many times I've seen people sit for days on end, looking for a bed.

Closing this hospital is only going to make that worse.

If you want to keep people connected to their

natural community supports, and to their family that we all know is integral to their recovery, St. Lawrence Psychiatric Center and the people who work there are their family.

This community is their family. They're not strangers.

You know, there are police officers here who make sure, that when they pick somebody up for a psych eval, that if that person is a smoker, that they get a smoke before they go into the ER. Or that get a sandwich.

The levels of care are -- you can't begin to comprehend the levels of care that are provided by this community.

Our agency has grown in 16 years primarily because of our relationship with the psychiatric center.

Our contracted services with them has opened doors for us, for our agency, for the people that we serve. It has given us credibility with other community providers.

It -- St. Lawrence Psychiatric Center opened doors to peer services 14 years ago.

When other psychiatric centers in this state didn't know what a "peer service" was, we were it.

Well, then it was Bridgeview, I think, because it was before I worked for them.

We were providing peer services before OMH really started selling that dog, okay?

[Laughter.]

CONNIE SHANNON HARREL: And St. Lawrence Psychiatric Center has the resources. It has the trained staff, the committed staff, the community commitment, to be the center of excellence that the Office of Mental Health theoretically wants.

We have the connections to the economic development, to the colleges.

I don't get it.

We are the living definition of a "Regional Center of Excellence," but, clearly, we, don't generate enough money or enough votes.

But the North Country clearly has a voice, we've demonstrated that.

I hope that my community partners are far from ready to give up on this.

I am fearful of the future that lays ahead for my peers.

And I urge you to demand that the Office of Mental Health and that Governor Cuomo not abandon the North Country, not abandon the people here who

are good people. Good, hard-working, honest, tax-paying people.

You know, we're the core of what this country is about.

And, I know it's about dollars and cents, I know it's about a statewide economy, but if you allow them to abandon us, it's going to cost more in the long run.

ASSEMBLYWOMAN GUNTHER: Connie, that's why we're here today, to hear these testimonies.

CONNIE SHANNON HARREL: Yeah.

ASSEMBLYWOMAN GUNTHER: So, obviously, you have some very committed --

CONNIE SHANNON HARREL: Yep.

ASSEMBLYWOMAN GUNTHER: -- and interested --

CONNIE SHANNON HARREL: You are very committed, or you wouldn't be here and haven't been here -- set here all day.

But I know these people by their first names.

ASSEMBLYWOMAN GUNTHER: I understand that.

CONNIE SHANNON HARREL: You know, and they're terrified of the thought of this hospital closing.

They ask me, "What are we going to do?"

And I try to give them tools. You know, this is what we have to do to try to stay out of the

hospital.

But inpatient care is always going to be necessary for a small portion of my peers.

Sending them to Utica, to Syracuse, to God knows where, is not going to help them, and it's not going to help our community. It's not going to help this state.

So, again, I urge you to have faith, and to encourage the Office of Mental Health to have faith, that the people here have the ability to provide quality services to make a difference in the lives of human beings.

ASSEMBLYWOMAN GUNTHER: Thank you very much.

CONNIE SHANNON HARREL: Yeah, thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Do you have any questions?

Thank you.

CONNIE SHANNON HARREL: You're welcome.

ASSEMBLYWOMAN GUNTHER: Thank you for your patience.

The sheriff.

KEVIN WELLS: Did you hear Mr. Kelly's comment back there?

ASSEMBLYWOMAN GUNTHER: What did he say?

KEVIN WELLS: He said this is probably the first full day the sheriff's had.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: You're not Mr. Kelly -- oh, Mr. Kelly.

ASSEMBLYWOMAN RUSSELL: Because he doesn't include nighttime that you're working.

KEVIN WELLS: No, no, it doesn't include that.

First of all, I'd like to thank all of you for coming to Ogdensburg, and for listening to this.

I'm almost glad I went near the end, simply because I got to hear it, and share it here with everybody else here, I think.

So, I am going to do my darndest to not be repetitive of some of the things that have been touched on.

I'll send you something more detailed after this, especially based on what you asked for questions, possibly, so...

I sit here before you with 30 years of law enforcement experience. I have done deputy sheriff work, police officer work, been a supervisor, I've been administrator, and I'm a lifelong resident of this county.

And, throughout those years, I have had many, many, many contacts with the St. Lawrence Psychiatric Center. We used to refer to it as the "state hospital." And, all of those which have been positive.

And I have seen, you know, people in real dire need, by working in law enforcement, and have to, you know, transport them there, or transport them to Hepburn. That I know, from Claxton-Hepburn, they've made it over to the psychiatric center.

And -- but my part of this whole thing is law enforcement.

So I'm sitting here, not only representing myself, but also representing the other sheriffs that are in the region, because as we talk about this, this isn't just an Ogdensburg issue; this is a regional issue.

This is a North Country regional issue that stretches all the way to Plattsburgh, and across the Adirondacks.

And so, I know when I speak, that I'm also speaking with the voice of my other sheriffs.

One of the responsibilities we have as sheriff is to run a county correctional facility.

And I know this was touched on earlier, but

as part of those responsibilities of running a correctional facility, we have to wear multiple hats as sheriff, and one of those hats we wear within the correctional facility is, we run our own mental-health units.

And, you know, we might not be providing the clinical services ourselves, there's other staff that do it, but, we're there, that's what we do.

Because, one of the dirty secrets that people -- nobody wants to talk about is, as the closure of facilities went down over the years, and as where maybe there wasn't enough of a community-based plan, that a lot of these people in our communities that are dealing with mental illness have ended up in our county correctional facilities, and they've ended up in state prisons. And this is across the whole nation.

This isn't just a New York problem; this is across the whole nation.

We talk about it as sheriffs, every time we get together.

We talk -- we have data that's sent to us all the time.

There are surveys being done continually among the sheriffs of New York, that are -- they're

asking about, How are you dealing with this, and how are you dealing with that?

I have a correctional facility that, with all the variances that come into the facility, we have a bed capacity of 186.

As of this morning, when I came in here, we had a population inside the facility of 172.

And out of that 172, 50 -- when I came this morning, there was 55 people with inside that facility that are being treat for some type of mental illness in various levels.

Now, you know, that may be from the very, very bottom, in somebody that's just having issues in regards to the fact that this is their first arrest;

Or, a family member -- which is an example that's prevalent to us in the last day or two, a family member just died outside the facility, so it's an immediate thing, you know, where they're in crisis.

But at the same time, it's all the way up to those people that were sitting on one-and-one watches; spending overtime, and sitting there, one-on-one watches, and watching somebody that's a complete suicide risk.

And then we have a forensic team that works with Angela Doe, that you met earlier in the day, the director of community services for the county.

You know, we have people from her staff that come in and work in a forensic capacity, as doing psychological work with our inmates.

And then at the same time, we have a nurse practitioner that also works with the psychiatric center, works with county mental health, that's cross-trained in that way.

But the other thing that comes with it, and, you know, you heard the legislators and you heard the county administrator wanted to talk about budget issues, well, comes the fact that, you know, one of the things we spend within a county correctional facility is for medications, and the majority of those are the psychotropic medications that, out of, probably, the hundred and twenty-five to a hundred and forty thousand dollars a year we spend in meds, probably 60 percent of those go to some type of psychiatric meds, that help us manage the facility, and provide the help that these people need that came into our facility.

These people come to us based -- you know, based on crimes that they committed in a community,

but what were those crimes?

That's what you have to look back, and what's the basis for those crimes?

A lot of it is because their mental illness is being masked by the substance abuse of illegal drugs or prescription meds, is what the majority of it is that comes forward.

And, so, you know, people are coming to us in many ways, but there's an underlying reason that everybody does everything.

And if you went into our facility and looked at why everybody was there, most of it goes back somewheres to the level of some type of abuse of a medication or a drug.

You know, in this county, lately, instead of prescription meds, it's starting to turn more towards heroin and crack cocaine.

But, you know, it's being -- it's masking some other behaviors, masking some other problem, whether, you know, something happened in their childhood, to -- you know, to a mental illness.

We as police officers deal with mentally ill on domestic incidents, because things happen within families, that nobody's getting treatment for, nobody's talking about.

But when we go there, and we to go a domestic incident, it's the child that's in the middle of the domestic incident, it's one of the parents that's got a mental illness.

We're doing mental-health pick-up orders as law enforcement across our communities, and those come from the director of community services, they might come directly out of the psychiatric center, they may come from an emergency room doctor.

Those are people that all have the power to sign those, uhm --

ASSEMBLYWOMAN GUNTHER: Orders.

KEVIN WELLS: -- orders to -- yeah -- to mental-health pick-up orders, to -- for law enforcement to act to make that civilian arrest.

We deal with the director of community service.

We're on the phone with her, probably, at least three days a week, where, she's on the edge of signing a pick-up order; or, we as law enforcement have come -- have encountered somebody that we know of, or through an incident or complaint, where we need that director of community services to sign that order; or, we're just acting as police officers, because that person in front of us is a

threat to themselves or others, and they're demonstrating that in front of us, and we make that arrest then.

We, as a correctional facility, deal with the mentally ill. Sometimes we can't deal with them in the -- inside the jail, so we end up transporting them to Marcy Psychiatric Center.

And for those of you familiar with Marcy, or not, Marcy is a state-ran facility that has security provided by the county sheriff for that county.

So out of that, we -- you know, we'll send somebody there. That's not something that you ever plan in your budget. You just know that there's a possibility that, at some point, it's either going to be court-ordered, because of an evaluation, to see if somebody is able to stand trial; or, the person's going to be of such a high risk within a county directional facility that the sheriff or -- and the staff cannot deal with that person, so that person ends up down in the Marcy setting.

ASSEMBLYWOMAN GUNTHER: And then you pay for it?

KEVIN WELLS: And we pay for it. And then it could be gone.

The one that we've had for this year cost the

county in the neighborhood of $100,000 for about a six -- 6-, 6 1/2-month stay, and that's the two bills; that's the one paying the sheriff for the security of the facility, and the other one providing the State for providing the services of care that come with that.

And -- but that's the level, from that entry-level person who may just be in crisis, to an immediate crisis or a temporary crisis, to that person that ends up in a Marcy-type situation.

And -- but, again, this isn't unique to us; this isn't unique to St. Lawrence County. This is across the state, is how this works.

One of the biggest things that we don't talk about enough within this county, and something that you would have heard from earlier in the day, and you have his testimony from Chief Timmy Currier from the Massena Police Department, who was here earlier, is the amount -- the rising concern about the amount of suicides within the North Country region.

Some studies up there, some surveys, are showing that we could be three times the amount of other parts of the state, and other parts of the country, in the suicide rates and -- in this county and in this region.

Many of us turn -- you know, a lot of people out there turn their heads to this issue, but the rise in suicides is alarming.

These are our people; these are our brothers, our sisters, our friends, who very well have untreated mental illnesses. They're hiding behind other issues, such as substance abuse. They're committing crimes.

They're screaming for help, and not all of us are able to listen, because we're not hearing them.

We're being told that -- by the OMH and by the Governor's Office that it's all going to be about the services that are going to be provided in our communities.

Well, I'm hearing from this group that's been here all day, and prior to everything I was able to find, that, what's this plan?

You know, what's this plan for this community-based safety net that's going to be out there if these services aren't available right here in this region?

Because this hospital supports, and the psychiatric center supports, not just Ogdensburg, and not just St. Lawrence County, it supports a region.

And, I'm in the people-moving business.

I move people; as an agency, we move people for a living, and, as far as inmates.

And I've housed out, you know, 50 to, you know, 60 inmates at a time, back before we built a new correctional facility.

And so, you know, I know about moving them around, and I just can't figure out how they expect everybody to be trucking people all the way down to Utica and Syracuse, especially juveniles that are going to require somebody to be sitting right there.

Sometimes we've transported them to secure facilities, when it wasn't so much maybe a mental illness. It's just the fact that they just, you know, committed a violent crime, or whatever.

It's a full-time -- that's a dangerous job.

And now you're going to talk about driving through Tug Hill Plateau, and through the snowbelt, and everything else that goes into that.

We intentionally, when we were housing out inmates, quit using jails south of us, because it was easier for us to go north of us, and into the -- across the Adirondacks, most times, during the winter to house inmates.

I just don't know how that's going to happen.

And then when it comes down to ironic -- the most ironic thing I've heard all day, is they're talking about Skype. They're talking about the aspect of utilizing Skype for a parent to be able to visit with their child, or an adult to visit with their loved one, or whatever.

This is coming from a State of New York who will not allow an inmate to be not transported to a court and utilize the Skype system for the courts.

The way the law works, for anybody that doesn't know, is, New York State law says, yes, you can do video arraignments and video court process as long as the inmate agrees to do it.

And the inmate never agrees to do it, folks. They all want the road trip that comes with being out of the jail.

So, we have pushed as New York State sheriffs, we have pushed as other groups in state and county -- the county associations of counties; everybody has pushed, and we cannot get it through the legislative process to allow sheriffs' offices, district attorneys' offices, public defenders, and the courts to all save time and energy and finances by using a Skype or a videoconferencing system.

I am set up in a county correctional facility

to do it today.

Half the courts in my county are set up to do it today.

Everybody is ready to do it today; the technology's there, the technology's cheap.

But they want to do it for somebody that just -- that they use it as reason that somebody can go see their loved one that way, but they won't do it for a county inmate?

That's just ridiculous.

ASSEMBLYWOMAN GUNTHER: I agree with you.

KEVIN WELLS: That's just ridiculous.

It's the most insane thing I've heard all day.

So --

ASSEMBLYWOMAN GUNTHER: Can I -- I just want to go the origin of that telemedicine.

What that -- where that came from, was the mental-health community. And it was areas like -- one like I live in, or in areas, like up in Buffalo, and it really -- it really was about having a psychiatrist from a facility, sometimes it's very hard to recruit psychiatrists.

KEVIN WELLS: Uh-huh.

ASSEMBLYWOMAN GUNTHER: So what happened was,

we wanted to be able to have a primary interact with, you know, somebody that's a psychiatrist, and that's their specialty, to be able to help them with management of, you know, more difficult patients, like, because the primary physicians are taking care of so many of our psychiatric patients.

KEVIN WELLS: Sure.

ASSEMBLYWOMAN GUNTHER: So that's where the telemedicine came from.

KEVIN WELLS: Sure.

ASSEMBLYWOMAN GUNTHER: That we would accept the credentialing of the distant -- where the -- where it -- where the site of origin, and there would be distance.

So, we would accept their credentialing, so we didn't have to do it in a rural hospital.

So that's why. It was to provide better care.

KEVIN WELLS: Right.

ASSEMBLYWOMAN GUNTHER: And when we couldn't -- we couldn't -- you know, it's very difficult to get psychiatrists --

KEVIN WELLS: Right.

And county jails across the state and across the country use telemedicine for just that person,

for psych -- for -- to get that -- especially on a weekend, where somebody's on a one-on-one watch, and you just need somebody to say, do an evaluation of it, to see if they need continue them on that watch.

And, so, they'll do that that way.

But we're also using it to get to emergency room doctors, so jail medical staff can talk back and forth.

ASSEMBLYWOMAN GUNTHER: Right.

KEVIN WELLS: You're also using it -- we use it for the public defender and probation officers, to talk to their clients so they don't have to come to the jail.

Less movement we have in a jail is always better.

And -- but, yeah, we're set up to do it today.

But I just -- you know, it's the irony part of it, that they want to do it for family members to visit somebody in a, you know, remote psychiatric center from where they live, so...

I'd like to finish up just by saying, that the St. Lawrence Psychiatric Center has always been a beacon of light for this region, and for the people that it has treated.

I ask the State to reconsider, and put the resources towards an area that can support growth of a system, such as right here, and, a location that already has the space, already has the workforce, and already has proven their excellence.

I thank for taking the time to listen to this message.

I encourage you to take back the message that, this hospital, and all that it has done, and all that it will do, does matter.

It does matter to this whole region.

It matters to a community, it matters to its employees, and most of all, it matters to the patients that it serves.

And I just urge you, it would be a travesty not to have this facility here, for so many reasons.

I appreciate it.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Sheriff, how far away are you transporting inmates because your jail is overcrowded?

KEVIN WELLS: Right. Today we brought back, the only five inmates I have had housed out, and that was from Washington County.

ASSEMBLYWOMAN GUNTHER: Okay.

And you said, you know, you can't really go points south.

I'm assuming that would be --

KEVIN WELLS: We've tried. We've housed in Cayuga, we've housed in Montgomery, we've housed, you know, points south along the thruway from us, over the years.

We don't have that issue anymore. I mean, the few inmates that we house out now, we're at a point -- you know, I know Mr. Burns said something about it being a brand new facility, we're housing out.

Well, that's -- there's many reasons for that. It's, mostly, the criminal justice system is at a crawl.

But, you know, it's great facility. You know, the facility is doing everything we anticipated it to do. We just didn't build it, probably, quite big enough.

ASSEMBLYWOMAN RUSSELL: Because there's so many folks in there that are on medications, that are committing crimes, that --

KEVIN WELLS: Yeah, I mean, we do. You know, we were averaging 140 inmates for the first couple of years we were open, and now we're averaging

over -- anywheres from 168 to 175.

ASSEMBLYWOMAN RUSSELL: Okay.

And I guess, broadly speaking, you have to go so far to house inmates because the closer jails are all full as well?

KEVIN WELLS: Right. Jefferson County is full, Franklin County is full, Lewis County is full.

And then, when you look at some of the others, they're taking on federal inmates, and that's what's filling up their capacities.

ASSEMBLYWOMAN RUSSELL: Because, traditionally, a lot of federal inmates have been housed in Jefferson County, and they're so full.

KEVIN WELLS: And, you know, and for people that don't know a lot about county jails, and they're picturing them in their mind, comparing them to a prison: Unlike a prison, who knows exactly what they're getting for their inmate, they're already been, kind of, pigeonholed as to what that facility is going to have, a county jail has to take in both held and sentenced inmates: males, females; minors and adults.

And everybody -- you have to find room for everybody, and you have to classify them. And then you have to keep certain ones away from others.

And, it's a complicated process.

ASSEMBLYWOMAN GUNTHER: You have folks that you suspect are committing petty crimes because they have nowhere else to turn?

KEVIN WELLS: Uh-huh. Without a doubt.

Without a doubt.

Or there's people just looking for help.

And we have people, my jail psychologist will tell us that, as you're talking to her, she says she'll have people that come in, that have committed crimes, because they just figured they could get a chance to talk to her again.

ASSEMBLYWOMAN GUNTHER: Thank you so much.

KEVIN WELLS: Yep. Thank you.

Thanks for your time.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Okay, Iggy Gillette-Ferguson?

Okay.

And after this -- after Iggy testifies, I'm going to have Daniel Harradine and Laura Farr come up together. They're both community members. Okay?

I'll take the two of them together.

IGGY GILLETTE-FERGUSON: Senator Little, before you leave, I wanted to let you know that

"geographic discrimination" was identified by the State of Ohio Supreme Court, in a means of discriminating in school funding.

SENATOR LITTLE: Wow. Okay. Thank you.

And I apologize for leaving.

IGGY GILLETTE-FERGUSON: That's all right.

SENATOR LITTLE: The trip up was 198 miles.

I just looked, the trip home is 180.

So, I'm not sure I'm going to get there, really.

[Laughter.]

SENATOR LITTLE: I must have gone the wrong way someplace along the way.

But, thank you very, very much, and I will catch up with the remaining testimony.

I apologize for leaving.

IGGY GILLETTE-FERGUSON: That's all right.

I've actually put in a hundred miles today to get here.

ASSEMBLYWOMAN GUNTHER: And, again, if you want to summarize, that would be great.

IGGY GILLETTE-FERGUSON: I think I will.

ASSEMBLYWOMAN GUNTHER: Okay, that will be great.

IGGY GILLETTE-FERGUSON: Because

I understand.

ASSEMBLYWOMAN GUNTHER: You know, it's important to me, but if you would.

We're losing people like --

IGGY GILLETTE-FERGUSON: And I also want to tell you, if you haven't stood up in awhile, please stand up. Deep-vein thrombosis is a very real issue.

ASSEMBLYWOMAN RUSSELL: We had cookies to get our blood sugar back up.

IGGY GILLETTE-FERGUSON: Yeah, I had to run back to Potsdam, and come back up, because I had a class this afternoon.

All right, first of all, I'd like to say I was really honored to be asked to give testimony today, and I really thank you for the opportunity, even though we're dwindling.

My name is Alana Gillette-Ferguson, but most people know me as "Iggy."

I am an assistant professor at Clarkson University, but I'm not talking to you today from Clarkson University. I think you've heard Provost Thorpe.

I'm speaking to you today as a citizen of New York, a taxpayer, and a scientist, a very

different perspective from what I've heard today.

You have my testimony, so I'm going to summarize some of this and not read it all.

First of all, the Office of Mental Health keeps comparing us to different states.

Specifically, the last statement that they made to this Committee on September 9th compared us to California and Texas.

It was an impressive statement, but, I come to a very different conclusion than they did.

In 2009, the National Alliance of Mental Illness did a report. They did research.

They gave the United States an overall grade of D for its delivery of mental-health care.

In that survey, New York State was given a grade of B.

We were only one of six states that received such a grade, and no state was given an "A."

The Office of Mental Health compares New York with California and Texas, both of which received grades lower than New York State's in this report.

It seems backwards to use these states as a model to achieve better mental-health care for our citizens when they are unable to provide it for theirs.

My 6-year-old son came in while I was writing this a while ago, and after reading it, reading what I had wrote, he summed up the issue very eloquently by stating, "According to this thinking, developing nations don't have clean drinking water, so we shouldn't have clean drinking water either."

ASSEMBLYWOMAN GUNTHER: Rah! for your son.

IGGY GILLETTE-FERGUSON: Is this the way we want to save money?

I believe that New York taxpayers cannot afford to move backwards in our care of mental-health patients.

The Office of Mental Health is pushing for the idea of community-based programs, yet they have a record of not supporting these programs.

When I first moved to Potsdam in the summer of 2006, there was a St. Lawrence Psychiatric Center child psychologist who had an office in the Potsdam schools.

That community outreach no longer exits.

If you take away the St. Lawrence Psychiatric Center, what would attract qualified mental-health professionals to this area?

We have a shortage of doctors in this area.

How does the Office of Mental Health plan to

overcome this?

It is clear in the literature that deinstitutionalization without the proper community support only leads to homelessness or incarceration.

In fact, most studies of severe mental illness have shown that the community-based-care models have little impact on social functioning, arrests, and time spent in jail; thus, not saving the state money, but, rather, shifting the money from the Office of Mental Health to the prisons.

There was a study by Drs. Lamb and Bacharach that warned that hidden costs associated with responsible programming need to be considered. Community services will not result in substantial savings over inpatient care.

So why should New York State give up our "B" rating on the National Alliance of Mental Health report to do what OMH is suggesting?

OMH also suggests that -- in their September 9th statement to use, said, "First and foremost, the redesign of the public mental-health system must be good for children, adults, and families we serve."

This is about statements.

Families have to be included, and you've

heard over and over today, How do families from here get down to Utica? get down to Syracuse?

We have a 9.3 percent to 12 percent unemployment rate for last three years.

We are 17.6 percent under the poverty rating.

At one point, the former-acting commissioner, Kristin Woodlock, suggests using face time.

I researched this, because her idea was poorly researched.

In 2011, in an effort to save money, New York State stopped free busing for families of prisoners, a program that allowed families to visit their incarcerated loved ones on the weekends.

This was replaced by televisiting.

Prisoners found this program to be impersonal, full of technical glitches, and at times, devastating, as the personal visits were unaffordable.

In addition, it has been determined that prisoner families used these personal visits to maintain family structure and bonds; yet the Office of Mental Health seems willing to treat mental-health patients with the same family disruption as criminals.

I'm sure any military family can reach the

same conclusion as me. Face time is no substitute to the healing powers of a parent's hug.

I understand that New York State wants to push forward in the care of those with mental illness.

I applaud these efforts, but only -- "only" -- if they are evidence-based and well thought out.

The proposal for Regional Centers of Excellence made by the Office of Mental Health is neither evidence-based or well thought out.

Deinstitutionalization for the sake of saving money is not in the best interests of people with mental illness, nor is it in the best interests for tax payers of the state, as the evidence shows, due to hidden costs.

It will not save money.

Despite what television commercials would have us believe, a pill cannot cure a mental illness, but evidence-based practice can put it into remission, and isn't that what we should be demanding from the Office of Mental Health?

Members of the Assembly, Senators, I ask that you table the Office of Mental Health's plan for Regional Centers of Excellence, and create an

independent committee of academic researchers, clinical psychologists and psychiatrists, to review New York State's mental-health-care system and the context of the current literature.

I believe that a well-researched plan can be devised to allow New York State to continue to be a leader in mental-health care in the United States despite the challenges of today's economy.

New York taxpayers deserve a plan with a better chance of success.

Thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: I'm just making sure that I have your testimony.

IGGY GILLETTE-FERGUSON: Well, thank you.

ASSEMBLYWOMAN GUNTHER: I'm sorry that it took so long.

Does anybody have any questions?

ASSEMBLYWOMAN RUSSELL: Thank you for coming again.

IGGY GILLETTE-FERGUSON: Thank you.

ASSEMBLYWOMAN GUNTHER: I'm sorry you had to drive back and forth.

IGGY GILLETTE-FERGUSON: It's okay.

ASSEMBLYWOMAN GUNTHER: Okay, let's see.
Who's next?
ASSEMBLYWOMAN RUSSELL: Two of them.
Dan and Laura.
ASSEMBLYWOMAN GUNTHER: Dan -- Laura -- so it's just -- is it Laura?
Okay, I just want to ask, that somebody gave some cards, and I want to see if these folks are here.
Is there a Thomas, and I can't read your last name?
ASSEMBLYWOMAN RUSSELL: It's "Patterson."
ASSEMBLYWOMAN GUNTHER: Is he here today?
No, he's gone.
ASSEMBLYWOMAN RUSSELL: It was Tom Patterson.
ASSEMBLYWOMAN GUNTHER: Is Kevin Hammond here?
KEVIN HAMMOND: Yeah, right here.
ASSEMBLYWOMAN GUNTHER: Okay, Kevin, you're here.
So we have Kevin.
ASSEMBLYWOMAN RUSSELL: And Sam.
ASSEMBLYWOMAN GUNTHER: And who's --
ASSEMBLYWOMAN RUSSELL: Sam is Number 21.
ASSEMBLYWOMAN GUNTHER: Sam is -- okay.

Good.

ASSEMBLYWOMAN RUSSELL: Is Dan here?

SENATOR RITCHIE: Yes. He's right here.

ASSEMBLYWOMAN GUNTHER: Dan? You want to come on up, Dan?

You're not -- well, each one can testimony.

DANIEL HARRADINE: [Unintelligible], I'm kind of deaf.

ASSEMBLYWOMAN RUSSELL: Yes, it's you. Please.

ASSEMBLYWOMAN GUNTHER: Sorry.

Okay, do you want to start?

LAURA FARR: Hi, my name is Laura Farr.

Most of you don't know me.

I don't hold a position in any office, I don't even work at SLPC, but the closing of the facility may have the biggest impact on me, and countless others like me, because I suffer from a mental illness.

I not only suffer from a mental illness, but I was a former patient at SLPC.

I am now -- I now live in the community, and I've been living in the community for five years now.

I understand that consolidating the

psychiatric units is going to save the state money, and that this is the true agenda of why we are closing the psychiatric center.

Is closing SLPC going to save money? Maybe, but only at the cost of the mentally ill.

It sounds great on paper. We'll send the patients to the Center of Excellence facilities, and everything will be fine.

I have several problems with this.

First, it's going to cost the State to ship the patients to the hospital, which you've heard all day.

Then, when it's time, there's the cost of sending the patients home.

Nobody's mentioned that.

And what about the patients that need to find a new place to live when they get out?

This happens to many, many patients.

How many trips is the State going to be willing to pay for, to go look for suitable places for these people to live if they want to come back to the North Country?

We are people just like Governor Cuomo. We are no less important than he is.

We deserve a safe place to live.

We do not deserve to live on the streets just because we are mentally ill.

We have an illness.

Would you throw a cancer patient out on the street just to save money? I doubt it.

I say you will be throwing patients out on the streets because SLPC is full to the max most of the time, and you are shutting down, not only our facility, but others like it.

We will have no place to go.

Outpatient facilities are not enough. They cannot provide the services that inpatient services can.

Some people with mental illnesses just need long-term care.

For many years, we have downsized these facilities, saying it's better for patients to receive outpatient therapy instead of inpatient.

In some cases, this can be true, but I am here as living proof that long-care term is sometimes needed.

In 2007, I found myself unable to care for myself because of my mental illness.

SLPC took me in and cared for me for over a year, until I could get back up on my feet and care

for myself.

Had I been sent downstate away from my children, family, and friends, I know it would have taken a lot longer for my recovery, if I had recovered at all.

Taking a mother so far away from her children is not going to help in her recovery, and vice versa.

How much more would the State have to pay if I had had an extended stay in the hospital due to the fact that I did not have the support I needed, and I ask, Is this going to save us any money? Save the state any money?

This will happen to so many of us if we are forced to seek long-term care so far away.

I also ask, What would happen to me if there were no beds in any of the long-care facilities, because this is an issue we'll all be facing with the closures?

I have no doubt that they would have -- I have no doubt that I would have been sent home.

That being the case, I would not be here today, because my mental illness would have gotten the best of me. I needed long-care service. No outpatient service was able to help me because of

the severity of my disease at the time.

I would have killed myself, and my children would have been left without a mother.

I ask you, Governor Cuomo, how many lives are you willing to lose just to balance your budget?

Are the mentally ill any less important than anyone else?

I say "no."

I'm afraid you have chosen to make this budget cut from the mentally ill because you think we are too sick to fight back.

I have news for you: we are fighting back!

Let me explain some things to you.

When a person has a mental illness, recovery can depend heavily on family and friends' support.

If a patient -- and you've heard this all day -- if a patient is miles away, how is that going to happen?

As it -- as it is, being in the rural area that we are in, it can take a good 45 minutes for family to come and visit, attend meetings regarding our treatment, which are so vital to our recovery.

A three- to four-hour journey to Syracuse, Albany, or Utica would be out of the question for most people, particularly in the winter here in the

North Country.

Such a situation would leave us alone and frightened, suffering from our acute episode of our mental illness in a strange place among strange people.

This is not an acceptable form of treatment.

So balance your budget by hurting the people that need your help the most, the mentally ill.

Go home and rest your head at night.

Don't think about why there are suddenly more homeless people on the streets;

Don't think about why the suicide rate has just jumped higher than it has ever been;

And don't think about the fact that your jailed population has just skyrocketed.

Be rest assured, your budget's balanced.

Thank you very much, Mr. Cuomo.

ASSEMBLYWOMAN GUNTHER: We're going to ask questions of [unintelligible].

Do you want to --

DANIEL HARRADINE: Pardon?

ASSEMBLYWOMAN GUNTHER: Do you have something you want to read?

DANIEL HARRADINE: Well, I was going to do a little something, yes.

ASSEMBLYWOMAN GUNTHER: Sure, go ahead.

DANIEL HARRADINE: I was going to wait, if you had any questions for this lady.

ASSEMBLYWOMAN GUNTHER: I'll wait. Go ahead.

DANIEL HARRADINE: Okay.

Hi, I'm Dan Harradine. I'm a retired school teacher.

I had the fortunate career of teaching at Heuvelton Central School.

And I was also a part-time immigration inspector at the bridge, when time allowed.

I felt compelled to come today because of the fact that I felt I owed it to the hospital, and because I personally have experienced the hopelessness, the fear, the anxiety of dealing with people that are mentally ill.

My wife was an in-house patient, and an out-house patient, at the psych center for 30-some years.

And in 1983, my mother, after a three-year stay there, died of complications from Alzheimer's.

So I'm well aware of a need for this facility.

Diane became ill around 30 years old. We had four kids at the time: a boy, 7; a boy, 5; a girl,

3; and a girl, 1.

She woke me up in the middle of the night and announced to me, "I'm blind, I can't see."

What do you do?

You look at the yellow pages?

I didn't know what to do.

I called one of the -- I woke up one of our -- one of the psychiatrists that works at the school on a part-time basis, and I said, "What should I do?"

He says, Well, I'll set you up. I'll set you up with a counselor. I'll set you up with a psychiatrist or psychologist, whatever we can get.

I said, "What about going to school the next day?"

He said, It shouldn't be any problem. Have somebody come and stay with Diane.

Two of the kids were in school, the two girls were home.

My mother came, fortunately, and my father. They were both retired, they were elderly.

I go to school, and about three hours after I'm there, I get a knock on the door from the principal. He said he wants to see me in the hall.

The school nurse and he are there, and

someone else, and he says, You're wanted at the emergency room in Ogdensburg. Your wife tried to kill herself.

Talk about a shock.

What do you do? You don't know where to go.

The family doctor was there.

The family doctor was there, and he says, We'll take her to the psych center.

Fortunately, again, and I want to keep emphasizing, it was local and it was nearby.

After talking to the professionals down there, they said that she had slit her wrists, but she didn't a bad enough job to really hurt herself.

But she was yelling out for help, that we didn't recognize.

Right?

Diane was eventually, after many other diagnoses, she was diagnosed as a -- she was diagnosed as bipolar, suffering from manic depression and manic exultation.

On one hand, she was the devil causing evil in society; and on the other hand, she was Jesus Christ, that could help people and care for them.

In all actuality, you know, it was actually

easier for her to being Jesus Christ than it was being the devil.

The only thing is, she gave away many of our possessions that we could use.

Okay?

Being nearby, I could visit Diane on a daily basis, and the kids often visited her. And I think this enhanced her treatment.

Eventually, after several years, she was able to come home and she functioned as a regular person.

The State gave her a job on a temporary basis, that she did well with.

She went to Step By Step activities, she stopped in at the Seaway House, and she raised the kids. We went on vacation.

We saw them grow. They went to college, and they're all successful.

And that's because -- I really sincerely believe it was because of the excellent care we received here, and the fact that we're home, that we could see them often.

There were setbacks.

When we first went there, she was misdiagnosed, but we had different doctors all the time. And that's the way it was.

We had a doctor from Prescott.

And then a couple months later, we had a doctor from the Philippines.

And they all had their own -- they all had their own diagnosis, I guess you'd want to call it.

I sat in counseling sessions with Diane. I went through psycho-drama with her, and saw what they did.

And the most distasteful thing I did, was to watch her have shock treatments.

And you see it in the Frankenstein movies, it brings it back to you.

But, we had our setbacks, but we had good times, too, in this treatment.

A couple of instances, I hope I'm not boring you, but a couple of these instances:

One time, I was -- it was the first time she could come home, and it was Thanksgiving. Everybody was happy. My mom and dad were there. Her dad was there.

My mother and her father decided to stay with the kids. Dad was going to come back and bring her back to the hospital with me.

We're not being trained, and made a mistake, and dad sat in the back seat. She sat in the front

seat.

We're going over the railroad bridge, that's no longer there, near the hospital, and jumps out of the car going 50 miles an hour.

Fortunately, no one was coming, and I grabbed the steering wheel. And she wore a trench coat with a thick belt, and I reached through the door, like that, and grabbed her, and held her up off the pavement, until we were able to stop.

She got scraped and cut, but it wasn't terminal.

Another time, we were bringing her back, and we're loading the kids in the car, getting the kids ready, to go back, because they wanted to go back with mommy, and she disappears.

We can't find her.

But 10 minutes later, we get a phone call, he says, Are you looking for Diane?

It was neighbor around the corner.

"Yeah," I said.

"She's over here."

So I went over, and I looked, and I says, "Where's Diane?"

I looked, she's hiding under the dining room table.

Okay?

But this is all part of it.

But one of the funniest things that ever happened, if you want to call it funny:

I went down to visit her, like I always did, and I said, "Where's Diane?"

She says, "Well, she decided to go out for a walk today with the other clients."

I said, "Okay, where? I said, "I'll go meet her."

And I had my little daughter with me. The rest of them were in school.

My daughter, 3 years old.

So we're going down the road, and I look, and there she is, walking hand in hand with a guy.

I says to her, I said, "Hey, what's going on?"

She says, Well, Al here was a member of our unit today. He had a bad time in psycho-drama, and he got a phone call from home, and he had problem, so I'm trying to help him.

So I said, "Well, help him in other ways."

So my little daughter goes up, she looks at him, like this, and she says, "You leave my mother alone," and kicked him in the shins.

Okay?

Now, this psych center has served Ogdensburg for over 100 years.

Okay?

It's been innovative, it's been effective.

Diane wouldn't have been the person she was without it.

It's the location, and the fact that the staff is outstanding; was, still is.

Diane died in 2003, not from mental illness, but from diabetes and heart.

And you know what was surprising?

At the wake service and at the funeral, there were a lot of caregivers that had taken care of her over the years, that came. Maybe 20 or 30, on their own time, and at their own expense.

That tells you something about North Country people taking care of North Country people.

And I'd like to end by saying:

That to the Dianes out there, whether they're in Tupper Lake, Lake Placid, Saranac Lake, Heuvelton; to the kids out there that need help, okay; whether they're in De Peyster, Peru, Lyons Falls; and to the people that have terrible addiction to drugs and alcohol;

I hope that they have the opportunity, as Diane did, to be treated nearby at a local facility.

So in summary, and school teachers always summarize, there are two things I'd like to convey:

One is, that in your deliberations, please keep the human factor involved.

Isn't that what we're all about: the human factor?

ASSEMBLYWOMAN GUNTHER: Yep.

DANIEL HARRADINE: And the second thing is, is that I want you to see the need for a facility here.

Thank you.

ASSEMBLYWOMAN GUNTHER: Thank you.

[Applause.]

ASSEMBLYWOMAN GUNTHER: All I can say is, she's [unintelligible] the facility, you know, when they talk about having family involvement?

Your mother and father and the children, that all helped, too.

DANIEL HARRADINE: Yes, it did.

ASSEMBLYWOMAN GUNTHER: So proximity was important also.

DANIEL HARRADINE: That's correct.

ASSEMBLYWOMAN GUNTHER: Thank you, both.

DANIEL HARRADINE: Thank you so much.

LAURA FARR: Thank you.

SAMUEL LAMACCHIA: Have you had enough?

ASSEMBLYWOMAN GUNTHER: Sam, Ogdensburg Bridge and Port Authority.

Is that correct?

SAMUEL LAMACCHIA: That's correct.

ASSEMBLYWOMAN GUNTHER: Okay, you had me a little befuddled, like, about the bridge and the Port Authority, and --

UNNKOWN MALE SPEAKER: He'll have you more befuddled when he's done.

ASSEMBLYWOMAN RUSSELL: He's the Chair of the board.

ASSEMBLYWOMAN GUNTHER: Oh, the Chair of the board.

SAMUEL LAMACCHIA: Well, I think there must be a reason why I'm last, and, hopefully, it has an impact what I have to say, or, you have the opportunity to listen, whatever.

First of all, I'm chairman of the board of Bridge and Port Authority.

I work for the Governor's Office, and I have loyalty to the Governor.

That means a lot to me, that what the

Governor wishes to do, I follow that mission, and I want that to happen.

So my mission statement from the Bridge and Port Authority is, create jobs, do those type of things, and keep the community moving, commerce, whatever we want to do.

So, for Patty and Addie, we work closely together, communicating what's going on, and how to make things happen here in the North Country, and I then take that representation back to the Governor's Office, or wherever I want to be.

The Bridge and Port Authority, we operate a railroad, port, industrial park, airport, bridge.

Over the bridge, we probably have 3 million people probably go over our bridge every day -- or, over a year. Over a year.

So, movement of people, and the way our lifestyle here is, is greatly affected by a lot of different things.

Okay?

And the other part of it is, what the psych center has to do with that part.

And I'll get to you where I'm gonna go.

And you're saying, Where's he going with this?

You'll figure it out in a while.

We affect a thousand -- probably a thousand jobs right now. That's what we affect, jobs, whatever.

So, we are about jobs.

So people here say, I am going to talk about jobs, but it's going to get different as it goes on.

So that's me, as the Bridge and Port Authority.

We endorse the psych center, everything that's been said here today.

Patrick back there; John Burke back there; Virginia Davey, if you remember her as the PEF person; they couldn't have said -- all three would say everything I would say, and endorse it, rubber stamp it, 100 percent, whatever.

So who am I?

Who am I?

I sit here with -- I worked at the children's unit for 20 years, and I was hired back 7 years ago as a consultant.

And what I did there -- what I did there, I was a teacher -- vocational teacher, and worked with children.

And what we did was, I think somebody was

talking earlier about, what programs you did, and what you didn't do.

I had a work program, I had a wood shop, I did vocational counseling, and type of things with students.

So, that being said -- that being said, back in those days, back in -- I started in 1978. At that same time, I became a PEF steward, and became a union leader, for 20 years.

So I engulfed myself as a teacher, as a union leader, and there's the first part of what's going on.

So, I can remember back in those days, Patty, remember the days when the grounds, and the patients walked the grounds, and everything was -- it was amazing to go down there as a kid to, see what the grounds looked like.

The fish, you could go watch down by the ponds, and you could see the fish, and you could see everything.

So everything that was living here, was part of this whole culture that was involved with the North Country, evolved into the psych center.

It was an honor to work there.

It was an honor there, to work there.

And I worked as a teacher in Iowa, and I came back, and I couldn't find a job.

And for me personally to be involved into the psych center was, Wow, I needed a job. Let's see what this is all about.

I was all about being a phys ed teacher, coach, athlete, and so sports was my career.

But I was very fortunate -- very fortunate to be involved. I needed a job, and you say, I need a job, back in 1978, and I got hired as a vocational teacher.

What that meant for me was, I had to go back to school, get certified, do all that type of things. And I had a length of time to understand that it's going to take a little while to get recertified, become a teacher in another area.

That being said, I said, Well, I'm not going to do that.

I said, I'll just work this job. A phys ed job would come available, coaching job would come available, and away we go.

So thinking about that, I didn't understand mental health.

I was green. I didn't know if it was something I wanted to do.

And as the more I got involved, and year one goes by, and I start to see things evolve, and then you start to realize, this is something special.

This is really special.

And the reason it's special, is because I've worked with higher-ed children who doesn't really need the support system that the underdog needs.

And the kids here, whatever you realize, it took a special type of person to work with them, and I felt myself evolving into that type of person, and working there, whatever.

That being said -- being said, as a union leader, in 1991, realized we had a problem.

And, all of a sudden, we decided that we're going to -- the State of New York was going to take a look at this system, and we're going to downsize it, back in 1991.

As a union president leader at that time, you know, one of the hardest things that you deal with, is when you say to some employees, that: You're not going to be moved, you are going to lose your job, and you're going to have a exit interview, whatever.

After you go through 200 or so, 300 or so, of those exit interviews, when you say "good bye" to people, you realize, Wait a second here. This is

not more than I bargained for.

And it was a very difficult time here, because you realized that something was evolving in our culture, it was evolving in mental health, that we are -- and the nationalist thing is, we're going to slide out of inpatient care, and we're going to do something different in a different way.

So, in 1991, we lost a lot of people here, whatever.

Since 1991, and moving our way forward, we realized that we don't fire people. We don't really fire people. We just say, wait for them to retire, and we'll just move on, and we'll do more with less.

You've heard that before, haven't you?

"Do more with less," and that's exactly what's been involved there.

I didn't know what I was going to say here.

I didn't know, because I listened to everybody, what I heard, and say whatever.

When Ginny said there was 10 people on staff, there were 10 people on staff.

All right?

Now we're down to four.

And I -- actually, my last day of working there was last August 23rd.

So what did I do?

What they hired me back to do, was to be a consultant, and, actually, to teach some of the programs and classes that I taught when I was there 20 years earlier.

So, that -- I'll give you a timetable.

So, I worked 27 years in mental health;

I worked 10 years as a school administrator;

I worked -- I sat in Patty's seat, right there, for 8 years as a city council here;

20 years as a union leader;

35 years of high school, college, basketball official, track official;

And now, all of a sudden, I'm board member, whatever.

So, as I evolved into this situation, was, I worked 10 years as a school administrator.

And what they asked me to do is go back and work at the children's unit to do one thing: help students understand, and work with our teachers to help them understand, what it's like when someone is emotionally disturbed, who is suicidal, and they come into the psych center, all right, they need help and care, they need that type of treatment, and they need to go back, back to the school.

So the length of time, it may be weeks. 2 weeks, 20 days, whatever it may be.

So one of the hardest things to do, is the expectation factor of that child.

Okay?

Does he receive the services that he received?

Is he educatedly [sic] provided all the things they need to do, all right, so when they go back to their home school, they haven't missed a beat?

Because, the reason for that is, if you're there for emotional issues, and then you solve your emotional issues, and then you go back to your school, as a principal I realized, Now, wait a minute, you're not able to compete. You've lost too much work, whatever you want to be.

So what you did is, you created a vicious cycle, where the student is, Well, I feel good about myself, but I'm not educated and able to compete.

So we've done, I think, a fabulous job.

As I worked as a school administrator, go back and work with the children and youth services, and see exactly what's happened.

And if you realize, if you went into the

system, the technology of how recordkeeping is done, how the things are provided for, how students are tracked, how the students are -- know exactly what they're doing.

So, there's a huge range of communication that is happening in doing those type of things.

So that part, for me, is a critical component, how schools in this area -- well, the school buses pull up on daily basis. Mike Lumley of the collaborative treatment program, all the schools that we associate.

And, actually, what I did for a while, was I was educational supervisor at the psych center during -- after my retirement.

ASSEMBLYWOMAN GUNTHER: I'm not going to end it.

What -- so, as we move on, what do you think about this plan, as far --

SAMUEL LAMACCHIA: I'm going to get to that.

ASSEMBLYWOMAN GUNTHER: Okay.

SAMUEL LAMACCHIA: I'm going to get to that.

Now, that being said -- that being said, I just want to communicate where I'm coming from, so, kind of evolve.

And I know it's late, and you guys are --

your stomachs got to be growling pretty good.

By the way, I started working at age 12.

[Laughter.]

SAMUEL LAMACCHIA: Not really.

So, anyways, I've been doing it a long time.

Here's what I know -- here's what I know, okay, and I'm not sure what facts you have or don't have, whatever you want to be.

What I know now, investigating this situation, whatever -- and somebody can correct me any time they wish to do that, whatever -- when this is all done, Trinity, and the children and youth services building are gonna be closed.

"Closed," that's what I'm hearing.

Okay?

Not to be opened for anything whatsoever, whatever. It is closed.

The next facts, and I got a bunch of bullet points here, whatever.

What I -- the next thing I know is -- actually, what I know also is, 268 employees do not work in inpatient care.

So what I found out also, out of that list, 85 people are on the list for possible retirement.

So those 85 people are going to save 85 jobs,

someplace, if they retire to where you want to be.

So the next question I got was: Where do 200 people go?

Where do 200 people go?

All right?

They have jobs, but where are they going to go?

Is there a plan for that?

Don't know that yet.

So, what the thought here is, well, if you don't have a job here, where are they going to go?

Well, are they gonna go to Utica, or they gonna go to Syracuse?

That's the thought.

But a couple things came to mind.

If -- an important element of this whole plan is, and I thought when I was on the listening tour, whatever it was, we have three factors here:

SOTP, we have the children's unit, and we have adult.

We close adult, we close children and youth, with the SOTP, whatever.

What I found out is, the pharmacy unit is in Trinity.

Oh, but we're going to close that building,

so where does that mean, about the SOTP unit?

I don't know.

Well, wait a minute.

Where's the kitchen for the SOTP unit?

Anybody know?

ASSEMBLYWOMAN GUNTHER: In the SOTP.

RICHARD HALPIN: No.

ASSEMBLYWOMAN GUNTHER: No, it's -- no, it's in the children's unit.

SAMUEL LAMACCHIA: It's in Trinity.

ASSEMBLYWOMAN GUNTHER: Trinity? Okay.

SAMUEL LAMACCHIA: It's in Trinity.

So now I ask -- I started asking myself a question: Okay, the plan is, four years from now, okay, is the possibility that the SOTP unit may be gone also.

Well, something has to happen here, to really coordinate all these type of things of, what is going to happen or not going to happen.

ASSEMBLYWOMAN GUNTHER: You know what? I'm going to ask you, because of the time, to end.

SAMUEL LAMACCHIA: Yeah.

ASSEMBLYWOMAN GUNTHER: So --

SAMUEL LAMACCHIA: I want to --

ASSEMBLYWOMAN GUNTHER: I just --

SAMUEL LAMACCHIA: I want to go to one thing.

ASSEMBLYWOMAN GUNTHER: Okay --

SAMUEL LAMACCHIA: And I'll close it off, whatever you want to be, because there's so much involved here.

Commissioner Hogan was here a while back.

You all familiar with Commissioner Hogan?

ASSEMBLYWOMAN GUNTHER: Yes.

SAMUEL LAMACCHIA: Yes? Thank you.

I want to know if -- if we are going to follow the Ohio Department of Mental Health plan that he initiated in Ohio?

Is that a fact?

Does anybody know that?

ASSEMBLYWOMAN GUNTHER: I don't think that there is any concrete information I can give you exactly.

You know, I think that they went on a listening tour, and I don't know that we know all the facts beyond that.

Would you agree, Senator, and Addie?

SAMUEL LAMACCHIA: Okay.

Well, the reason I asked that question, because --

ASSEMBLYWOMAN RUSSELL: It would be great if

they were following some sort of plan.

SAMUEL LAMACCHIA: Well, what I'm saying is, because Woodlock was a disciple, or whatever.

All I want to bring about is, is, really, people here don't know.

It's an unknown, whatever it want to be.

If it is that plan, okay, the state of Ohio has six regional centers. They have 11 million people.

We have five regional centers for 20 million people.

I think we need another regional center, and I think it should be right here.

ASSEMBLYWOMAN GUNTHER: Thank you.

[Applause.]

SAMUEL LAMACCHIA: Thank you for your time.

ASSEMBLYWOMAN GUNTHER: Is there anybody else testifying?

I think one more?

Yes? Thomas?

THOMAS: No.

ASSEMBLYWOMAN GUNTHER: No?

Kevin. Okay, Kevin. I'm sorry.

Thanks, Kevin.

KEVIN HAMMOND [ph.]: Hard shoes to fill

right there.

ASSEMBLYWOMAN GUNTHER: Do we --

ASSEMBLYWOMAN RUSSELL: He wasn't on the list.

ASSEMBLYWOMAN GUNTHER: You aren't on the list.

KEVIN HAMMOND [ph.]: No, I --

ASSEMBLYWOMAN GUNTHER: All right.

Thank you for being so patient.

ROBERTA HAGERTY: No problem, ma'am.

My name is Kevin Hammond. I reside in Tampa Bay, Florida, but my home is Rensselaer Falls, New York.

ASSEMBLYWOMAN GUNTHER: Okay.

KEVIN HAMMOND [ph.]: I go back a long ways with the St. Lawrence Psych Center.

I'm a laid-off worker from 1991 there.

Also, my mom took a job there in 1949, as a Cleaner, Grade I. She made $43 a week there.

She was a personal servant of the director of the hospital, Dr. Hanes -- or, Dr. Hadek [ph.], excuse me.

So this goes back a lot deeper in my family roots.

Also, I have mental issues in the family.

I have two nieces that are mentally handicapped.

I have a nephew. Once in a while, I get a phone call, when I'm living up here for the five months I'm home. I have to take him up to Floor 3 up there in [unintelligible] Hospital, which is great.

The last couple of visits I was up there with, we end up in emergency room for, like, four days before a bed became available.

There's got to be something the State can do to keep this place open.

Now, if you look at the map, there's nothing north of the thruway, the Interstate 90.

Nothing.

To me, that's discrimination of the region.

You know, I don't know about this name, you guys made this, Regional Care Center of Excellence.

ASSEMBLYWOMAN RUSSELL: That's the Governor, not us.

KEVIN HAMMOND [ph.]: I know, but you know what I'm saying?

ASSEMBLYWOMAN GUNTHER: Yeah, you're saying, where did that come from?

KEVIN HAMMOND [ph.]: Yeah, I mean, this is a

new entity. No one knows if it's going to be excellent.

Now you got one of the best hospitals rated, in the world, in the United States, right down the road here.

ASSEMBLYWOMAN GUNTHER: Right.

KEVIN HAMMOND [ph.]: And everybody's going to lose their jobs, like I did in '91.

Now it's all coming to light, what they said to me when I got laid off.

Number one, this is what they told us, "meds over beds."

That came right from the State, "meds over beds."

ASSEMBLYWOMAN GUNTHER: That was the mantra back then.

KEVIN HAMMOND [ph.]: Yeah, yeah.

Then we had this guy named Mr. Gilleal [ph.].

He's up there in heaven, watching me right now.

He called it like he saw it.

He turned around, and he said, "You're right, meds over beds, but the world is gonna change."

And if you look in history, you look at the facts of the matter, it has changed.

Look at the shootings we've had in our schools, what happened yesterday in Washington, D.C.

Now, I know the state is really strapped for cash.

As my dad would say, "You can pull the rubber band so far, and it's going to snap, and usually it's gonna snap and hit your own self right in the face."

Now the history of my dad, was he was the leading producer of Carhart clothing in this region.

I also worked for Red Wing Shoes and Nascar.

Some of the three biggest entities in the United States.

I do promotional work for them.

Okay?

To me, this is a grave injustice over the balance of a budget.

It's very grave.

It's very -- I mean, there's other avenues that can be done to save money for the state.

And why is it always the mental health falling through the cracks of society?

ASSEMBLYWOMAN GUNTHER: Well, Kevin, we came here to listen because, you know, we're gathering this information.

And, you know, I think, sometimes, when we think that we're going to cut services, that we're going to save money, but that doesn't actually happen at times.

KEVIN HAMMOND [ph.]: Right.

ASSEMBLYWOMAN GUNTHER: Because you spend more money in acute care, and ambulance.

So, I think that all of this information received today was very, very important.

Do you agree, Patty?

SENATOR RITCHIE: Yes, I do.

ASSEMBLYWOMAN GUNTHER: And, Addie?

ASSEMBLYWOMAN RUSSELL: Yes.

KEVIN HAMMOND [ph.]: Yes, it's great. Very informative.

ASSEMBLYWOMAN RUSSELL: It is going to snap you back in the face, like that rubber band, yes.

KEVIN HAMMOND [ph.]: Right.

You know -- I mean, basically, you know, it's, like -- it's really a nightmare for me.

I mean, I don't trust anybody anymore, because I got laid off by the State.

At the time, I had two beautiful kids, I had a home, I had a car.

I lost everything.

I started back over again, I landed on my feet, thanks to my folks.

But it ain't right.

This is all wrong, that's all I got to say.

It's all wrong.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Thank you.

ASSEMBLYWOMAN RUSSELL: Thank you for taking the time.

[Applause.]

ASSEMBLYWOMAN GUNTHER: Okay, we have one last person that's going to say goodbye.

UNNKOWN MALE SPEAKER: One last one?

ASSEMBLYWOMAN GUNTHER: No, you.

UNNKOWN MALE SPEAKER: All I'd say is, Good bye!

I want to thank all of you for being here.

It's been a long day.

It's been a good day for us, because you have -- you know more now about us than you did before. And that's good.

And our task force will work very hard. We're going to work harder.

You're going to hear more from us.

You can see that the people who testified

here today did a wonderful job, all of them. Got a lot of homework done.

And we appreciate the time.

I know some of you got up awful early to get here.

I know coming from Watertown isn't far, but coming from [unintelligible].

I know the rest of you, [unintelligible].

I talked to one person who said she got up at 5:00, to get started.

So -- but, again, I want to thank Addie and Patty for their part in bringing this about, and their staff.

Because I know -- I understand, I've been around a long time.

Staff does all the work, you do the smiling.

[Laughter.]

ASSEMBLYWOMAN GUNTHER: Excuse me.

Right church, wrong pew.

UNNKOWN MALE SPEAKER: All right, thank you very much.

And you'll hear from us again.

And we do appreciate, very much, all the effort.

And I want to thank all of the people who

came here today to testify, because they've all worked hard.

Patrick back there, he hasn't slept in three days.

ASSEMBLYWOMAN GUNTHER: And we have Katie that came from Albany, part of the Assembly staff.

And Jessica's in the back, with a 14-month-old baby, and wants to get going back --

UNNKOWN MALE SPEAKER: Well, they're the ones who told me how long they got -- when they got up.

All right, thank you.

[Applause.]

(Whereupon, at approximately 5:30 p.m., the public hearing held before the NYS Assembly Standing Committee on Mental Health and Environmental Disabilities, the NYS Senate Standing Committee on Mental Health and Environmental Disabilities, and the NYS Senate Standing Committee on Health, concluded, and adjourned.)

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