BEFORE THE NEW YORK STATE SENATE MAJORITY COALITION
JOINT TASK FORCE ON HEROIN AND OPIOID ADDICTION

PUBLIC FORUM: PUTNAM COUNTY

PANEL DISCUSSION ON CARMEL HAMLET'S HEROIN EPIDEMIC

Paladin Center Tactical Training Facility
39 Seminary Hill Road
Carmel Hamlet, New York 10512

April 24, 2014
6:00 p.m. to 7:30 p.m.

PRESENT:

Senator Philip M. Boyle, Task Force Chairman
Chairman of the Senate Committee on Alcoholism and Drug Abuse.

Senator Greg Ball, Task Force Forum Moderator
Chairman, Veterans, Homeland Security, and Military Affairs

Senator David Carlucci, Task Force Vice Chairman
Member of Task Force
Chairman, Mental Health and Development Disabilities

SPEAKER INTRODUCTIONS: PAGE

Steve Salomone 12
Co-Founder
Drug Crisis In Our Back

Susan Salomone 15
Co-Founder
Drug Crisis In Our Back Yard

Carol Christiansen 16
Co-Founder
Drug Crisis In Our Back Yard

Karina Christiansen 17
Co-Founder
Drug Crisis In Our Back Yard

Peter Convery 20
Undersheriff
Putnam County

Michael W. Daily, M.D., FACEP 22
Emergency Services
Albany Medical Center

Bill Matthews, P.A. 25
Harm Reduction Coalition
New York City

Amy Sucich 27
Assistant Clinical Director
St. Christopher's Inn

Frank Pelligrino 27
Assistant Clinical Director
St. Christopher's Inn

Joseph P. Donat 27
Deputy District Director
For Congressman Sean Patrick Maloney

Ginny Nacerino 28
Putnam County Legislator
District 4

SPEAKER INTRODUCTIONS (Continued): PAGE

Michael Nesheiwat, M.D. 28
Chief Coroner, Putnam County
Medical Director, Putnam County
Correctional Facility

Carl Albano 28
Chairman
Putnam County Legislature

Kevin Wright 29
Retired District Attorney of
Putnam County and
Mahopac County Legislator

Andrew Falk 29
Local Political Candidate
Putnam County

Sherry Gover 30
Dept of Community & Family Services
Dutchess County

Ginger Doulos 30
Substance-Abuse Counselor, and
New York State-Licensed
Mental-Health Counselor
Facilitator of GRASP
(Grief Recovery After A Substance Passing)

Elaine Pawlowski 30
South Salem Parent
Volunteer for Shatterproof

Jack Mack 31
Resident
Croton-On-Hudson

Joanna Biaggi 32
Guidance Counselor
Brewster Central Schools

Bob Cohen 32
Parent, Ossening
Church Youth Counselor

SPEAKER INTRODUCTIONS (Continued): PAGE

Meghan Fialkoff 32
Northeast Executive Director
Foundation For A Drug-Free World

Daphne Olson 33
Director for the Hudson Valley
Foundation For A Drug-Free World

David Tidman 33
Main Speaker for schools, YMCAs, and
police explorer groups in
five-boroughs area
Foundation For A Drug-Free World

Danielle Sullivan 34
Assistant Principal
Brewster High School

Lorraine Bixler 34
In Recovery
In the process of becoming certified
for drug treatment

John Regan 34
Genesis House Addiction Treatment Center

Don Williams 35
In Recovery
Sponsor of people in 12-step recovery program

Dorothy Petrie 37
Nurse
Cadence Pharmaceuticals

Connie Hussey 37
Resident
Putnam County

Mike Piazza 37
Commissioner
Putnam County departments of Mental Health,
Social Services, and the Youth Bureau

SPEAKER INTRODUCTIONS (Continued): PAGE

Kristin McConnell 39
Director
National Council on Alcoholism and
Drug Dependence
Putnam County

Alonzo West 39
President of Westchester Corrections Officers'
Benevolent Association.
Also, an Executive Board Member of
Lexington Center For Recovery

Keith Fennelly 39
Retired Chief
Westchester County Career Fire Chiefs Assoc.

Buck Heller 39
Executive Vice President
Peers Influence Peers Partnership

Steven Valicho 40
Vice President
Peers Influence Peers Partnership

Frank Reale 40
President
Peers Influence Peers Partnership

Fran McCarthy 41
Retired Nurse from Putnam Hospital Center
EMT Volunteer with the Carmel Volunteer
Ambulance Corps, and
the Lake Carmel Fire Department

Maureen Guido 41
EMT
Carmel Volunteer Ambulance Corps

Mike Nattle [ph.] 41
Detective Sergeant
Town of [unintelligible] Police Department

Robert Willis 41
Captain
New York State Police, Troop K

SPEAKER INTRODUCTIONS (Continued): PAGE

Robert Tendy 42
Supervisor
Town of Putnam Valley

Sam Oliverio 42
Putnam County Legislator, District Number 2
Also, Chairman of the Health Committee,
Putnam County
Also, Assistant Principal,
Putnam Valley High School

Tom Manko 42
Superintendent
Mahopac Central School

Dr. Terrence Murphy 42
Councilman
Town of Yorktown

Hugh Fox 43
Former Firefighter, City of Yonkers
Chair, Senator Ball's Public Safety and
Fire Safety Advisory Board

OPEN-FORUM PARTICIPATION BEGINS 43

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SENATOR BALL: Okay, ready; we'll start.

Do you mind if we start with the pledge of allegiance?

(All present recite, as follows:)

"I pledge allegiance to the flag of the United States of America and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all."

SENATOR BALL: Thank you.

Okay, well, I want to thank everybody for coming today.

I certainly want to thank Paladin for hosting us.

And, they've asked me to point out the two exits, over to the left and over to the right.

But I want to thank them for hosting us once again.

You know, we did a Homeland Security -- the second Homeland Security roundtable with a group of law-enforcement officials.

And about a year ago, when we did the first summit on homeland security, I mean, the issues were very focused on terrorism, specifically.

And it's amazing how, in one year, how the conversation of that roundtable completely shifted

to heroin, opiate abuse, and addiction, and its impact in our communities; and we're talking about suburban communities, rural communities, urban communities.

So, I want to thank Senator Boyle who came all the way from Long Island.

And that's a hell of a trip. I hate that trip.

[Laughter.]

SENATOR BALL: So, thank you.

[Applause.]

SENATOR BALL: Welcome to Putnam County.

Next time you can wear jeans, I promise.

And, Senator Carlucci, also a very good friend and colleague, who came all the way, I'm assuming, from Rockland.

SENATOR CARLUCCI: That's right.

SENATOR BALL: Right?

So thank you very much for both of you being here.

[Applause.]

SENATOR BALL: I'll just -- I'll be brief, and be seated, like I learned at the United States Air Force academy. And then what we're gonna do is, both of the Senators will speak, and we'll go around

the table, have everybody do a very brief introduction.

And then what we want to do is, get into a detail- and deliverable-oriented conversation about what we can do as legislators to assist.

And I think the three categories are: Prevention, treatment, and law enforcement.

Thank God you're here.

So, we'll focus on those three categories.

And, Senator Boyle and Senator Carlucci have a little bit of experience from previous forums, so we can do that.

I think a couple years ago, even, and we've done a very good job as a state, I believe, at cracking down on prescription-drug abuse, but, we've seen the balloon effect. We know how the drug industry works internationally with the balloon effect, and now we've seen it locally.

We did a good job in one area, and now we've seen a shift to where, many times, young men, young women, are needlessly dying in our communities.

And I think it was easy for certain legislators and suburban communities to say: You know, that drug-addiction thing, that's mostly an inner-city problem.

And these are our kids, and it is an epidemic. And we have to do everything that we possibly can to make sure that we come together as a community.

And that's exactly why we're here today.

So I know that there's no magic bullet, but to the extent that we can help, that's why this Task Force was set up so proactively.

So, without further ado, Senator Phil Boyle.

SENATOR BOYLE: Thank you, Senator.

And I would like to thank Senator Ball for his leadership on fighting this heroin epidemic, and it is a statewide epidemic.

I've been to Buffalo, out to Suffolk County where I'm from.

And, talk about traveling, I'm leaving here tonight to drive to Plattsburgh for a forum tomorrow morning.

But I can tell you that, I'm the Chairman of the Senate Alcohol and Drug Abuse Committee, and in that regard, the Senate leadership asked me to chair this Task Force, along with Vice Chair Senator David Carlucci, who's the Chairman of the Mental Health Committee in the Senate.

And, we're holding 14 forums around the

state. This is the fifth one.

And, we're getting a lot of good insights.

Basically, we have to issue a report by June 1st, on ideas for combating this heroin epidemic.

We're gonna pass legislation right after that, based on the report.

So, with the distinguished panel in the room, and from any ideas we can get from anybody in the room, about what you've experienced -- whether it's in law enforcement, whether it's treatment, whether it's prevention -- if you had to say, "There ought to be a law to help combat this," that's what we're looking for.

We're looking forward to a great conversation this evening.

And thank you again, Senator Ball.

SENATOR BALL: Thank you, Senator Boyle.

Senator Carlucci.

SENATOR CARLUCCI: Well, thank you so much.

I want to thank Senator Ball for putting this together, and thank Senator Boyle for leading the Task Force.

This is an extremely important issue, and I'm really just gratified to see so many people in the

room tonight.

It's a beautiful day, but you're here today to spend some time, to really talk with everyone here about ways that we can tackle this issue.

And like was said by my colleagues, we know that it's not gonna be a silver bullet.

There's not some magic piece of legislation that we can pass that will drastically change this issue. We know that it's gonna be a combination of issues.

It's gonna be law enforcement, educators, leaders in the community, to really come together and tackle this important problem.

So, I want to thank everyone here tonight, and look forward to listening to you.

SENATOR BALL: I do want to thank, as well, for being here, the Salomone and Christiansen families who are here, and give them some time to speak as well.

If you guys want to start off.

And thank you for all the good work that you've done in our community.

[Applause.]

STEVE SALOMONE: Hi, I'm Steve Salomone.

Thank you, Senator Boyle, for putting the

event on.

We founded, with the Christiansens, these four parents started the Drug Crisis In Our Backyard.

We lost our sons to drug addiction; to an overdose. And as a result of that, we felt we wanted to come out and do something about it, rather than, you know, just retreat.

What we heard, when we started to talk to people, was the crisis was large, and people were embarrassed to talk about it.

And what we wanted, our group is about, is to provide a forum for people to come forward and say, "I need help," because people feel that it's a character flaw, but it's not.

Addiction is a disease, and it needs to be treated like a disease.

So that's primarily what our mission is.

I'm not gonna steal the show here, but a couple of comments I would like to make:

The drug issue has two components: it's supply and demand.

The supply side of it is where law enforcement comes in. And we need to address that, and we need to pass legislation for that.

But where we really can have an impact is on the demand side, and that's about changing culture; And that's about getting our young people to not choose to use drugs, because it's not the cool thing to do anymore.

And I think that's really where we need to have a strong impact, because once someone is involved in the problem, and it's an opiate, their decision to stop using is not their decision anymore, because now they're forced to continue to use because their brain chemistry and the way they act is different, 'cause they're addicted.

So I think we need to think about ways to address the demand side of the problem.

And, lastly, what I'd like to say before passing it on: If there's one area that I think we might be able to have some impact with legislation, the health-insurance industry is not addressing this problem.

[Applause.]

STEVE SALOMONE: People are being turned away.

We get calls all the time. People need help, and they don't have any money, and they don't know where to go.

And we need to get insurance industry to start providing coverage to help people get better.

And, that's where we need to go.

[Applause.]

SENATOR BALL: If I can just follow up on that, too, what I would like your input on: We have introduced a bill, 7071, specific on the insurance industry, and some of the issues where we see that they're really not providing the safety net that are necessary to deal with the issues.

So, if you can review that, and everybody else here.

I don't know if you have that in the packet, or not, but if you want a copy, take a look at it, and let me know.

Thank you.

SUSAN SALOMONE: Hi, I'm Susan Salomone, and thanks so much for having this roundtable.

It's so necessary.

We're -- we're five people that lost our loved one.

The Christiansens lost their son Eric [ph.].

We lost our son Justin [ph.].

But there are many people that have lost their children.

We're just two couples.

I'm sure there are other people in this room that have lost their children or lost a loved one.

And our mission really is to make this something that people are not afraid to talk about.

To destigmatize this problem, this disease, so that people are not afraid to talk to someone about it.

That I -- I feel that if we can do that, then more and more people will come out, and then the legislators have to listen to us, and then the health companies and the insurance companies have to listen to them.

So I think it's, like, a snowball rolling downhill, but the first part of it is coming out, and doing this.

And when our sons died, nobody was talking about it. And now they're starting to talk about it, two years later.

So, I think we're make something headway.

Thank you.

SENATOR BALL: Thank you.

[Applause.]

CAROL CHRISTIANSEN: Hi, I'm Carol Christiansen.

I want to thank the Senators for having this.

Thank you very much.

I'm co-founder with the Salomones, and my husband and my daughter Karina, Drug Crisis In Our Backyard.

Besides the awareness, what I would like to bring out is the focus on the doctors that prescribe this.

You know, my son went for back pain, and a year and a half later he died; he OD'd from opiates.

So, how does that happen?

You know, he was a New York City detective, and this happened to him.

So if it could happen to him, it could happen to anybody.

And that's our focus, also, is the doctors, you know, what's their responsibility in this?

Thank you.

[Applause.]

KARINA CHRISTIANSEN: Hi, my name is Katrina Christiansen.

Eric was my older brother.

I am also a doctoral student in public health, so I'm gonna bring out some public-health information tonight so we have some context for the

discussion.

There are 12 billion people in America using pain killers, non-medically.

"12 billion people, non-medically."

A hundred people die every day from an overdose.

In 2008, there were 36,000 deaths, and most of those deaths, those overdose deaths, were from prescription drugs, the majority of which, of course, are pain killers.

We have an idea of drug dealers or drug use as a kind of shadowy organization, a shadowy activity, but less than 5 percent of the pain killers that people use or abuse come from drug dealers or strangers.

The vast, vast majority of the pain killers that people are using, abusing, and dying from come from friends, relatives, and legitimate prescriptions.

It is overwhelmingly an issue of diversion from legitimate prescriptions, which, to echo my mother's point and Steve's point, is why we have to deal with the vast quantities of opioid analgesics that are being distributed to patients without, often, their knowing, and certainly without people

understanding, the risks associated with taking.

The doctors aren't trained on the risks associated with opioids; and, so, patients certainly aren't aware of the risks.

One last fact: We've had a four-hundredfold increase in the sale of opioid pain killers in the last 15 years, and so my question is:

Are we in four times more pain?

Are we four times better off?

Do we have -- are we four times less disabled now that we have four times the increase in prescription pain-killer use?

Chronic pain is real, and people deserve to get relief, but the pain killers that people are taking are, by and large, inappropriate.

And, so, I am really excited about tonight, and about all the people here.

And I'm very thankful to the Senators, because it needs to be culture, it needs to be policy, it needs to be law enforcement. It's a multi-pronged effort.

So, thank you.

[Applause.]

SENATOR BALL: We were just joined, I saw:

Superintendent Manko.

Councilman Terrence Murphy;

As well as, Hugh Fox, who chairs my Public Safety Advisory Council, and is with Westchester County, who's gonna be joining us up here.

So, I -- just-- to follow up on the deliverables, there are two things that came out just from that:

Number one is, the insurance-coverage issue;

Number two, docs, you know, prescribing opiates, and how to deal with that.

So we're keeping track, and we'll continue to follow up.

Can we go to the right, and around the room now, would that be okay, and just introduce yourself?

The Pope of Putnam County, right, Peter Convery.

UNDERSHERIFF PETER CONVERY: Good evening.

I'm Undersheriff Peter Convery, representing Sheriff Don Smith who will be en route.

And I just want to thank all of our law-enforcement partners here.

And it is a crisis. Law enforcement addressed that.

And Putnam County Sheriff's Office, this past week, every deputy sheriff investigator's been trained in Narcan.

So we're prepared right now.

We're making arrangements to purchase the Narcan and have it issued to our deputies.

Now, that's one case that we're looking on the law-enforcement side.

But what you're talking about, it's an issue.

Putnam County Jail is the mental-health hospital of Putnam County.

If you have a crisis, you're better off if somebody in your family gets arrested, because if they come through our jail, they're gonna get help.

I think what you're finding out here, you're not getting that in the hospital because the insurance companies aren't working with it.

And the other aspect, we're product -- the product that we have with heroin, we have the good doctor here from Albany Medical who's gonna tell you, we've been very vigilant on the barbiturates prosecution.

Right now, Oxycontin is very hard to get. It's very, very expensive.

We have Prescription Drug-Back days.

We have one this Saturday at Putnam Hospital, where people cleaning out their medicine cabinets, they're turning in. People are cognizant of that.

But what is done now, heroin is the drug of choice. It's very inexpensive, and for what reason, they've turned to heroin. And it's an epidemic.

It's in Washington County. It's throughout the state of New York.

So, we really have to come together, everyone, and put pressure on, and find out why middle-class people are shooting heroin.

And on the law-enforcement side, we're gonna continue to stay vigilant. We're making arrests, we're following up every day, but the community has to help.

And I think that's something that's -- I have to thank you, Senator, tonight, to bring us all together for this.

[Applause.]

DR. MICHAEL DAILY: Senator, thanks for allowing me to come down and join you here today.

My name's Michael Daily. I'm an emergency physician up in Albany.

I have a lot of paper in front of me that I have put a lot of lines through, and I'm not going

read, I promise.

But, I think that --

[Applause.]

[Laughter.]

DR. MICHAEL DAILY: I think it's important to recognize all of these prongs, because this is a problem that goes across all of society right now, and hits us in the emergency department, both coming and going.

Very frequently, physicians are the sources of these original prescriptions, as the Christiansens said so eloquently.

We need to watch our prescribing practices and consider how that should be done safely, because, really, these medicines are good medicines if used well and used prudently.

SENATOR BALL: Are there guidelines for the doctors that they have to abide by?

DR. MICHAEL DAILY: There are.

The I-STOP program provides some guidelines.

But among the things that we're using now, and training our residents in doing, for example, is, write for 11 pills, write for 21 pills; write for something that's a reasonable small amount of medicine.

And if you think someone is going to need a lot of medicine for a longer period of time, give them a refill of a smaller amount, and have them go and get that refill when they make the choice.

I was at a law-enforcement conference, talking about the opioid problem. And a very high-ranking law-enforcement official stood up and said:

"I'm a cop. I got shoulder surgery. My doctor knew it was potentially gonna hurt me, and wrote me for 75 Percocet. I took one. I didn't like the way made me feel. I left it in my medicine cabinet.

"My wife's a cop. She had knee surgery. She took one of the 75 Percocet that her doctor prescribed to her, and left the rest in her medicine cabinet.

"We've got 148 Percocet in our medicine cabinet right now, and we have teenagers in the house. We may be cops, but we're not exempt from this disaster."

I'd like to point out, up in our area, there is only one constant take-back zone, which is the lobby of the Troop G Headquarters in Colonie, New York.

That's the only place where, every day, you could drop off your meds.

Among the things that we need to do, is come up with a good way for people to give back the drugs they don't want before they get diverted into the hands of our children.

The idea of Narcan programs is profoundly important.

Law enforcement is one location.

They can be very, very usefully implemented.

We need to watch this, and make sure that these programs are successful as possible.

And we need to continue altering our prescribing practices, to make sure that we are contributing to good health care without contributing to additional problems.

SENATOR BOYLE: Thank you, Doc.

DR. MICHAEL DAILY: Thank you.

SENATOR BALL: Thank you.

[Applause.]

BILL MATTHEWS: Hello, I'm Bill Matthews. I am a physician assistant with the Harm Reduction Coalition in New York City.

We work with the New York State Department of Health to promote their opioid overdose-prevention

program.

What that is, is that it's a way of putting the same drug that's carried by ambulances, when they respond to an overdose, that same drug called "naloxone," or known by its old brand name, "Narcan," can be given out in a blue bag, like this, to anyone who might be around when an opioid overdose occurs.

And you can spray this medicine up someone's nose, and save their life in minutes.

Too often, the ambulance doesn't get there fast enough, and there are many cases in which the ambulance's never called at all, because of fear of the police coming, and all the circumstances around that.

I'm gonna be talking to you more later, a little bit longer, demonstrating some of this.

And then, when this event is over, I'm going to do a short training, though it won't be as short as I wish because so many of you are here, that, to hand out these kits, so if anyone who wants to have a kit can walk out of here with one.

We have 100 kits with us today.

SENATOR BALL: Thank you.

So, guys, this is what we're gonna do, if we

can -- because -- limit the applause, unless I'm speaking, and then feel free to applaud, so we can we can get around the room.

[Laughter.]

SENATOR BALL: I wasn't kidding there, it wasn't a joke. Mr. Piazza can tell you that.

No, I was kidding.

But, if we can get around the room quick, just say who you are and where you're from, and then we'll get into a good conversation; because, otherwise, we're gonna be here all night. And I'm not gonna -- you know, we gotta get down to the dirty details.

Okay?

Okay, who you are and where you're from.

AMY SUCICH: Amy Sucich, and I'm the assistant clinical director at St. Christopher's Inn.

FRANK PELLIGRINO: How you doing?

I'm Frank Pelligrino. I'm a social worker and substance-abuse counselor at St. Christopher's Inn.

JOE DONAT: Hi, I'm Joe Donat, Deputy District Director for Congressman Sean Patrick Maloney.

GINNY NACERINO: Good evening. I'm Ginny Nacerino, Putnam County Legislator, District 4.

DR. MICHAEL NESHEIWAT: Michael Nesheiwat, private-practice physician, Chief Coroner of the County, and medical director of the Putnam County Correctional Facility.

SENATOR BALL: Also has the crazy responsibility of being my personal physician, so...

[Laughter.]

CARL ALBANO: I'm Carl Albano. I'm the Chairman of the Putnam County Legislature.

Senators, thank you for this much-needed forum.

I just would like to make one comment. I may not stay the whole meeting.

To me, if you had to pass legislation, I would actually limit or prohibit prescriptions to children under a certain age.

They've all survived in the past.

You may pick an age of 21, 22, whatever it may be.

The world has survived without this in the past.

There's Motrin, there's other things; they'll

move on.

That would be a clear way to really have a serious effect on the young, and that's who's -- that's where it starts.

Thank you.

KEVIN WRIGHT: I'm Kevin Wright, the retired district attorney of Putnam County and Mahopac County Legislator.

And, I prosecuted my first narcotics case 39 years ago, and we're still losing the battle.

ANDREW FALK: I'm Andrew Falk. I'm a local political candidate; but more importantly, I'm the father of a 10-year-old and a 6-year-old.

And when I left -- when I dropped off my son this morning, Senator, at the bus stop, and he asked if he would see me tonight, I said: No. We have a heroin problem in Putnam County, and I'm gonna go, Senator Ball's having a roundtable.

And I asked him: Do you know what heroin is?

And he said: Yes.

He takes the D.A.R.E. program.

And I hate the fact that my son who's turning 11 next week, I have to ask him if he knows what heroin is.

But, we can't pretend that it's not here, and

it is here.

And I'm glad everybody -- you know, I would just ask, if I don't say anything else tonight, we have to talk about it, because if we pretend that we're in Putnam County and our kids are good kids, it's gonna overtake us.

And thank you for having this forum tonight.

SENATOR BALL: Thank you.

SHERRY GOVER: Hi. My name is Sherry Gover. I'm from the Dutchess County Department of Community and Family Services.

But more importantly, I lost my son to an opiate overdose. And I -- he had had a rotor cuff surgery, became addicted to opiates, and died from an overdose five years ago.

GINGER DOULOS: My name is Ginger Doulos.

I'm a -- from Dutchess County. I'm a substance-abuse counselor, New York State-licensed mental-health counselor.

I also facilitate a bereavement group called "GRASP" (Grief Recovery After A Substance Passing).

And I also lost a son as a result of heroin addiction.

ELAINE PAWLOWSKI: My name's Elaine Pawlowski. I'm from South Salem.

I'm here as a parent, and I'm also here as a volunteer for Shatterproof, which is the first national organization that's set up like the American Cancer Society.

We are trying to get the information out there as an organization that large, so that the stigma is reduced, and that treatment facilities are held accountable for the treatment that they give to patients;

Laws are changed and advocated throughout the United States for 911 laws and naloxone laws;

And, also, that physicians and insurance companies do pay for evidence-based treatment.

Not old treatment, not AA treatment, that is dated, but treatment that is research-based.

So, I do have some materials out there, and I can talk a little bit later.

JACK MACK: Hi, my name is Jack Mack. I'm from Croton-On-Hudson.

Like Elaine, I lost my son Casey [ph.] to a heroin overdose a year and a half ago.

And, someone talked about jail being a -- an alternative for treatment.

New York State prison system is the largest drug-treatment provider in the state.

I worked at -- in the state prison system for 8 years, and it's not a good place for rehab, so don't go that route.

Thank you.

[Applause.]

JOANNE BIAGGI: I'm Joanna Biaggi. I'm a guidance counselor at Brewster Central Schools.

SENATOR BALL: Thank you for being here.

BOB COHEN: I'm Bob Cohen. I'm a parent from Ossining, and a youth leader in my church.

Also, a recovering heroin addict, 26 years. AA saved my life.

[Applause.]

MEGHAN FIALKOFF: My name is Meghan Fialkoff. I'm the northeast executive director for Foundation For A Drug-Free World.

We're the largest nonprofit drug-education program in the world, and we provide a free curriculum to schools and after-school programs.

And I'm just gonna show four of the booklets, because I know I have very limited time.

We have prescription-drug abuse booklets, heroin booklets, pain killers booklets, and drug booklets. And these are for free.

So if any school, you want to have a

statewide distribution of any of those booklets or statewide curriculum, that is for free. The schools only have to pay for postage.

We can provide free materials tonight.

And, we have portfolios for anyone who wants information as well.

DAPHNE OLSON: Hi, I'm Daphne Olson. I'm a local.

And, I lost a sister to heroin abuse. And a brother -- my brother's family was ruined due to that.

And drug-prevention education has been a big part of my life for about the last 45 years, because heroin is not new.

My sister was a heroin addict in 1955.

So, I work with Meghan. I'm the director for the Hudson Valley.

She's my boss.

And --

[Laughter.]

DAPHNE OLSON: And I believe I've found something that works.

DAVID TIDMAN: My name is David Tidman.

I work with Meghan Fialkoff, with the Foundation For A Drug Free-World.

I'm the main speaker for the schools, YMCAs, and police explorer groups in five-boroughs area, and we give free drug-education presentations and lectures on a daily basis throughout the boroughs area.

We have a bit of a change to the "Just Say No" motto, where we changed that word "N-O" to "K-N-O-W."

Because we focus on the fact that education, preemptively, is probably the best cure for the problems we're trying to deal with.

DANIELLE SULLIVAN: Good evening.

My name is Danielle Sullivan. I'm an assistant principal at Brewster High School.

LORRAINE BIXLER: I'm Lorraine Bixler, in recovery as well, and in the process of getting certified for treatment -- drug treatment.

JOHN REGAN: Hi, everyone.

My name is John Regan, from Genesis House Addiction Treatment Center.

I work in New Jersey, Pennsylvania, New York, Connecticut, and Delaware.

If anyone here is looking for treatment for a loved one, because I work in all the states, a lot of insurance companies are tough, I will find help

for one of your loved ones.

So, if you do have someone that's in need of help, please see me after the roundtable, and I'll make sure, even if they have no money, I'll find a state-run program somewhere.

Thank you.

[Applause.]

SENATOR BALL: Thank you.

When we talk a little bit on the treatment side, I want you to dig into your experiences with dealing with the insurance companies.

Okay?

JOHN REGAN: Okay.

DON WILLIAMS: Senator Ball, thank you for this chance to be here tonight, and distinguished guests, and everybody else.

My name is Don Williams. I'm an addict and an alcoholic in recovery, in a program written so simply even I can do it.

You know, I spent about 15 years in prison myself before I found a simple way to -- a simple way of life that is all about getting the message out, and I think we talked about it earlier.

And I just recently, with Elaine, spoke at my high school right here in Carmel, to the ninth-grade

students, to try to get the message out.

What my job to do is, to sponsor people that come through this program, on their first day and on their last day.

It's a 12-step program that's just the greatest gift in the world that I've ever received.

I had a 45-year drug addiction, and I lost my only brother in 1977 to opioids.

You know, I think prevention starts with our young.

You know, it's in Carmel High School, so it's probably in the middle schools and grade schools, too.

And I just hope I get another chance to speak at another school one day, you know.

I also speak at the Putnam County Jail once a month.

Since being a prisoner myself, and a convict for most of my life, and I turned over a new leaf seven years ago. And the greatest gift in the world I could give is just to give back what was so freely given to me.

Thank you, Senator.

SENATOR BALL: Thank you for being here and sharing your experience.

[Applause.]

DOROTHY PETRIE: Hi, my name is Dorothy Petrie. I'm a nurse. I'm from Upstate New York.

And I work for a company, Cadence Pharmaceuticals, that makes a product, a non-opioid pain medication, that allows patients who are having surgery to significantly reduce how much opioids they use during surgery. And in some cases, for recovering addicts.

They can go through surgery with no opioids whatsoever, and manage their pain better.

CONNIE HUSSEY: Hi, I'm Connie Hussey.

And I have a family member who is recovering from an opioid addiction, that also started with back pain.

We moved to Putnam County, thinking that this wouldn't happen.

It didn't happen in lower Westchester. It didn't happen in the city.

It happened right here in the sleepy little town.

MIKE PIAZZA: I'm Mike Piazza. I'm Commissioner of Putnam County departments of Mental Health, Social Services, and the Youth Bureau.

NORA TOVITSKI [ph.]: Hi, everybody.

My name is Nora Tavitski [ph.]. I'm a social worker --

Can you hear me okay?

Doesn't sound like it's going over.

Okay.

-- the director of community services for Arms Acres, right up the road, which is inpatient and outpatient services for adolescents and adults.

I've been in the field for over 25 years.

I have to say, I could talk about any topic all day and all night with you, but the one that's on my mind is -- right now is about the insurance companies.

Day in and day out, we are fighting with insurance companies, not just to get people in treatment, but to keep these people alive: our loved ones and our families and our friends.

And I can't tell you how upsetting it is that they get refused.

They're going against the parity laws, and our folks have to sit in waiting rooms for three, four, or five, six hours, waiting for an answer, and often that answer is no.

We need your help.

I'm here to help.

SENATOR BALL: What we're going to do is, if everybody doesn't mind, is we're gonna jump right into that conversation first, and then we'll go to the others.

KRISTIN McCONNELL: Good evening.

I'm Kristin McConnell. I'm the director of the National Council on Alcoholism and Drug Dependence of Putnam County.

We're a licensed prevention provider from the New York State Office of Alcoholism and Substance Abuse Services.

ALONZO WEST: Good evening.

I'm Alonzo West, president of Westchester Corrections Officers' Benevolent Association. And, also, an executive board member of Lexington Center For Recovery.

KEITH FENNELLY: Chief Keith Fennelly, retired, Westchester County Career Fire Chiefs Association.

BUCK HELLER: Hi, I'm Buck Heller, executive vice president of Peers Influence Peers Partnership.

And this year we've produced a documentary, which we would hope everyone can see.

STEPHEN VELICHKO: Hello, my name is Stephen Velichko. I'm the vice president with Peers Partnership.

And I had the opportunity to conduct a lot of these interviews in our documentary this year, and have seen a lot of the destruction that heroin has caused, not only to those who are addicted, but to their loved ones, as well.

FRANK REALE: Good evening, everybody.

My name is Frank Reale, and I'm the president of Peers Influence Peers Partnership.

I would like thank Senator Ball for arranging for the opportunity for our sharing our documentary film, "Chasing It," with all the school districts in the State Senate District 40.

So, appreciate that, Senator Ball.

SENATOR BALL: Thank you.

And we will continue to follow up, using funding from the State, to the extent possible, to the school districts that are interested, to get that documentary out.

For the people that have not seen that documentary, and I say that to my colleagues as well, you should take a moment to take a look at it. It's extremely compelling, and I think it would be

extremely effective to get this into our schools.

So, if I'm in Senate 40, I'm here to help, just let me know, to the superintendents and principals and guidance counselors that are here today.

FRAN McCARTHY: I'm Fran McCarthy. I'm an EMT volunteer with the Carmel Volunteer Ambulance Corps, and the Lake Carmel Fire Department. And, I'm a retired nurse from Putnam Hospital Center.

MAUREEN GUIDO: Maureen Guido, and I am a 35-year member of Carmel Volunteer Ambulance Corps. I'm an EMT.

And, this is a great, great opportunity to get us all together and fight this problem.

Thank you.

MIKE NATTLE [ph.]: Good evening. I'm Mike Nattle [ph.], with the Town of [unintelligible] Police Department. I'm a detective sergeant with them.

CAPTAIN ROBERT WILLIS: I'm Captain Robert Willis from the New York State Police, Troop K.

Thank you, Senator Ball, for inviting us here this evening.

ROBERT TENDY: Robert Tendy. I'm the supervisor of the Town of Putnam Valley.

SAM OLIVERIO: Sam Oliverio, Putnam County Legislator, District Number 2.

Also, the chairman of the health committee in Putnam County, and an assistant principal at Putnam Valley High School.

TOM MANKO: Tom Manko, Superintendent, Mahopac Central School.

Senator Ball, continue to do the work that you're doing, 'cause we need this kind of exposure, and bring all of our resources together.

Thank you.

SENATOR BALL: Thank you, sir.

Once, again, a pleasure to work with you.

SENATOR BALL: Just, very quickly, we have Councilman Terrence Murphy.

If you want to [unintelligible], and then Hugh Fox.

TERRENCE MURPHY: Sure.

First off, Terrence Murphy, Dr. Terrace Murphy. I'm a councilman in the town of Yorktown.

Very briefly, I refused to pass our budget in the town of Yorktown unless we developed a narcotics

unit to address this serious issue in northern Westchester, and Putnam County right here.

And it's about time we took our heads out of sand and address this head-on, and we'll continue to do it.

And thank you, Senator Ball, for holding it.

[Applause.]

HUGH FOX: Hugh Fox, former firefighter in the city of Yonkers for 32 years.

I chair the Senator's Public Safety and Fire Safety Advisory Board.

We've had a roundtable before on many issues with the Senator.

But, it's amazing to look around this room and see everybody, that this isn't one segment or one area of a problem, but it affects all of us; all of us, and many more.

So, Senator, it's a -- it's so damned good that you put this together, because we need this.

SENATOR BALL: Thank you.

[Applause.]

SENATOR BOYLE: So what we'll do now, and just for those of you who -- I see many important officials and family members in the audience.

Just because you're in the audience doesn't

mean you're off the hook.

Please engage in this conversation, and we'll moderate it to the extent that we possibly can.

I don't think I have to say this at this event, but I always say it: All of our conversations are based upon mutual respect.

That's it.

We don't fight, we don't bicker, we don't overtalk each other. Mutual respect; one person talks at a time.

If you want to yell at anybody, yell at me. That's what I'm here for.

[Laughter.]

SENATOR BOYLE: But, I don't think I have to say it in this crowd, but let me put that out there.

We have folks, Amy and Frank, who are going to speak specifically on the insurance issue.

Then we'll bring that up to anybody else who's interested in talking about that.

And they're with St. Christopher's Inn in Garrison, New York.

Amy.

AMY SUCICH: Thank you.

Yeah, uh, all clinicians are spending a lot of time, trying to get visits for our young opiate

addicts, and, those visits are being denied.

If they're granted visits, they're certainly not at a level that's therapeutically beneficial.

So they get a couple of days, three days, and then they have to reauthorize the visits.

Inordinates amounts of time.

And, you know, these young people get, maybe, a total of 12 visits, you know, to deal with this problem.

We're lucky. We have the ability to treat them five days a week, even though they're only supposed -- we get, you know, reimbursed for three days a week, we treat them for five days a week because of the nature of our program.

The men live in our shelter, and they attend treatment in our day rehab program.

So, you know, we have the ability to do that.

However, this problem is going to get a lot worse.

Next year, all of Medicaid will be managed care, and, with the managed care, this is gonna be the same kind of difficulty.

Those visits are gonna be doled out very, very skimpily.

And, you know, we're not sure what we're

gonna be able to do with that.

Our reimbursement rates are dropping dramatically. We've lost -- 13 percent, our reimbursement rates have gone down over the last 4 years. That money continues to drop.

If, you know, reimbursement rates go down, it affects our budget, which affects the programs we could offer the people who come to us.

We have 174 men living with us.

We have tried to put together a crisis respite program, a crisis respite center.

We were told to put together this proposal, and we did that.

The proposal, however, was denied by the Office of Mental Health. They want to use that money in other ways.

We have, you know, parents and family members calling us daily.

I get these phone calls, my boss gets these phone calls, Nora gets these phone calls: People crying; they don't know what to do with their children.

And when the insurance is being denied, we want to provide a short-time safe place for them to be off the street.

We have a space available, we have a proposal, and we can't get the funding to put, you know, the proposal intact.

So, you know, this is of crisis proportion.

I know there have been 78 deaths in Lower Hudson Valley last year.

There were six just in Putnam in the past year, I'm being told.

And, you know, rates are dropping, and insurance are cutting visits.

SENATOR BALL: So can you -- can you step me through -- say I have a son or a daughter, find out that they're addicted, and -- you know, and they're in a really tough spot.

Can you step me through how they would find their way towards your -- if I come to your door, what is our battle gonna be to get that kid treatment right now?

AMY SUCICH: They have to go into our admissions department, and the first thing that has to happen -- and like I said, we're lucky, we're a shelter.

SENATOR BALL: First, can a parent actually force their kid to go?

AMY SUCICH: A parent can't force the child

to go -- their young adult to go.

We're an adult program, so they have to be 18. We need to speak to the adult.

SENATOR BALL: If you have a kid that's addicted, who's doing heroin, and you want to get him treatment --

AMY SUCICH: Yep.

SENATOR BALL: -- short of being dead or going to jail, how do you get him into a facility, right now?

AMY SUCICH: You know, you bring -- you -- there has to be a bed, first of all. And we're running at a -- you know, there's waits for beds all the time. And 174 beds, we have waits for beds all the time. We run it a week or two waitlist.

So we have, right now, 174 beds and 4 cots out.

SENATOR BALL: So a week or two.

So your kid, near overdose, whatever it is, you catch them, what do you do in those two weeks?

Chain your kid to the --

AMY SUCICH: As I'm saying -- well, that's why we're trying to provide this respite service, with some beds, so kids who are in crisis can come in --

SENATOR BALL: So, but what's the safety net?

And I'm not badgering to badger.

It's important to understand: So what's the safety net during that two-week period, after you realize that your kid is chronically addicted to heroin and is about to kill himself?

AMY SUCICH: Right, and that's why you --

SENATOR BALL: Where's New York State come in?

AMY SUCICH: If the kid is about to -- if the kid is about to kill himself, he needs to be in a -- you know, a psych unit.

SENATOR BALL: I don't mean kill himself.

I don't mean, literally, kill himself by overdosing --

AMY SUCICH: That's exactly why we need respite. We need safe places, to get kids off the street, to get kids out of houses, where there is a safe place where they can be before -- it's not --

SENATOR BALL: You still have to volunteer to do that; right?

AMY SUCICH: Excuse -- well, they have to volunteer.

We have a lot of kids who we call are our "mom-dated" or "dad-dated," so they're not really

voluntary. You know, they come in because they have no place else to go.

Mom says you can't live in the house anymore unless you go into treatment, so they'll come into treatment.

SENATOR BALL: Yeah.

ELAINE PAWLOWSKI: Could you interrupt for a minute?

AMY SUCICH: Sure.

ELAINE PAWLOWSKI: If you have a good relationship with your child --

SENATOR BALL: Can you speak into the microphone.

ELAINE PAWLOWSKI: If you have developed a good relationship with your child, the first thing you should do, is when you go to the hospital, you can sign a medical-waiver form.

So even when they're 18, or 17, as a parent, and because your son has signed that form in front of the hospital, or in front of medical staff, or it's been notarized, or whatever, you can have access to all their medical records. You can also work with them through the system.

I've done this with my son from day one, when they turn 14 or 15, just because you never know.

They may be somewhere else, they may be -- they may have drank something, you just don't know, so someone has to step in.

So when you still have a good relationship with your child, get all those papers signed, and keep them signed.

AMY SUCICH: Excellent idea.

ELAINE PAWLOWSKI: So that when you go to the hospital, you can say: I'm their mother. I understand they're 17, or 18, they don't want to be here. We've worked together. You know, they may be heroin -- on heroin right now so that they're not very livid.

And, you have much more power that way.

AMY SUCICH: Right.

ELAINE PAWLOWSKI: And then they also know -- that the facility knows that the parents and the child are working together.

That's like the number one thing that any parent can do.

Sorry to interrupt.

SENATOR BALL: No, that's good. That's what we need.

Nora, you can speak a little bit to the process to actually get an insurance to cover once

they come to your door?

What do the parents have to do?

NORA TOVITSKI [ph.]: Okay, so, somebody wants to -- treatment, they come to Arms Acres. They've -- I've made the phone call.

Most insurance companies now --

And I'm gonna add -- ask, anybody who wants to add to this process, who knows this, Amy, anybody, please feel free to do so.

They come into Arms Acres. They're waiting in the waiting room.

Most insurance companies now are asking for, and require, what's called a "face-to-face."

So, Mary or Joe can be sitting in the waiting room, and now they're required a face-to-face, which means they have to meet with the nurse. The nurse does a thorough physical and an interview with the patient.

They call the insurance company, they give them the information.

The insurance company says: I'll get back to you.

So now they have to wait an hour or two or three. They might call back, and they may approve or deny.

What they're saying now is: Okay, well, you have -- which is against the law, basically -- you have failed -- you have not failed outpatient. You are -- you can do this on an ambulatory detox level.

Or, they'll just outright deny.

And then it may go to a doc-to-doc review.

And people are waiting, potentially, up to five or six hours, waiting for an answer from the insurance companies.

Only -- so it's very hard to tell a family: You know what? We want you, and we see the need for you to be here.

But, it's very difficult to tell a parent, or a husband or a wife, or an aunt or uncle, somebody, come packed, but we don't know if you're gonna be able to stay.

And I would like to mention that my colleague and good friend Dr. Roe [ph.] from our outpatient department is here. And I would like us to turn to him, for a second.

I'm putting him on the spot, but is there anything you would add to that Dr. Roe?

Can you grab a microphone, Doctor?

DR. ROE [ph.]: It's a great deal to add, but, one of problems is: If we do get somebody

admitted, we may get just a few days, where we just begin to scratch the surface, and then the ground is cut out from underneath the treatment system, so that we can't continue to treat patients who need longer-term treatment.

And that's one of the things that Arms Acres and St. Christopher's is capable of doing, is providing the length of treatment.

People are not gonna get over an opiate addiction in 5 days or 2 weeks, or even 28 days in many cases.

So this is the biggest issue with the insurance companies.

Even if they give us a paltry few days, they cut the ground out from underneath the treatment systems, and our patients.

NORA TOVITSKI [ph.]: The next step with that I would add --

[Applause.]

NORA TOVITSKI [ph.]: The next step I would add, is when they do refer someone to an outpatient level, sometimes they have to come two or three times a week.

The co-pays are astronomical. The families can't afford the co-pays, and I can't blame them.

They're like 30, 40, 50 dollars.

I'm working with a family today that wanted to come into treatment, who had a $4,000 deductible.

It's unheard of.

MIKE PIAZZA: It's just the beginning.

NORA TOVITSKI [ph.]: I'd also like to refer also to Mike Piazza, because I know he has a lot to say on this, too.

MIKE PIAZZA: Thanks, Nora.

Senators, it's very important, too, that you recall, as Amy mentioned: If you are lucky enough to have fee-for-service Medicaid right now, you don't have those kinds of limits and those kinds of difficulties in getting into treatment, and even staying in a little longer.

But one of the concerns we have, is when we go through the Medicaid redesign, and go into the managed-care takeover, for our region it will be July 1st, next year, of 2015.

These issues that you're hearing about on private and third-party insurance are going to occur in the Medicaid population, as well.

And Amy mentioned the crisis respite.

Well, we put together this proposal for OMH, which really was trying to put a square peg into a

round hole, which is why OMH didn't -- rejected it.

They were looking more for an OMH -- an RCE (a Regional Center For Excellence) drawdown of the state psychiatric hospital beds.

But one of the advantages -- what we're talking about, what we're working on together, Arms Acres and Putnam Family Community Services, and St. Christopher's Inn, is a proposal that will take advantage of beds, that can -- that will be cheaper than a regular hospital bed, and will still serve the purposes.

As many of the parents are here tonight, when someone is ready for treatment, they're ready for treatment.

And if you hold them off for a -- five days or two weeks, they will get high during those five day or two weeks.

So, we want to be able to get them immediately into a safe place, which is the proposal that St. Christopher's started, and which was really picked up and shared with all of the providers in Putnam County.

JAIME McARDLE: My name is Jamie McArdle.

I have a 20-year-old addict son.

He is currently an addict --

SENATOR BALL: Ma'am, do you mind, just, in the microphone.

JAIME McARDLE: I have a 20-year-old son.

He is currently an addict.

He was turned away at St. Christopher's. He was turned away from Lexington. He was turned away from Arms Acres.

Whether he has insurance or doesn't, he's turned away.

He is dually diagnosed, so there are not treatment centers for mental health and addiction.

My son is now on the street, currently on the street, because I cannot have him in the home with my twin 16-year-old daughters.

I don't know where he's staying, I don't even know if he's alive today, but he is in Putnam County, and he's got no place to go.

SENATOR BALL: So how do we solve -- I mean, literally, right now, and I -- you know, I ask for the professionals in the room, how do you solve that mom's problem?

DR. MICHAEL NESHEIWAT: Senator, if I could just say a few words?

SENATOR BALL: Doc.

DR. MICHAEL NESHEIWAT: I feel your pain, and

I understand where you're coming from, but I do have to say something, and it's called "tough love."

We are very fortunate people. We may or we may not be able to take care of our loved ones, and put them in an Arms Acres or in a facility.

But, unfortunately, working at the correctional facility, there's a lot of young adults that we love, that don't agree, and will not agree, with the parent, and the parent's frustrated.

I've had parents come to my office, crying to me, from, attorneys, doctors, plumbers, lawyers, law enforcement, concerned about their child, and they can't do a thing, just like you.

And let me tell you what happens: They are incarcerated.

They need to get money to pay for the drugs. They eventually will wind up with law enforcement, and wind up at the jail.

Some parents have had their child turned over to law enforcement. That's called "tough love."

They're incarcerated, and we put them in a detox program at the Putnam County Correctional Facility.

JAIME McARDLE: My son was in Putnam County Jail for three months. I had him arrested on

burglary charges.

DR. MICHAEL NESHEIWAT: And I understand that, and it's gotta be tough love to do that.

And --

JAIME McARDLE: The day he got out, he picked up again.

He was put on mental-health medication. And when he was released, he was not given refills, nowhere to go from there.

There is no referral system.

ELAINE PAWLOWSKI: You're absolutely right, that is a problem.

You can check with St. Vincent's. That's a dual-diagnosed.

You can check with Four Winds, that's a dual-diagnosed.

And Silver Hills is dual-diagnosed.

Now --

JAIME McARDLE: St. Vincent's, he was denied.

ELAINE PAWLOWSKI: Yeah.

Now, when you're -- this is the key crisis here: The criminal justice system is not a hospital.

SENATOR BALL: So before we move forward -- ma'am, before we move forward on this:

Susie, can you make sure that you get her information? Maybe we follow up with her today, and do everything we can to help her.

ELAINE PAWLOWSKI: The criminal justice system -- there is a problem with society. The criminal justice system has to deal with medical issues.

These are medical issues that have fallen apart, because the health system in this country does not take care of their mentally ill, and does not take care of those with addiction problems or with substance-use disorder.

Now, when someone says that that's good, be tough love, let the criminal justice system deal with it, that's absolutely the wrong way to go.

[Applause.]

ELAINE PAWLOWSKI: They are not doctors, they are not lawyers. They are there for [inaudible].

[Applause.]

ELAINE PAWLOWSKI: We need to change the health system, the insurance system, and how people are treated, so that they are not treated with tough love. They are treated with compassion, and they are treated with care, just as if they had a heart condition or they had cancer.

There is no other excuse.

[Applause.]

SENATOR BALL: Let me just get in here for a second.

UNKNOWN SPEAKER: Can I --

SENATOR BALL: No, look, just let me just get in here for a second.

I think that this is the -- I've been to, in 8 years, probably 600 forums, debates, and public events.

And I have watched events, where everybody gets heated, and has a conversation that should be on the Phil Donohue Show, but doesn't go anywhere.

Now, we have a mom who has a son, who she doesn't know where he is.

And whether it be the correctional facility, or the morgue, I don't know how she sleeps.

Now, we can either have a conversation about how to solve that.

And if it can't be solved, that's the problem, and then we have to get involved to figure out how to solve it.

But to debate back and forth isn't gonna solve a damned thing.

And I'm not gonna allow it to happen tonight.

So, I want people to speak specifically about how to help moms like that.

Does anybody -- okay.

CHARLOTTE YOUNG: My name is Charlotte Young --

SENATOR BALL: Please grab the mic.

CHARLOTTE YOUNG: Oh, sure.

My name is Charlotte Young.

I do want to say that I thank the Putnam County Facility for saving my son's life. He even says it.

But, they also have to be wanting to get cured.

But, also, when they are let go from that facility, yes, parents have to be their backup, and they have to go to meetings, and get a group.

My son couldn't get Medicaid, he couldn't get any kind of medical help, when he was addicted.

I've gone through hell.

It costs the parents.

All these parents, financially, are probably stressed out.

I am one of the lucky ones so far so far.

My son has turned his life around. He is a productive member of society.

And, I just wanted to thank the police force, and he even said it, they saved his life.

He would have been dead by Christmas. This past Christmas.

And that's all I want to say.

Jail is not the answer.

We do need health insurance for our children.

And my son got addicted because he went through cancer treatment, and then he got addicted, and didn't tell me. So -- because there's a shame to it. Okay?

And I have a good relationship with my son, and he never would tell me about it, until it was too late.

Okay?

Thank you.

FRANK PELLIGRINO: Excuse me, Senator?

Over here.

SENATOR BALL: Hey, please.

FRANK PELLIGRINO: Again, I'm Frank Pelligrino. I'm a counselor at St. Christopher's Inn.

And I really do feel for the woman who has a sick son.

And part of the frustration is that sometimes

there is nothing that anyone can do if the person themselves doesn't want help.

I myself am in recovery. I got sober when I was 21. I've been sober now 10 years, and I had the benefit of, at the time, the Medicaid system would give people access to treatment.

And part of the problem is, right now, the opiate epidemic specific, is the highest it's ever been, and there's more cutbacks now from insurance companies, from Medicaid, that are not allowing people to get the treatment they need.

I'm on the front lines, and, you know, I have to send in insurance reviews.

And when these insurance companies hear, after three days, that, you know, the client needs more treatment, they say: Well, he should be better by now.

And so they don't get it.

I mean, "90 days" seems to be the magic number.

If people can get treatment for 90 days that would be great, but we're struggling to get treatment for 5, 10, 15 days.

SENATOR BALL: So what I need, and I think what we need, and I -- is to, specifically, on that,

what should we do legislatively?

And I -- you know, we just fought a battle on the out-of-network issue. We had surprise medical billing. It's been a hell of a fight.

I had a constituent in my district that had a heart attack, and when they went out of network, which they didn't they think they did, they felt that they were entirely covered, and they got a surprise bill for $100,000 and nearly had another heart attack.

And I know the fight it was to get that legislation done in this budget.

The insurance companies are very powerful. They have a very strong lobby. And it's going to be a hell of a fight.

But, we can get it done.

So, specifically, and you are on the front lines, and to the other organizations that are here: What needs to be done to deal with them, to make sure that that safe -- because three days is BS.

I mean, you can't get over an addiction to Pepsi-Cola in three days, you know.

FRANK PELLIGRINO: Yeah, and we have a shelter part of our program, and clients typically come in, before they even start treatment, they're

there for two weeks. And after two weeks, not much has changed. I mean, they're still shaking like a leaf after two weeks.

So, it's really -- it blows my mind how insurance companies can say, "Sorry, he should be better by now."

And just to note: Right now, there are State-run facilities that will take people with no coverage.

So if you are getting denied by other facilities, you can get in contact with OASAS. On their Web site, they have several State-run facilities that will take you with no coverage.

SENATOR BALL: I think, ma'am, you wanted to --

AUDIENCE MEMBER: I want to reiterate what this mother said: I have also dealt with trying to get into Arms Acres -- my son trying to get into Arms Acres, and trying to get into St. Christopher's.

Insurance: Seven years my son has battled addiction. Our health insurance guarantees 30 days of inpatient treatment every year.

In seven years, he's been granted six days of treatment. Okay?

We have gone the route of him being so desperate to get in, and not being able to go into an emergency room, not being able to get into a facility, that he has said: Well, I'm not suicidal, I'm not gonna jump off a bridge, but if I go back out on to the street today, there's a very good chance that I'm gonna overdose, so let me go on to the psychiatric ward.

Again, the psychiatric ward will only be approved for two days, and then he's sent to a homeless shelter without the medication that he's now been on for two days.

Then the homeless shelter, he's on a list for St. Christopher's, which is a three-week list.

But, then, he gets denied by St. Christopher's.

And I'm not bashing St. Christopher's. I mean, I know that they're doing everything that they can do.

But it gets denied by St. Christopher's because of his psychiatric evaluation.

The only reason he went on to the psychiatric ward was because there was no place else to go.

This is a disease.

No family member would be expected to sit

there and tell their asthmatic loved one to just breathe more easily.

They would not be told to tell their loved one, you know, don't let those cancer cells divide, until there's time.

This is a disease, and we have to get the insurance companies to be responsible.

If somebody has benefits, they have to be allowed to use those benefits.

I was once crying in the Arms Acres office.

My son was homeless, transportationless, and insurance says: If he doesn't do outpatient first, then he can't go into inpatient.

The end of the story, is that this is what I have left of my son. These are his ashes. He died six weeks ago today from a drug overdose.

And this ravaged -- this disease ravaged his brain, and maybe he never would have beat it.

Just like, some people, no matter what facility they go to, can't beat cancer.

But I will always wonder: What if he could have gotten the treatment he needed?

So, there can't be lip service.

You have to keep asking those questions, and keep interrupting, and keep saying "What can we do?"

Because her son, my -- my son's battle's lost, but her son's isn't.

We have to keep fighting this.

[Applause.]

JACK MACK: With all due respect, we are the little people, and we're not gonna be able to craft legislation.

You're very clearly hearing -- you're very clearly hearing some of the heartbreaking stories.

I have a question for Amy.

I had heard that, with the implementation of the Affordable Care Act, there might be more parity for these mental-health and addiction issues, and that might be hopeful.

Is there anything to that?

AMY SUCICH: Supposed to be, but we haven't seen that actually being realized.

I mean, we just don't have -- we don't see that being realized with the insurance companies; not at all.

Somebody said that --

SENATOR BOYLE: If I could?

One of the issues that we've heard about:

And, obviously, Senator Ball's taken a leadership role on this, in terms of legislation,

mandating insurance coverage.

And Senator Kemp Hannon from Long Island has a similar legislation that we're working on.

Mandates are a little tough, especially on this level.

But one of things we've heard from other forums, and, please, let me know what you think, is that, when people are trying to get treatment for their loved ones, the insurance companies are saying: We're not gonna cover it because it's not medically necessary.

UNKNOWN SPEAKER: Right, right.

SENATOR BOYLE: And so what we're trying to do is have -- sit down, and I've talked to the insurance-company executives and health-care providers and treatment providers about getting on the same page.

Because I've talked to 11 different insurance companies, and they all have different definitions of "medically necessary."

UNKNOWN SPEAKER: Exactly.

SENATOR BOYLE: And the vast majority of them, no one can possibly make every one of the criteria.

So we want one uniform definition of

"medical necessity" for opiate addiction and treatment.

And I think that might be a big way to go in this in the coming weeks.

UNKNOWN SPEAKER: Yeah.

UNKNOWN SPEAKER: Sounds good.

[Applause.]

SENATOR CARLUCCI: If I can just jump in, again, I'm Senator David Carlucci. I chair the Mental Health Committee in the Senate.

Commissioner Piazza, you mentioned about Medicaid fee-for-service, and we are moving to managed care. And it's something that we've had tremendous issues, with the mental-health population, with people with developmental disabilities.

What are some of the concerns that you have, that you're saying it's working now, people are getting coverage?

What are some of the ways we can safeguard that as we move to managed care?

MIKE PIAZZA: Under Medicaid fee-for-service, at this point, there is much less restrictions on a person who is being covered with Medicaid fee-for-services.

If they meet the criteria for entry into Arms Acres or to St. Christopher's, or an outpatient program, or a mental-health unit, there's no one really looking over their shoulder. You're not getting the, three days and out, show me what the -- you know, show me the progress.

When we go to managed care, in the managed-care plans now, the managed-care mental health -- the managed-care Medicaid plans now, you're treated the same way as, basically, the insurance that we have, or the Empire plan that we have; that they're gonna be checking every few days, you know, Is it medical necessary -- Is it medically necessary for you to go in?

So our concern is, that, you know, for many young people who need long-term treatment, we encourage not having managed care for Medicaid, but going into a fee-for-service, because it allows them to get into long-term programs, treatment -- residential treatment centers (RTCs).

And so the concern is, that when everyone's under managed care, the insurance companies will be responsible for clamping down.

So that's a concern.

SENATOR CARLUCCI: So it's even more

important, like Senator Boyle just talked about, that definition is so important to transcend, not just to private insurance, but also to managed care, and it probably would solve some of the concerns that you're talking about.

MIKE PIAZZA: Right.

And I'll -- but on the other side now, I'll have to say, because Dr. Roe is here, and he -- I was reminded: Vistaril is a drug that's given for alcohol. And under Fidelis managed-care plan, they have no problem providing it for Medicaid recipients who are covered by it.

Under Medicaid fee-for-service, it's a much more difficult process to provide Vistaril.

So on that level, you know, it turns the other way.

DR. ROE [ph.]: May I say, the problem is, we have the wrong people deciding what's medically necessary. It's not doctors and treatment --

[Applause.]

DR. ROE [ph.]: We've got the fox guarding the hen house. And what has been managed care has become "damaged care."

SENATOR CARLUCCI: Dr. Roe, do you have experience where you have prescribed to a patient

for inpatient facilities, or -- and you have found them being denied?

DR. ROE [ph.]: I had it happen, every week, I get on the telephone with what they call a "doc-to-doc."

I talk to a doctor who's working for an insurance company, whose salary is being paid by the insurance company to find reasons to save money for the insurance company.

What we need is an independent panel of treatment experts to define what is necessary, and that should be what manages care; not the insurance companies deciding what's medically necessary.

UNKNOWN SPEAKER: That's right.

SENATOR BALL: Ma'am?

UNKNOWN SPEAKER: Can I speak?

SENATOR BALL: Yes, sir. [Indicating.]

CHANEL FARASELI [ph.]: Good evening, everyone.

First, I want to apologize, because I'm a bit emotional right now, so I wouldn't be thinking as clear and elaborate and eloquent as I normally would.

I also want to thank the Panel, every single member that's here today.

And I want everyone, parent or, you know, just neighbor, this is extremely --

Okay.

-- this is an extremely important meeting.

I am so grateful that these forums are being held.

I looked online previously, and I can tell you, I was elated to know, and I have put on my calendar, every day that I can possibly make it, that's up in Albany, that's here in Hudson County.

I'm a lobbyist for every -- for the 2,000 students in my school district, with Mr. Manko in Mahopac.

I'm there, and they know me right away.

My name is Chanel Faraseli [ph.].

And they -- when I walk through, they say: Hi, Mrs. Faraseli. Who are you here to help today?

So this is critical.

And I'm going to do everything that I can, so these loopholes and challenges don't happen, or at least we can reduce them.

There's still gonna be challenges.

Let's be honest and frank: There are going to be challenges.

But I challenge everyone here --

And side note, I did work for Senate and legislation.

-- but, I challenge everyone here that's just on the panel, we've gotta make this a little bit more streamline.

We've -- what it is, in plain simple language, is a catch 22:

"You can't do this," as some of the other individuals have expressed.

You can't do this more than three days, because you don't have a bed.

You can't have a bed because insurance is making you wait there in the audience -- or, not the audience, the waiting room forever and a day.

It's -- in the last month, in March, I saw a series on the Sunday paper. It was in three installments.

And I was -- I read it word for word, backward and forward. And I knew then that I wanted to do whatever I can, because I have volunteered in the community for two decades.

And I hope -- I wanted to speak, because I hope you can put a face with a scenario, with a real life story.

I'm sorry to say, that I buried my son

Paul Jonathan Faraseli, only 24 years old, loved by everyone, two weeks ago.

"Two."

"Two weeks ago."

And everyone has said: How are you standing? How are you doing? How am I laughing?

I feel for this individual's pain right here, because I know her pain.

I think the -- the only thing that got me through, first and foremost, was my faith.

But barring that, because not everyone believes in a higher power, but barring that, there was so many signs, and I didn't -- did not have the support -- not financially -- I didn't have the emotional, logistics support from family, friends; the students, the clique, if you will.

And trust me, Mr. Manko, I'm getting the names. I'm getting the names; who, what, where, and how.

As a Senate person, I'm very thorough.

So, whatever I can do, I'm gonna do.

And if that means I go to Washington, I'll bring a magazine on the train. Okay?

So, my heart may be heavy, but I am not gonna let my son's passing be in vain. His is gonna be an

inspiration.

And at that wake, we needed, not one, but two entire rooms. About 100 people, including the principal, Dr. Peace [ph.]; counselors.

I mean, what love that I have, and that's my comfort.

But, the pain, I don't want anybody to have.

This shouldn't be.

What, we've got to get three days, when they need that magic number, "90."

This is appalling.

Frankly, it's unacceptable.

And, this is a non-discriminatory situation.

So just because you're sitting here and you don't know if a loved one is using, they very well could be, and we don't know that.

They very well could be -- your child, your son, your brother -- and there's nothing that's going to be done by us reading a newspaper, and talking about it to our neighbor.

That will not change anything.

It's going to take solidarity, and it's gonna take action.

So I leave myself open to any individual who would like to speak to me, who would like me to do

something. A task force that I can join.

That's why I wanted to make sure, when I knew this from Judge Reitz [ph.] in our town, that he needed a liaison.

This was prior to my son passing.

Anybody can stand up: Oh, because it's your personal fight.

Anybody can do that.

Well, as I said earlier, those 2,000 kids in the Mahopac School District, I treat them as my own. I'm there for them.

So, we have to get it together, and people need to be able to have somewhere to go, and talk.

So, if we do that.

Thank you.

Thank you very much.

[Applause.]

SENATOR BALL: I think -- unless anybody has anything to add on the insurance issue, I think what we'll go to, is we'll talk a little bit, because -- on the prevention side.

And what I would like to do, as well, and we can get sign-up sheets, we will follow up, just locally, with a task force.

If we can get everybody's e-mail and cell

phone who wants to be on it. Make sure that your e-mail is clear.

And that, as we legislatively work through these things or find funding for these things, or, administratively, we'll keep you in the loop, and -- because we need your input on this stuff.

Okay.

BOBBY: Can I have three minutes?

Can I have three minutes to talk in the mic?

SENATOR BALL: Can you -- God bless, sir. Speak into the mic.

BOBBY: Thank you.

My name is Bobby. I'm a long-time resident of [unintelligible] Mahopac for 27 years. I love this community. I love the kids.

What I see happen to these kids, these kids feel like there's no future. That's why they go to drugs.

There's no jobs for these kids.

They go to college, they major in something, they get out on the street and go work at McDonald's or A&P.

You go engineering school, you're at A&P.

There's 60,000 engineers. These people aren't dodos. They work hard for what they got, and

they're on the street.

That's the kind of country, that's what we dictate to these kids.

My generation, nothing personal, we dictate to these kids.

These kids are despairful. They feel like there's no hope; that's why they go to drugs.

I have an article here. I have this.

Anybody wants to read it, I'll put it out front.

It's true grit, it's true grit. It's about your kids. It's about your kids and psychology.

Read it, read it, it's true grit.

It's better than a newspaper.

"The New York Times," or "Daily Post," better than any newspaper we ever read.

This is true grit. Read it, read it, read it.

Read it, and don't weep, don't weep.

Just read it.

SENATOR BALL: Okay, thank you, sir.

[Applause.]

BRIANNA [ph.]: Hi. My name is Brianna [ph.], and I am a drug addict. I have ten years clean.

UNKNOWN SPEAKER: Hi, Brianna.

BRIANNA [ph.]: Hi.

[Applause.]

BRIANNA [ph.]: Thank you.

I grew up in Mahopac, and I got addicted to drugs in Mahopac.

I come from a good family. And, actually, my father was a president of Guiding Eyes for the Blind in Yorktown.

And that's one of the things I wanted to mention.

Sorry.

I am hearing that we're having a huge problem with opening up a halfway house in Yorktown.

I don't think that that should even be a debate.

A halfway house is how I ultimately got cheap after six month of treatment in Florida. I couldn't not stay here to get clean. I needed to leave.

I did go to Arms Acres for 28 days, but it wasn't enough. I knew I needed more, and I ended up -- I ended up -- I just wanted to mention about the law enforcement and the tough love.

Everybody's different, and it may work for some people.

I got arrested by a police officer that's in this room right now, and I had a heart attack two days later.

It didn't work for me.

But, in Florida, they have something that's called the "Baker Act." And, anybody, a parent, can call the police and say, "My son is in danger to himself or another." He can be arrested and brought to a psychiatric unit for three days. And then that doctor will decide if he needs treatment or psychiatric help.

Now, again, that goes into the insurance issue, we need to clean all that up, but I feel like that's something that could really help us here, because, as soon as the kid turns 18, there's nothing anyone can do.

In Florida we had an option.

I had to do it with a boyfriend of mine, and it worked. And they arrested him and brought him to a doctor, and he got the help that he needed.

Had the police officer that arrested me that day brought me to a detox, I probably would have stayed. I didn't want to get high anymore. I wanted the help.

But jail didn't scare me. It was just a

hiccup in my day of getting high.

And you're not gonna talk someone into treatment when they're high, or when they're coming down, and all they can think about is more drugs.

So, if we can get something together like that, that law enforcement works hand in hand with the mental field, I feel like that could be a huge solution to, you know, people who don't know where their sons are right now.

SENATOR BALL: Is anybody else in the room familiar with that Baker Act?

Okay.

UNKNOWN SPEAKER: There's also a Jennifer Act that has been initiated, and there's also a federal legislation, the SOS Act, as well, so that a parent, again with your signing the waivers, that you have more rights to work along --

SENATOR BALL: The federal level it is just legislation, though? It hasn't --

UNKNOWN SPEAKER: Nothing's been approved.

SENATOR CARLUCCI: And in New York, we have Kendra's Law. And this is something that I think we could work on, expanding Kendra's Law to include exactly what this young lady just spoke about.

So, thank you.

AUDIENCE MEMBER: What she's speaking about is the Baker Act. And the Baker Act is more for a mental case.

So, if you're saying that you're gonna commit suicide, and they have to take you in.

And we kind of have that already going on in New York. If you say you're gonna commit suicide, then you're able to go ahead and get into a psychiatric unit.

What she really needs to refer to is called the "Marchman Act."

The Marchman Act is a law, under the Florida statute, that enables a family member to obtain help for a loved one who is unwilling to seek substance-abuse services voluntarily.

SENATOR BALL: What is that called again?

AUDIENCE MEMBER: It's called the "Marchman Act."

So that is something you can do as legislation, to be able to really help us.

Because you opened up, asking: How can someone get into a program if they don't want to go?

SENATOR BALL: Right, exactly.

AUDIENCE MEMBER: So that's what you can do on your side to be able to help that out.

I work at the Walter Hoving Home, which is a Christian women's facility that helps women come off drugs and alcohol, and I oversee the intake office.

And the biggest dilemma I have, is people's family members calling, going: How do we help someone?

And I have to tell them they have to call us. That's all I can do. And tell them to give information in hopes that they would call us.

But sometimes they need that little push to be able to get the right place.

But the Marchman Act would be something that the state of New York could be able to kind of follow.

SENATOR BALL: Okay, can we use that as a segue on the law-enforcement side?

And if the law-enforcement officials who are here, who are willing to speak out, could speak up a little bit to what more can be done on the law-enforcement side?

And then we do need to keep it moving, because we have the training that's coming up, and we need to keep it on the clock. Okay?

State Police you want to go first?

CAPTAIN ROBERT WILLIS: I'll just state that,

as the doctor from Albany mentioned: Locally here in Troop K, at SP Poughkeepsie, we do have the mailbox drop for drugs that are in people's homes. They can bring, it's anonymous. They drop it in the box, they can get them out of their home.

That's one of the most dangerous things, is the leftover medication. There's no reason to keep it at home.

It is just something that, especially if someone may be an addict in the house, it's -- you know, it's a liability.

You can bring it there, drop it off. We don't take any names, it's totally anonymous. It gets destroyed.

Next week we're starting with Train The Trainer for troopers throughout the state of New York, in the Narcan.

After they get trained, they'll come out to field throughout the whole state, train the troopers. And, hopefully, within the next few months, we'll have the Narcan on patrol, where we're responding to the overdoses.

As you know, the police, we're in a unique situation.

We enforce the law.

Whether it's a trooper stopping someone on the side of the road, and they have narcotics on them; undercover drug operations; or responding to domestic disputes at residences, because parents have children in their house, that are under the influence of narcotics, and we have to take control of the situation.

So we see it on every angle.

And it's, just, the more, I think, with education, and the treatment facility for people, is the better that it can be for the whole community.

AUDIENCE MEMBER: Uhm, excuse me, can I say something, please?

SENATOR BALL: Sure.

AUDIENCE MEMBER: It's kind of just a little bit of what we've talked about the whole night.

There's education and prevention, and that's a great thing if you can save children that way.

We went into the physicians, where they have to be accountable with medication they give out. Maybe lower doses.

I know the pharmacies are now changing the medications that, maybe they can't be dissolved as easy. They might be long-acting.

Okay, the next thing is, treatment and

programs.

And I have to say I think St. Christopher's is a good program, but, we have our insurances. And it's gonna get worse with Medicare and Medicaid.

So why can't, as taxpayers, everybody in this room pays tax, there's a place that, at the time of crisis, that child can go?

Because, like they said, if you don't get them there when they're in crisis, they can go out and use.

The drugs now are mixed with fentanyl and things that are killing them like flies.

So if we pay taxes, instead of playing with the insurance company, we should have a place to bring the children, because we are taxpayers, and there should be an open door, and a bed at that immediate second.

[Applause.]

AUDIENCE MEMBER: And then the next thing is, since the Oxycontin and the Vicodins and Percocets are more hard to obtain from physicians, or the pharmacy companies are changing their composition, we now need our law enforcers to get out there and bust the heroin dealers, because it's so damned cheap, it's all over.

So I feel we need a place to get them instantaneously. And we need our cops out there, truly getting drug dealers, truly getting --

SENATOR BALL: Well, they're actually gonna be starting the training in a little bit.

We went through, and I'll go through all the deliverable items that we've had, legislatively, and otherwise.

Is there anybody else in the law-enforcement community -- from the law-enforcement community who would like to speak?

Okay.

AUDIENCE MEMBER: Senator, the biggest problem we have with law enforcement is, we have weak mental-health laws, or, public-health laws that give us the position to actually enforce the law.

Heroin, it takes a huge amount of heroin to make any kind of dent in a person.

I mean, you take a half a gram of cocaine, you got a D felony.

It doesn't work the same way with heroin. The laws against heroin are very weak. And prescription drugs.

CPCS 7 is a misdemeanor, and it's the biggest charge that we charge with, and we get nowhere with

it.

SENATOR BALL: Are there anymore specifics anybody can give on that, the fact that the laws are extremely weak on the -- specific on the heroin side, with law enforcement and the laws?

JOE YASINSKI: My name is Joe Yaskinski. I'm the deputy commissioner for the County Department of Public Safety.

And, we realized this was a major problem years ago.

In 2011, the Putnam General Task Force for -- which is called the "diversion unit," we have locked up doctors, pharmacists, people, selling narcotics to opiates and heroin to these individuals over the years.

And if you just read the newspaper a couple days ago, ago, we had the first sentencing of an individual who was responsible for two deaths of two young men in Pearl River, and he's sentenced to a minimum of 10 years in prison for that.

There's a 20-year minimum, but he took a plea, but he got 10 years for this.

And I think that the state laws need to be enhanced.

The federal law is the only law we can use to

actually combat this in a great way.

So, there are many issues.

And, also, couple of things were mentioned before.

One of the gentleman here who lost a loved one, mentioned how parents are embarrassed to come to law enforcement, or anyone, to tell about this problem, because they feel embarrassed that their loved one has died.

That information, we need that information.

We need to get information of a loved one: Where they were hanging out. Who they were dealing. With who their friends were. Who -- with pharmacists they went to.

These are the things that we need to do our job.

So, if I had to just push one point across, it would be that: we need help from the public itself.

And we also need some stronger state laws to assist.

[Applause.]

SENATOR BALL: Okay.

And I ask that everybody follow up with suggestions on that.

I think Bob Tendy wants to speak.

I don't know if our former district attorney wants to speak as well.

Bob.

ROBERT TENDY: Everybody's solution is different. There are many solutions, and we've all discussed a lot of them.

But the gentleman to my left over here just made a point that I think is very valid.

We have DWI laws, where if you have two DWI arrests, it's a felony.

But I have clients who have 30 CPCS 7 arrests, and they're all misdemeanors.

And, it seems -- I'm a defense attorney, I'm saying this -- but it seems to me that that's kind of silly.

I really think that if you have two or three, it should be -- it should rise to the level of a felony.

[Applause.]

JOE: Can I say something, Senator?

Joe, from Westchester County.

I know you guys have been doing a great job with regards to trying to work with the local municipalities, and with your drug-enforcement

units.

Because, each municipality, to do it individually, is just not gonna happen.

So, I know we've teamed up with you previously, you know, with our narcotics guy, and works -- has worked unbelievable with you guys.

And I've talked to Undersheriff Peter over here, and he's willing to come on board.

And, between Putnam and Westchester county, we've just got to get this done.

JOE YASINSKI: And I agree, and we have worked well with Putnam County for many, many years.

I started out in 1974. I was in a narcotics unit in 1975, and we had been working with the Putnam County Sheriff's Office from that time. I started 40 years ago.

And, you're right, it's unfortunate that we have a lot of small departments that can't afford to handle these problems. They need to get us involved. They need the federal government to be involved.

And that's what we do.

JOE: We've had a great relationship with you, and it's been working.

JOE YASINSKI: And just another -- another

point, too: I know money is tight, but when we seize -- we seize properties and monies from these bums, and we use that to enhance our programs.

So we take the money from them as well, and we use that for enforcement.

So, again, it's --

JOE: We'll be working with you again real soon.

JOE YASINSKI: Okay.

Thank you.

KEVIN WRIGHT: Senator, I -- I started a year after Joe, in Westchester County, and I think we worked a few cases over the years.

But I remind everybody that, in 1972, New York State enacted what was heralded across the country as the most draconian drug laws in the history of mankind.

And, it was society -- the intelligencia (ph.), the cool people, whatever -- I don't quite know what it was, but, it was the society in which we lived that walked back and watered down those laws.

I -- I don't understand how it came about, but I know that we had among the most horrific sentencing laws anywhere in the world. And we still

incarcerate probably more people for drug offenses, on a per capita basis, than anyone in the world.

We just don't seem to be getting our hands around the problem. We've had the tough laws, and we've walked them back.

UNKNOWN SPEAKER: Can I make a comment on that?

KEVIN WRIGHT: I have a feeling that part of it -- gentleman just stood up and talked about our mental-health laws -- it seems to me that when the rights of those in the asylum became paramount, and they were just turned loose on streets, in what was thought to be a helpful, Christian act, I think we started down a path where we're afraid to say to someone: You're a danger to yourself, you're a danger to society. We're going to put you where, if you can't help yourself, at least you can't hurt others.

But that needs to be more than four concrete walls. It's gotta be coupled with good medical care.

And this country is about to embark upon the decriminalization of almost anything that you can imagine.

And if politicians don't demand, instead of

using the tax revenues that come from that, and the freed-up prison space, and the reduced criminal justice budgets, because they don't have to arrest these individuals anymore; if the taxpayers don't demand that the revenues that are saved from all of this decriminalization go into treatment and health care for the addicted, we're never going to get our hands on the problem.

SENATOR BALL: Thank you, Kevin.

Before we follow up the third category on, actually, with the kids, if the -- I know Tom is here, other superintendents, principals, if you can tell us what's working in your schools, what's working in other schools, what's not working, and how we can help to make sure that we get to these kids at a young age.

And, then, what is "age appropriate"?

And what programs are working?

Do you want to --

DANIELLE SULLIVAN: Hello. I'm actually new to Brewster, Brewster High School, but one of the things that I can tell you that's worked universally, in any educational setting, I think the doctoral candidate -- I'm sorry, I forgot your name -- pointed it out, was the culture change; the

culture change piece.

Educational outreach that involves both the students and their families, that they can attend and experience together, which creates dialogues.

And I think middle-school aged is even appropriate, because the reality is, it's occurring in that age group.

I see 14- to 18-year-olds all day, every day. And, at least once a day, there is some type of topic or mention, or even an incident, that is affecting a child in that age group that I hear about on a daily basis.

And one of the key points that they always make is that, they would like the support. They would like the family to be involved, as well. And they don't always ask for it, but it is evident in the discussion with them.

So I really do feel that the educational outreach, in terms of the prevention, with that age group, is extremely appropriate.

And to do that we do need to change the culture in the school.

SENATOR BALL: Can peers influence -- can you guys just -- when is the showing -- the first showing that you guys are doing, so people can know

about that?

UNKNOWN SPEAKER: [Unintelligible.]

SENATOR BALL: And where is it?

UNKNOWN SPEAKER: [Unintelligible].

SENATOR BALL: And this is for the documentary.

FRANK REALE: We have the one-hour documentary, "Chasing It." The first showing is scheduled for Friday night in Putnam Valley, at the Performing Arts Center in Putnam Valley.

And we are now working with, I believe, three other schools that are going to be submitting the requests to you.

And, we'll be -- we've contacted a couple of them already. And, I think we have four now.

And it's open to any school district in District 40. And the program includes the documentary film, as well as three of our speakers.

And one of the things we're going to ask the schools to do, and this is the most important part, I believe, we're going to open the door to the conversation, but we need the schools to provide the resources to continue the conversation.

And those resources would be the guidance counselors and other folks that are in the health

industry.

SENATOR BALL: Do any -- anybody from the schools: Superintendents? Tom? Sam? Tom?

TOM MANKO: The issue that we have in schools, is having sustainable resources.

You can come in and show a movie, and you can ask me to dedicate guidance counselors, but I have to tell you, in 13 years of education, we have to get children ready to graduate and be college-and-career ready, and there are only so many hours in a day.

We have a 9-period day, and it's not long enough.

And school districts are often charged with being the keepers of the door for citizenship, and character education.

And you can ask us for resources, but we don't have enough to go around.

So, our guidance counselors, our social workers, our school psychologists, have a plate that's overflowing right now with everything we have to do.

I can't think of a more important topic than this, but at the same time, we have to get kids ready to graduate.

So, we need, and Senator Ball has been excellent at this, in providing school districts with long-term, sustainable resources so that we can hire people that can do this.

Because I'm convinced, that you can show a movie, and you can say we're gonna bring parents in to watch this movie, and that's gonna change the world.

But if the parents don't take the message home with them and sustain it, then it's not gonna happen.

What we have to do, is build the systems in our school, with drug counselors, with prevention counselors, and somewhere along the line, I would like to be able to mandate moms and dads at every grade level, K through 12, to have to mandatorily attend drug-and-alcohol awareness counseling, and do it every year for 13 years.

[Applause.]

SAM OLIVERIO: We have an expert here, Elaine Santos, who comes to our of district periodically, once a month, with the Putnam County Communities That Care Coalition.

What it is, it's a joint effort of school members, parents, students, representatives from the

County, the Mental Health Department, the Youth Bureau. That's what it takes; and it's constant. It's not a one-shot deal.

Elaine brings her advisers and her associates with her. And our superintendent of schools sits there, I sit there, our SRO (our school resource officer) sits there, along with parents, and other people from the community, pastors, our Park and Recs people, our Town officials. We have a representative from the town of Putnam Valley.

That's what it takes; it's got to be a community effort.

And I agree with Dr. Manko, it has to be constant. It can't be a one-shot deal. That doesn't work.

And most importantly, Elaine makes it a point, and the Youth Bureau in this county makes it a point, to bring forward speakers to our building at least two, three, four, five, six times a year, talking about this problem, so that the parents continually hear the message: Watch your children. Watch your children and know what's going on.

And I have to applaud Elaine and Joe DeMarzo [ph.] and Mike Piazza for providing this service, not only to our school, but to so many

schools in the county; because it's second to none.

SENATOR BALL: Yes, sir.

DAVID: Hi, my name is David [unintelligible.] I'm a member of this community, and I also have 24 years clean in Narcotics Anonymous.

I'm a recipient of the tough love.

My mom had me arrested twice. I went to New York State Department of Corrections, where I heard the message of recovery.

I hear all of this going on in the community.

I've lost two siblings myself, I buried, since I came into recovery.

I'm a homeowner. I'm a taxpayer. I have a 13-year-old boy that I need to protect.

My question to you here is:

You've asked us -- you asked us, what can we -- you know, "Give me ideas."

How many people from the insurance industry are here tonight?

[Laughter.]

UNKNOWN SPEAKER: Good question.

DAVID: I mean, this -- if we're gonna have an open dialogue, we need to know what we're fighting.

In 1992, I worked for New York State Department of OASAS down on 125th Street, under the L.

The same problem I faced then, with the women that were walking the streets of New York, was getting them into a facility.

We would put them on the train, and, hopefully, there would be a place in Turning Point, if there was a bed available.

Same thing.

I've done H&I work (hospitals and institutions) in my own time. Into St. Christopher's, into Arms Acre, into St. Vincent's, I've done all the volunteer work there.

It is the same question from 1992: How do we get treatment for them?

The legislation needs to change and close the loopholes in the insurance companies' pit.

When you go to them and you ask them for help, and they tell you, "Your disease does not fit the medical criteria," that's the hole that I hear all the time.

And I'm not even in the profession anymore. I'm just a member in the community.

That's where I'd like to see the action start taking place.

Thank you.

[Applause.]

SENATOR BALL: Guys, what we're going to do is --

ELAINE PAWLOWSKI: Excuse me, if I can just address the school issue here?

One thing that you seem to forget -- I've been in teaching for over 30 years -- is when you are in the school district, the Board of Ed controls much of what goes on in the schools.

And they really need to be educated, that they can't cut the guidance counselors, they can't cut the psychologists, they can't cut the addiction services and the drug services, in the middle schools and the high schools.

The other thing that they seem to cut, as well, is there's a 504 classification, that children can use when they have medical problems, and that includes addiction, that includes substance-use disorders.

Parents don't like to use it, the school does not like to use it, but it is federal law.

They don't use it, and you should be able to

use it, and it should be encouraged to use it, so that you get more of those programs.

And there are grant programs available for that.

And many of the school boards' committees do not recognize that as a priority.

They may look for academic scholars and grant programs that way, but there's many other opportunities to get that into the school, as well.

TOM MANKO: While I hear what you've said, I have to disagree with you right on down the line.

Our board of education is extremely knowledgeable about the Part 200 regulations, the federal 504, and the Part 300 in federal regs.

We spend, probably, the largest portion of our academic budget on ELL, special-ed students, and those students who are in need.

Our board gets it.

We have a 2 percent property-levy tax cap, and we have a 3.5 percent cap on increases in State aid.

Although, this year, under the Senators' guidance, we were able to bust that open.

It comes a matter of, we have to balance the budget when we present it to our voters the third

Tuesday in May, or we can't present it, number one.

Number two, it's got to be approved.

And, number three: Please believe me when I tell you, it's not just counselors and psychologists that get the hit. We're taking a look at AP classes, honors' classes. We're taking a look at higher student-teacher ratios in the elementary.

It's not as simple as you portray it.

ELAINE PAWLOWSKI: No, I understand it's not simple, but what I'm saying is, there is a 504 classification. And if parents recognize, and get over that this is a shameful situation that they're in, there is help for them along that route, as well.

And there's not enough people that take that.

SENATOR BALL: Ladies and gentlemen, so this is what we're gonna do:

We have a -- there are about 100 -- approximately 100 Narcan kits.

Everybody who wants to stay for that training, I know we have about 100 people that signed up for the training, please do that.

I would like Senator Carlucci and Senator Boyle to get some closing remarks.

If I -- I'm gonna run through these very

quickly so they're on the record, and then we'll follow up.

But, on deliverables, and if I forgot anything, you guys need to let me know.

You can't hear me?

KARINA CHRISTIANSEN: Can I just say one thing?

SENATOR BALL: Yes, ma'am.

KARINA CHRISTIANSEN: I'm sorry.

I'm gonna give a perspective of somebody in their 20s, still, thank God.

People in this room are talking from the perspective of parents, and they're looking at their children.

But we have to remember that these are men in their 20s. These are adults.

My brother started using at 26 years old. He was an adult man. He was a police detective in New York City.

And, so, you're all coming from the very reasonable and important perspective of protecting your children, but we have to also remember, these are adult autonomous members of our society.

SENATOR BALL: Thank you.

[Applause.]

SENATOR BALL: Okay, so on the law-enforcement side:

We're gonna follow up with the Marchman Act, using Florida as an example, to give parents and relatives more input.

We talked a little bit about, the laws against heroin in comparison to other narcotics, they're extremely weak and need to be strengthened.

There's a suggestion from Bob Tendy, Supervisor Tendy, about two or three violations should be a felony.

Treatment, the insurance companies right now are covering three days, when, really, for most folks, it should be 90.

We need to dig into that.

And, Senator Carlucci agreed, and Senator Boyle, of course, that we will, and we will do that as a team.

The reimbursement rate, I know Amy from St. Christopher's talked about that.

The insurance companies, Nora talked about that, requiring a face-to-face, and the complications there, as well as saying that, "not medically necessary."

Senator Boyle talked about the need to

actually, properly, define "medically necessary," and, not allow some guy with a pencil-neck, sitting behind a phone, talking about "medical necessity," when we have people that are about to die.

And, somebody else -- a parent also talked about the process needing to be much more streamlined.

On the prevention end, this may not be the prevention, but, anyways, as a deliverable: Docs are prescribing opiates, and Carol talked about this, in large quantities.

We need to follow up on that: Actually holding doctors and the medical community accountable, including the number of pills.

It was brought up by Carl Albano, who I think has since left, about prescription to children under a certain age.

And then, when we were talking about, I think it was Brewster --

Principal from Brewster?

DANIELLE SULLIVAN: I'm an assistant principal.

SENATOR BALL: Okay.

Well, next year, next year.

-- a cultural shift, that we actually have to

involve the parents.

And my -- are there any other superintendents in the room?

My favorite superintendent, Tom Manko --

[Laughter.]

SENATOR BALL: No, it's true.

-- brought up the fact that the schools are extremely strapped, so we need to do these things in the community, involve the parents, and move on.

Guys, we will follow up.

Susie -- if my staff can announce themselves?

Susie is my chief of staff.

Raise your hand, Susie McDonough.

And then, [unintelligible].

[Applause.]

SENATOR BALL: If you have any easy questions, send them to me.

If you have any really tough questions, give them to Senator Carlucci, or Susie McDonough.

And then, [unintelligible] who's here, she's my legislative director. So on the legislative side, if you're interested in being involved in the process, you know, please contact her.

Senator Carlucci.

SENATOR CARLUCCI: Well, again, Senator Ball,

I want to thank you for putting this together.

And I just really want to say, thank you, to everyone that's here tonight.

Thank you to the parents who have lost so much, for sharing your story; for having the courage to stand up and share your experience.

Because that's what it's gonna take.

You know, we talked about some of obstacles, when we talk about an entrenched industry -- an insurance industry that doesn't like to change.

I think, with all of the obstacles that we've talked about, I also see a lot of opportunities, because, we are in a changing time.

Whether it's the Affordable Care Act, the move to managed care; locally, our Regional Centers of Excellence, with completely changing our psychiatric centers in the state of New York; what's important, as we transition, is that we have to take these ideas and these suggestions and make them a reality.

And, I heard so many different, important ideas and problems, that I think that we can address.

Whether it's dealing with Medicaid managed care, or dealing with private insurance companies,

making sure that there is respite for people that need it, these are really exciting ideas, if you will, that you've shared with us.

And I really just want to thank you for that.

We're continuing these hearings around the state.

Locally, across the river, in Rockland County, we're gonna have a hearing, or, another, roundtable, Tuesday, May 27th, and that will be in the middle of the day.

And, you know what? We brought up a good and -- a good point was risen by someone in the crowd, about having the insurance industry here.

So we'll make sure to invite them, to make it a point, particularly, to have them there on May 27th if we can't get them at a sooner meeting, to make sure that they're part of the dialogue, and they hear these stories; hear the stories of when they weren't there.

So, I want to thank you all again.

I thank Senator Ball, and thank Senator Boyle, and the staff here, for putting together this wonderful forum.

So, thank you, and look forward to working with you all.

[Applause.]

SENATOR BOYLE: I, too, want to thank Senator Ball and his great staff for putting this together.

And, Senator Carlucci, thank you for -- so much for coming.

I urge all of you, whoever -- if your schedule allows, to stick around for the Narcan training. It truly is a miracle drug, and we will save lives tonight as a result of it.

UNKNOWN SPEAKER: Senator Ball?

Senator Ball?

SENATOR BOYLE: Thank you to the panelists, and to the audience.

We had -- we have great ideas coming out of tonight.

And I promise you, that when we introduce legislation and pass it this Senate session, it's gonna be from the ideas we got tonight.

Thank you so much.

SENATOR BALL: Thank you, everybody.

(Whereupon, at approximately 7:46 p.m., the forum held before the New York State Joint Task Force on Heroin and Opioid Addiction concluded, and adjourned.)