BEFORE THE NEW YORK STATE SENATE
COMMITTEE FOR THE AGING

NEW YORK STATE FORUM/TOWN HALL

ROUNDTABLE ON THE
SAGE COMMISSION'S PROPOSAL TO MERGE THE
NYS OFFICE FOR THE AGING WITH
THE DEPARTMENT OF HEALTH

Senate Capitol Building
172 State Street
Room 124, CAP
Albany, New York

May 18, 2011
9:00 a.m.

PRESIDING:

Senator David J. Valesky
Chair

SENATE MEMBERS PRESENT:

Senator Martin Golden

ROUNDTABLE PARTICIPANTS:

Maria Alvarez
Executive Director of the
NY Statewide Senior Action Council

Allison Auldridge
Policy Associate
Services and Advocacy for GLBT Elders

Michael Burgess
Public Policy
NY Statewide Senior Action Council

ROUNDTABLE PARTICIPANTS, Continued:

Laura A. Cameron
Executive Director
NYS Association of Area Agencies on Aging

AnneMarie Cook
President & CEO
Lifespan of Greater Rochester

Ann Disarro
New York State Coalition for the Aging

Richard Haldeman
Long-Term Care Ombudsman Program,
representing the Alliance

Igal Jellinek
Executive Director
Council of Senior Centers and
Services of New York City

Molly Krakowski
Director of Legislative Affairs
JPAC at the Jewish Association of
Services for the Aged in New York City

JoAnne Martel
Public Policy
NYS Association of Area Agencies on Aging

David McNally
AARP

Edie Mesick
UJA Federation of New York

Nancy Miller, LSMW
Executive Director/CEO
VISIONS/Services for the Blind
and Visually Impaired;
and president of the NY Vision
Rehab Association.

Christopher Nadeau
NYS Adult Day Services Association

ROUNDTABLE PARTICIPANTS, Continued:

Deb Ritano
Jewish Family Services for
the NORC project

Mike Romano
Director
Oneida County Office for
Aging and Continuing Care;
also, board of directors of the
NYS Association of Area Agencies
on Aging

Carin A. Tinney
Policy Analyst
United Neighborhood Houses

ALSO IN ATTENDANCE:

Brendon Bachelor

Jean Cerenos

Brenda Marino

Ed Wardenstein

Frank Stevio

SENATOR VALESKY: I want to welcome everyone to -- this is called "a meeting of public interest." It's intended to be more of a roundtable discussion than what a public hearing would be. And I thought that might serve our purposes better for the topic that we're discussing.

For those of you who don't know, my name is Senator David Valesky. I'm the chair of the Senate Aging Committee.

And, I have an interest in gathering all of you together, and many of you have actually reached out to me in my office, to have a discussion about the SAGE Commission's work, and the work that they're doing right now, and what may or may not be included as part of their report as it relates to the state Office for the Aging.

Just before we start, the reason for the microphones, we in the senate have -- as, hopefully, many of you know, are placing a high priority on transparency and openness in government. So, this meeting is being webcast. And that's why the technology, here.

And, in fact, anyone who has any comments, who might be watching this, we certainly ask you to submit them to my office.

So, again, this intended -- we may have other members of the Aging Committee join us. There are a number of things going on here in the Capitol this morning. So, hopefully, we'll have some of my colleagues join us as well.

I thought what we could do: We have about an hour, give or take, and this is intended, again, to be a rather informal conversation.

My goal in conducting this roundtable discussion, is to listen to all of you, to take your comments, to take your suggestions. And my intent is to catalog the comments that I receive here today, and get them to the SAGE Commission, and Paul Francis, who is heading up that effort, just as soon as possible.

The intent is, therefore, that all of you will have a voice in the commission's deliberations, which may be taking a while. I think that, you know, from a process perspective, I think it may be taking a little longer than they had originally anticipated; but, that's fine with us. It gives us more time to make our case.

So, I think with that, I would just like to go around the room, and have everyone, at this point, introduce themselves; tell us where you are

from, and then we'll open up the conversation.

So, if we could, we'll start on my left.

MS. MILLER: Hi. I'm Nancy Miller. I'm the executive director/CEO of VISIONS/Services for the Blind and Visually Impaired; and president of the New York Vision Rehab Association.

And we serve people who are blind and visually impaired in the New York City metropolitan area.

And, NYVRA, the association, represents all of the vision rehab agencies, consumer groups, and people who are blind, around New York State.

MS. KRAKOWSKI: Hi. My name is Molly Krakowski. I'm the director of legislative affairs in JPAC at the Jewish Association of Services for the Aged in New York City.

MS. ALVAREZ: Hi. My name is Maria Alvarez. I'm the executive director of the New York Statewide Senior Action Council.

MR. BURGESS: Mike Burgess. I'm doing public policy work for the Statewide Senior Action Council, now.

MS. MESICK: Edie Mesick. I'm with UJA Federation of New York.

MR. JELLINEK: Igal Jellinek. I'm the

executive director of the Council of Senior Centers and Services of New York City.

MS. COOK: AnnMarie Cook, president & CEO of Lifespan of Greater Rochester.

MR. McNALLY: David McNally, with AARP.

MR. HALDEMAN: Richard Haldeman. I'm with the Long-Term Care Ombudsman Program, representing the Alliance.

MS. TINNEY: I'm Carin Tinney, policy analyst for United Neighborhood Houses.

We have a federation of 37 settlement houses and community centers around New York City.

MS. RITANO: I am Deb Ritano, for Jewish Family Services for the NORC project, and our mission is to help seniors age in place.

MR. ROMANO: I'm Mike Romano, director of Oneida County Office for Aging and Continuing Care.

And, I also serve on the board of directors of the New York State Association of Area Agencies on Aging.

MS. CAMERON: I'm Laura Cameron, executive director of the New York State Association of Area Agencies on Aging.

MR. NADEAU: Christopher Nadeau, New York State Adult Day Services Association.

MS. MARTEL: JoAnne Martel, public policy of the New York State Association of Area Agencies on Aging.

MS. AULDRIDGE: Allison Auldridge. I'm the policy associate for Services and Advocacy for GLBT Elders.

MS. DISARRO: I'm Ann Disarro, and I'm with NYSCA (the New York State Coalition for the Aging).

SENATOR VALESKY: And in the back?

MR. BACHELOR: Brendon Bachelor (ph.) from our town hall.

SENATOR VALESKY: Okay?

MS. CERENOS: Hi. Jean Cerenos (ph.), from [inaudible].

SENATOR VALESKY: Back there?

Go ahead.

MS. MARINO: Brenda Marino.

MR. WARDENSTEIN: Ed Wardenstein (ph.).

MR. STEVIO: Frank Stevio (ph.), [inaudible].

SENATOR VALESKY: Very good.

Thank you all for being here.

I'm going to ask -- even though he doesn't know this -- I'm going to actually ask Mike Burgess, who, as all of you know, is a former director of the state Office for the Aging, actually, speak first,

and offer us his thoughts, from his perspective.

And then, again, really, the intent is to have a give-and-take. I would like everybody to have an opportunity to, certainly, weigh-in. But, certainly, feel free to have a back-and-forth, because that's the intent of doing this in this format.

So, Mike, if you wouldn't mind kicking us off, that would be great.

MR. BURGESS: Thank you for having this meeting, Senator, because we requested that you do this, and appreciate it.

I would just say, to start, that, you know, the state Office for the Aging, the history of it, 50 years, actually, this year, Governor Rockefeller started it before there was an Older Americans Act, and before there were state Offices for the Aging.

But, anyway, you know, for 45 years, there has been a state Office for the Aging in New York State. And it has been, the original charge of it, was to be an agency to, advocate, and serve older people, across the board, on a wide variety of issues and concerns.

And, then, you know, here in New York State, we have an elder law that was put into place also.

And I think, in the context of the discussion today, I would like to keep pointing out, that the mission has always been very broad. In fact, the idea was, at the time, when older people were not being fully represented in state government, and had a lot of very serious problems, which many of us have helped to address over the years, that older people needed an advocate in all of state government. Not just providing services, but that there would be an agency that would sort of do an aging-impact statement about everything going on in government, whether it be in, health or housing, discrimination, or whatever.

So, that's been the nature of the agency.

And, then, the network of county agencies, over the years, of course, has been fully developed, along with all of the program and services in different areas that are represented at the table here today.

And I think that many of us feel that, as we go forward, looking at, certainly, the fact that there can be some efficiencies, and some administrative changes, that will be saving some money, and maybe make services more coordinated, we don't want to lose the things that have made this

network so unique and special. And that older people look upon this as their gateway into state government.

It's really kind of a constitu- -- one of the few agencies that really, as opposed to being regulatory, or just a bureaucracy, is the constituent service agency, that provides some direct services, like the ombuds program, is actually run by the state Office for the Aging. The only program that the state actually runs.

And, then, having a senior citizens' help line, having a governor's advisory council, I think that all of these issues, as we have heard some of the debate about the SAGE Commission, are these kinds of things, this kind of entry, this kind of outreach to the public, is this going to be maintained?

Or, you know, if there are other alternatives, let's separate out some of the functions that we've seen, and make sure that, that just for the sake of efficiencies, that we don't lose the advocacy part of it.

So, that would be kind of my overview of this, but everybody else has a lot more they can give.

SENATOR VALESKY: Who would like to --

MS. MESICK: Laura, do you want to speak first, and then I will?

MS. CAMERON: Sure.

MS. MESICK: Okay.

MS. CAMERON: Well, Senator, thank you again for convening this meeting. It's very important, as we're looking at the future of aging.

In preparation for this meeting, the group that is seated today has been working together in an informal coalition. We've been having a lot of conference calls and in-person meetings.

And our goal was, really, after we saw the SAGE Commission's goal of efficiency in government, et cetera, and there were a few recommendations that, you know, have bubbled to the surface from, apparently, their steering committees, and, we, as various groups representing senior programming, got together and said:

Let's collectively put our minds together, and what can we dream that the state Office for Aging could be? And, what would the possibilities be?

And, how could we best serve the seniors of this state? -- which, pretty soon, will be us,

sitting in the room. I think we're all realizing, that's kind around the corner for us as well.

So, how can we put our minds together, and make a recommendation to the SAGE Commission, and to you, as chair of the Aging Committee?

And, what would it look like? What would we call it?

All of those kinds of questions we've been talking about.

So, we do -- we do -- we did put together, actually, a written proposal. And we'd be happy to share it with you.

To be honest, we finalized it in the late hours last night, so --

[Laughter.]

MS. CAMERON: -- sort of "hot off the press," if you will.

But, what we would like to do is, I'll introduce the concept. And, then, there are some others that will really talk about the underpinnings and the guiding principles that got us to the proposal we're going to give to you today.

SENATOR VALESKY: Great.

MS. CAMERON: Essentially, what we have proposed, is something that we call "The Office for

Aging and Community Supports," with added responsibilities; because, we believe that NYSOFA has always been the picture of efficiency, and has delivered services exceptionally well.

Mike Burgess is a previous NYSOFA director; has highlighted a lot of the really good things that NYSOFA has done.

What we envision is, an enhanced-and-improved NYSOFA; because, you know, as our state has fiscal issues, we believe that NYSOFA is well positioned to provide the cost-effective services to keep seniors in their homes, which is where they want to be.

And, they only can do that, however, if they do have additional resources and additional programs that helps seniors.

You're well aware of all of the demographics of seniors. And we really believe that this would position the state office very well, for the future, and for our seniors.

And as we examine this, what really led us to this, was a long list of guiding principles, that Edie will talk about, which will help you to understand how we came to that conclusion.

MS. MESICK: Right.

So, we wanted to approach the question,

because we both understood that there was a proposal, perhaps, that the SAGE Commission was considering.

But, we also understood that the real question is: What is best for the aging of the population in New York State?

And, also: What is best, from a public policy perspective?

And, so, we looked at, really: What are our guiding principles?

What do we think are the issues that need to be considered in any configuration of service delivery in New York State?

And, so, we started to understand, to make clear to ourselves -- and we thank you again, Senator, for this opportunity to make it clear through your efforts as well -- that the aging process is multi-faceted. That it is not -- most seniors, as they age, do not need medical services. What they need is social supports.

And, as Mike said, as Laura said, it's so important that this ---therefore, that the state's Office for Aging services be, really, an independent office; an office that reports directly to the Governor, so that it really reflects the voice of

the people.

We looked at the fact that, obviously, aging in place, in homes, and with community-based services, is the least expensive, and the most appropriate, way of delivering services.

So, that has to be a part of whatever this new entity looks like.

We recognize that the ombudsman program is a very successful program. And, it needs to be protected from conflict of interest with an agency that otherwise regulates services.

So, we put that down as one of our guiding principles.

We also recognized that there is an important opportunity in this question for many other services that are provided in different agencies in New York State.

And, therefore, our recommendation is, that we have, truly, a strengthened Office for the Aging, and an Office for Aging and Community Supports, that takes in some other of the services.

So, those are our guiding principles. That's how we came to this recommendation.

And I'm sure there are others who want to jump in, from their particular perspectives.

MS. COOK: Senator, AnnMarie Cook again, from Rochester.

We also talked about strengthening, really, the Office for Aging, for two reasons, as others have said:

One: We recognize the difficult financial times that there are. There is no question about that, and that services have to be delivered in a cost-effective manner.

Second thing: With this proposal, that we're saying, preserves the desire of older adults to remain independent.

And I think the philosophy of NYSOFA has always been to support and empower older adults; and, therefore, has always led to that cost-effective way.

We're also suggesting, in addition to state Office for Aging programs, because they are disbursed throughout the state, I'm just going to name a few:

First of all: The Kinship Care Program currently resides in the Office of Children and Family Services, in which, of course, is Grandparents Raising Grandchildren.

And those individuals can benefit greatly, I

think, from other support services that Office for Aging could bring, and melding that into the office.

Second one: HEAP, the heating assistance program for older adults over the age of 60, currently, an OTDA, and, as we all know here, that provide direct services. There are so many older adults who need that assistance. And, need many other programs, that they need HEAP services.

Third one we'd like to talk about is: False Prevention Program.

Currently, in the department of health, falls are the leading cause of accidental death in older adults.

Also, is a great way, very cost-effective way, in which we can provide evidence-based services to older adults, to prevent falls, in our senior centers, and other areas where older adults gather.

And, then, the residential emergency services, home repair, to the elderly; once, again, helping them remain independent in their own community.

There are other services in other areas of state government. We have highlighted these, but we would like to bring these services that help older adults under the umbrella of the Office for Aging

and Community Support Services.

MS. ALVAREZ: Maria Alvarez, from New York Statewide Senior Action Council.

The other thing is, that we also recognize that the population of New York State is increasingly aging, so the infrastructure has to be adapted to what the population realistically is becoming in New York State. And, so, all of these services would be more efficient.

In order to provide them a more efficient service to the -- this population, it would be better to do, you know, to consider it, this proposal.

The other thing is, that, all of these -- all of these programs represent economic stability for seniors. People who are living on fixed incomes need these supports in order to stay in the community.

We have -- through our study, we have found that, on the average, in New York State, it takes about $26,000 for a healthy senior to live in the community, independently. You know, that's without any type of home care or home attendants or long-term care in the community.

We also know that only a quarter of the

seniors live socially on social security, which is about, you know, $14,000, this year.

So, in order to bridge that gap, we need these services in order to keep seniors in the community, which are becoming the largest part of the population.

MS. MILLER: Nancy Miller, from VISIONS.

I wanted to add to what Maria was saying, but from a slightly different perspective.

People think of NYSOFA as an umbrella, but I think of it as an upside-down funnel.

NYSOFA has a brand. It is well known. It is where people focus when they have a question, of all economic backgrounds.

And, although NYSOFA has been a strong voice for people of low income and limited income, what they have been able to do is, mobilize people of all economic backgrounds to build the supports that older people need.

They may be well-off today, but 30 years from now, when they outlive their savings, they may not be so well-off.

So, think of NYSOFA as the funnel.

It's like a laser. Everybody knows where that point is.

That entry point is NYSOFA.

And, then, the funnel opens to all of the other services and supports that exist, both, in the Aging Network, but also in the other agencies around New York State.

The role that NYSOFA has played, as an advocate, to amplify the voice of older people, is, actually, to work collaboratively with other state agencies.

So, for example: The New York State Commission for the Blind and Visually Handicapped, which is housed in the Office of Children and Family Services, for the 200,000 older severely visually impaired and blind people, CBVH, the commission, works collaboratively with NYSOFA so that they can get the information out to the population that is most in need.

I understand the purposes behind SAGE. And there are some state agencies that, if they were to disappear, nobody would notice.

NYSOFA is not one of them.

NYSOFA is so well known, and is such a focal point, that its loss would be like creating a black hole.

I think it also represents the extreme

diversity of New York State. And some of the recent census analysis, is that, as New York State ages, it's not just the 60-and-over population, but we have fewer younger people. And the average age upstate now, has gone up several years; which sounds like not much, going from, maybe, 30 to 33, average. But, when you look at what makes that happen, it's that dramatic increase of the 85-plus population.

It's people who are the most frail, the most vulnerable, that's where you find most severe vision loss and blindness. You're talking about other disabilities that people have to manage with.

But, if you talk to older blind people, and if you ask them, "Are you sick?" they say: Absolutely not. With rehabilitation, with support services, with transportation, with respite, I'm not sick. I just need access. And with that access, I can be as independent as any person, with or without sight.

That's what NYSOFA is able to do; is to take that resource, that is the strength of New York, and provide it to individuals, so that, not only can they age in place, but they can age in place as healthy as possible, which is less stress on all of the other resources of New York State.

So, it's nursing-home diversion, it's Medicaid delay.

We're not going to say that our services prevent people from needing long-term care. But, if we can delay it six months, eight months, nine months, that's billions of dollars of savings for New York State.

So, why fix something that isn't broken?

NYSOFA works.

And it works as a collaborator, and it works as a focal point. Everybody knows it's there, uses it. And, NYSOFA has been agile enough to really meet the needs of seniors who ask for it, and need very different things.

SENATOR VALESKY: Uh-huh.

I want to follow up on one of the points that you made. But, before I do that, I want to introduce Marty Golden, who, as all of you know, is former chair of the Aging Committee, and a tremendous advocate for seniors around the state.

We just began about, 10, 15 minutes ago.

SENATOR GOLDEN: Thank you, Senator.

SENATOR VALESKY: And the participants here have, actually, done a lot of homework already, before this meeting.

And, Laura began -- actually, Mike began.

They have actually put a proposal together, that would actually strengthen the role of NYSOFA, as opposed to potential of diluting that role.

SENATOR GOLDEN: I happen to agree with them.

SENATOR VALESKY: I do too.

[Laughter.]

SENATOR VALESKY: Very wise.

Let me, just, to your point, you had said, many seniors, who view NYSOFA, and use NYSOFA, and your point about them not being sick.

You know, we have all heard the potential of NYSOFA being, in some way, shape, or form, folded into, or swallowed up, by one of the largest agencies in the state.

When you think of state bureaucracy, you know, you think of the department of health.

Can -- I would just like, maybe, some folks to speak to that particular issue, and what that -- the message that that could send to seniors in the state, if, in fact, that's what --

MR. JELLINEK: Igal Jellinek, Council of Senior Centers and Services.

I think we're at a critical time in services; in aging and health services.

And I think we -- there's an opportunity here to really do some culture change.

With the longevity revolution, people are living longer. The issues out that there are no longer acute care.

The system has to shift into chronic-based care. And that's the home and community-based services that folks around this room provide.

And that is also, less expensive. It makes sense. It gives us social supports in the community.

One of the other points that we thought of, we came to the conclusion, is that, the state Office for the Aging needs, as representing all the seniors in New York State, not just the people who are on Medicaid, is, needs to have an identity of its own, and needs to report directly to the Governor, not to the health commissioner.

I think it medicalizes the process.

And I think, if we're going, and with the baby-boomers coming, I think it's critical that the state Office for the Aging be enhanced with the social supports.

So, instead of things going over to health, is that, health -- some of the health programs that

have been stated here, and I'm sure there's many others, be brought over to SOFA, and really make it a robust state Office for the Aging, because that's where the needs are going to be, and that's where the services, that are in the community.

Because, if you want to age in place today, you don't need high-tech supports. You need your Meals-on-Wheels. You need to have a case worker. You need to have -- when you're discharged from the hospital, you need to have a set of services that don't bring you back into the hospitals, which the hospitals are no longer going to get paid for, including falls prevention.

So, all I'm saying is, there's an opportunity to really shift this whole system, and rebalance it.

And I don't think this comes along a lot.

It's really a critical time for us, right now. And I think we all feel very strongly about this; that there needs to be, instead of the state Office for the Aging going over to health and becoming medicalized, it's sort of the reverse, and having an identity, and making it much more robust, and representative of the aging population in New York State.

MS. DISARRO: Ann DiSarro, from NYSCA.

I think there's also a culture difference --

MS. MESICK: Absolutely.

MS. DISARRO: -- between the community-based service providers and the health system.

I sit on the board of Northeast Health, which is a local large health-provider organization. And having worked in the aging field, I can now see both sides of that street.

The health system is very regulated, and everything is very prescribed. And there is no -- or, little opportunity for responding to, kind of on-the-ground operational efficiencies and needs of the consumer.

The aging system has been developed across the country, in a very different mode; looking to having local development of service provisions.

One area agency is one area agency, across the state. They are: Take their money, and respond to the needs that are in the community, according to what other community supports are there, trying to maximize the resources among the community.

It's a very cost-effective way of organizing service-delivery system.

And that's why we think, if we look at companion services in the department of health, and

bring them to Aging, we actually think we can help save money.

This is an opportunity to kind of take the Governor's challenge to all of us, to look at how we can be more efficient and effective, and kind of turn the idea on its head, and say: We agree. We think there's an opportunity to save money here.

But, it's to look at this more, community-based. Use the power and strength of the community. And, also, of older people.

We're very committed to using the independence and power and strength of older people, to advocate for themselves. But, also, they can be a force of doing good things in the community, not just receiving services.

Aging is not a health issue. It's actually a resource that we can look at in the community.

So, there's a very acute culture difference between the two organizations. And we think that there is a danger that the strength and the cost-effectiveness that the Aging Network now provides, will get lost, if we made this move into health.

SENATOR VALESKY: Let me just come back to you. I know that David wanted to jump in, and then

we'll come back with you.

MR. McNALLY: Well, thank you, Senator Golden, and Valesky, for this opportunity. We very much appreciate it.

Well, this is upside-down conversation for sure.

I think she referred to it as "a funnel," and said to think of everything in reverse.

I mean, to take a well-run, fairly small agency, that has a very targeted purpose, and has a very clear mission, and to dump it into the abyss of what is now called "department of health," makes no sense, politically, economically, and even from a public-policy perspective.

And I don't want to repeat all of the words that have been said here, but, you know, I'm --

I am David McNally, with AARP, by the way.

Hello.

[Laughter.]

MR. McNALLY: You know, we have 2.4 million members.

50-plus, and aging, is not about a disease.

Aging is not an illness. Aging is not a disease.

And when we put it in the department of

health, that's immediately what it becomes, in everybody's mind. Okay?

So, rather than saying, maybe we've -- maybe the staffs for Aging should, somehow, be put into that abyss of DOH, DOH ought to be taking some lessons from what SOFA does.

And I think the whole idea that this is just about the medical model is a terrible way for this state to go, again, both from a public-policy perspective and from cost perspective, as Ann and Michael and Igal have suggested.

The -- this is an opportunity, for sure, though.

Aging is not just health. It's transportation and housing, and older workers, and discrimination. And those issues are -- do not belong anywhere in a place called "the department of health."

But, I do -- as Ann said, this as challenge by the Governor. We should take that up and run with it. That this is the time to create a robust, fully integrated opportunity for us to -- for all aging in New York.

And aging is not just 65-plus. We're all aging. And it's an office that is called upon

frequently by those who are not, what we consider, older, but those who are grappling with trying to provide those services to the aging, of caregivers, of family members.

So, it is an office critical to people of all ages.

And I might say that, I think we learned, I think, a terrible snapshot of what the future might hold. We kind of saw this most recent budget with New York Connects.

We almost lost New York Connects because, the health department, or DOB, or somebody, said, "Oh, here, we need this one," without thinking about the long-term consequences as it relates to state and federal health-care reform.

And we needed an ABRC. And, here, we almost -- we've got one on the works here, and it was almost thrown out because we needed to save money.

Again, I think that we're going to see more and more and more of that, if SOFA does not remain, and become even more, a powerful voice for the senior.

And the last piece I want to add is what Ann alluded to about, about, this isn't just about --

this is a two-way street.

This is: How do we provide the supports, and services, so people can remain in their homes and their communities, which we know costs less money, which we know have better outcomes?

But, it's also the other way around; how can all of us create opportunities to help to provide those services?

We have a vast array of volunteer opportunities before us, if we could seize just a moment to create the communities, or "villages," as some are calling them.

A volunteer; you know, we see what high-cap counselors can do. But we also know, there's bill-paying programs, and delivering meals, and escorts to medical appointments, in the community. These are all, yes, sometimes they need to be paid for; but, many, many times, they can be developed into volunteer opportunities.

Again, we're saving money. We're providing a method to deliver them in the community, and the locality.

And, even pet walking, frankly. We all know the importance of pets in some of the older people's lives; in particular, when it comes to isolation.

That's another type of service.

But, we should be seizing this moment, for sure. And, not running from it, but running to the SAGE Commission and saying: This is our moment. We need to plan for the future, and for the burgeoning elderly population in the state.

SENATOR VALESKY: I couldn't agree more. That's a great point.

Michael, before you do it, I just wanted to ask a question, and correct me if I'm wrong.

But, this notion of an aging -- an "Office for the Aging" director, reporting to someone other than the governor, and, therefore, not a cabinet-level position; does not the federal Older Americans Act require, for receipt of certain federal dollars, require cabinet-level position for -- and I'm looking to you, Michael?

No?

MR. BURGESS: There has to be a director. But, you know, a lot of these states have a health -- have, like in Washington, health and human services, and then there's an Aging division within that.

But, a lot of them are independent.

In our elder law, which was enacted, it says

that there has to be a director, I believe, reporting to the governor.

And I think the point here is, that, if there were a proposal to change that, you would be changing the elder law. And we'd like to know if that was the intent, if that's what the SAGE Commission comes up with.

But I think that's a good point, because the director should have the governor's ear, and should be confirmed by the senate. Otherwise, it's just a division within another department.

SENATOR VALESKY: Mike?

MR. ROMANO: Mike Romano, from Oneida County.

And I just thought it was important to speak to the fact that there are a number of counties in New York State who have effectively blended Older American Act programs with Medicaid long-term care community-based programs. And it has proven to be cost-effective and consumer-oriented.

For example: Those counties, at the programs, can, you know, seamlessly transition consumers from non-medical programs into more skilled-type community-based services, fairly seamlessly. And it has proven to be a good model of Aging services.

The key to that, though, is that, the Aging Network really needs to be the focal point for those types of programs and services.

The Aging Network, especially in the last few years, has really taken some federal dollars and federal programs, and created consumer-directed care under the Older Americans Act.

So, it's proven to be able to administer, you know, flexible consumer-directed services.

I feel that any model that the Aging Network is not the lead of, you know, would be a detriment to the aging population, and their consumers.

And just one final point, is that, just within the last two years, other networks, such as the Veterans Administration, has looked upon the Aging Network as a leader for community-based care, and has established partnerships with several counties here in New York State, to provide services for veterans; long-term care services for veterans.

SENATOR VALESKY: Richard?

MR. HALDEMAN: Yes, Senator, thank you for inviting us here today.

My name is Richard Haldeman. I represent the Ombudsman Alliance.

By the way, the "Haldeman" name has no

reference to any past political parties down in Washington.

[Laughter.]

MR. HALDEMAN: As the ombudsman program is listed, we came here to Albany, February 8th, to make our legislators aware of the ombudsman program.

Many people in this state, when you mention "ombudsman," they look at you, like, funny, "What is that?"

We're the largest volunteer organization in the state of New York.

We are under the Department of Aging. We're funded by Title 7, the Older Americans Act. So, we have the money from the money stream that does come from Washington, and it's disseminated through the Office of Aging.

Last year, our volunteers provided over 206,000 volunteer hours, to nursing homes, assisted livings, family-type homes, adult homes.

If the department of health had to take over that, that equates to about $5.8 million that the state would have had to spend to send people from DOH out, to do the same job that our volunteers do.

So, we're probably one of the few programs that don't normally come in and ask for money. Our

funding does come from Washington.

And some of our concerns would be:

If we were to go under a department of health-type environment, how would that money stream be disseminated?

Would it be, continually with, the Aging, you know, budgeting program? Where would it go?

Also, another concern that we have is, our program is very unique, in that, as we certify our volunteers -- which we are doing around the state now, again -- we are exempt from all HIPAA laws when we advocate for residents in nursing homes, assisted living.

Our advocacy is that of, you know, a doctor-patient, lawyer-client.

We also spend a lot of time in these facilities that, normally, a person in a working environment would not be able to do. Our volunteers are in nursing homes, two, three, four hours a week, trying to maintain, and indicate, that the care is being provided, that's supposed to be provided, in those facilities.

So, we advocate for that.

Protections under the Older Americans Act, are unique to us alone. And our concern, that if

Aging did move into another entity of DOH, DOH is part of what we work with. But, also, when we find problems in facilities, we have to move that, sometimes, up the ladder, to DOH, and -- to look into it.

And if they decide that it's not something that they feel is a complaint in a nursing home, they could kind of overrule, or cause a conflict, if you will.

So, conflict is another issue that, you know, we really can't be a part of, being the unique program that we are.

In our autonomy, is what I was talking before, DOH being a licensing agency, also, could overrule some of the concerns that we would have in our advocacy. It would put us in a very difficult position.

And, perception, more than anything else, if we were to tie into an entity, such as DOH, the people that we advocate for, and the staff and people that we become involved with in facilities, know that DOH comes in and does surveys every 12 to 15 months.

They come in, looking for critical issues that, you know, they want to cite you for one thing

or another.

By being autonomous, we, many times, hear from staff, administrators, about issues that are very high concern, through the department of health.

So, when you get down to where the rubber meets the road, our autonomy, and conflict-of-interest issue, is extremely important, to ensure that this program is viable, and continues.

And I heard around the table, saying, that the population is aging.

Well, it is. We're all aging. And I'm doing it pretty fast myself.

[Laughter.]

But, when you look down the road, with the baby-boomers coming through the doors, nursing homes are going to be expanding. I hate to say that, but it's going to happen, even though you're going to do a lot of care in home, you know, in-home care.

So, you know, the ombudsman program is very vital. They're probably the most vulnerable part of our society.

We don't want to see that interrupted, and be in conflict with, or have another interest, that, you know, may be detrimental to what we do.

And I got to tell you: We're teaching an ombudsman certification course right now, up in Saratoga. We have 24 people.

People come from all walks of life to become volunteers in this program. And they are the most -- I just can't -- their advocacy is just something that they bring to the table, they bring it to these people, in nursing homes, and assisted livings. You know, it's almost like it's their family. People create that relationship.

We would not want to lose that; that ability to do that.

And we, also, and I think, the gal that mentioned before, I think that the SOFA, director, or whatever may be the outcome of this, should have the ear of the governor's office.

And I don't really have anything else.

MS. MESICK: Senator, one other comment from one of the other meetings that we had: We heard from a North Country local Office for the Aging, that talked about their blend, also, of the medical, with social supports, again, directed by the local Office for the Aging.

And they talked about difficulty in getting answers and direction from the health side for some

of the work, from the state Department of Health.

And only recognizing, kind of the size of the bureaucracy, and the way in which questions, by culture, need to be answered; as opposed to the way that the Office for the Aging -- the state Office for Aging is able to provide support.

So, again, it's an example to your question of: What are some of the issues we see, if we were to make the move in that direction, as opposed to really strengthening the state Office for the Aging.

MS. AULDRIDGE: If I could build off the point you're saying, I also think --

My name is Allison Auldridge, from Services and Advocacy for GLBT Elders.

-- and I wanted to raise the issue of the population of older adults who are in the greatest social and economic need, which is something the OAA spells out as a mandate for state units on aging, which is -- which are groups that, I think, that most of us are concerned about, kind of losing a focus if NYSOFA were to be absorbed into DOH.

These include: People of color. GLBT elders. Older adults with HIV, disabilities.

A number of these groups experience extreme health disparities. They have lower rates of

health-insurance coverage, higher rates of diseases. They experience more stress than other counterparts of their age.

So, I think that that's another concern that we also outline in our principles, as a concern for what happens when the DOH is overseeing all of these.

MS. MILLER: I think, also --

Nancy Miller, from VISIONS.

-- that my experience with the department of health -- and we are not funded in any way by DOH, so I don't speak as a contractor -- it's a very rigid system by -- by its funding streams.

NYSOFA is, soft, and cushy, and it molds to the need.

And I think that --

SENATOR VALESKY: Is that your legacy, Mike?

MR. BURGESS: I hope not.

[Laughter.]

MS. MILLER: But the point is, that -- and I think it's been mentioned by most of the speakers, that there's a creativity and flexibility that is allowed by an agency that has to look at, new ways, pilots, demonstrations, new ways of communicating.

I think the strength of NYSOFA is actually in

this room, if you see the diversity of the various Aging cohorts that are being represented, that's natural for NYSOFA. We all sit together, and figure out how to blend what is there.

That's not the culture of DOH. And it's much harder to get to the level of a decision-maker; whereas, the director of the state Office for the Aging has always been extremely accessible. You pick up a phone, and you can actually get to that person.

And that's what state government should be.

Why is state government in business? It's for the people.

NYSOFA is state government, that is accessible to the people; the little people, as well as the advocates.

And that's something you would lose through the culture of DOH.

SENATOR VALESKY: Well said.

MR. BURGESS: I just want to make one point about what Rich said, because I want to illustrate, there was a real conflict of interest that we faced last year.

The ombuds program was appointed by the bankruptcy court to represent the patients -- or,

the residents of four nursing homes, Northwoods, that was go through a bankruptcy proceeding. And that court put the ombuds program -- the judge said, "I will decide this case on the best interests of the patient" -- "of the residents."

And what the ombuds director says -- and the local ombuds' director, not the state office -- "Will be what I determine."

That situation was not exactly -- I mean, the health department did go in and inspect these facilities, and try to make sure that they were not short-staffing during this bankruptcy proceeding.

But if the ombuds program had said, they are being mistreated, and whatever, and those facilities had closed, that wasn't necessarily a gift to the health department, because they would have had to look at finding a place for all of them.

So, that's an example of where there was a direct difference between what the ombuds program would be doing, and I'm not saying the health department didn't care, but it would have had a different role, and a different purpose.

And I wanted you to be aware of that because there are other responsibilities that the ombuds program has. And recognizing -- the bankruptcy

court recognizing them is something totally outside of state government.

SENATOR VALESKY: Deb?

MS. RITANO: Hi. Deb Ritano, from Jewish Family Services, the neighborhood NORC program; and, so, I have the opportunity to really give direct service.

And what I wanted to say, something that Nancy had said, when she was describing the "cushy" NYSOFA, was, for us to be able to pick up that phone and speak to them directly is very important, because they are the agency that combines their head and their heart when they're dealing with an individual. And you can call, with an individual, through the NORC program.

And for us it would be disastrous, if, in fact, as you said, we were swallowed up by the department of health.

Our seniors are -- we do not have a medical model. We have social model.

We do, now, have a part-time nurse who can follow up, so that we can prevent re-admission to the hospital.

We have a handy man that the seniors can call, to come and change that light bulb, or to be

able to clean out those gutters so that they won't fall.

We're able to do those kinds of things.

But, the bigger part of it is, is that, on that grant, we're a bigger -- has -- is a bigger partnership, with all of these senior services and Catholic clarities, and all of the other people around the community, who are able to support that NORC initiative, to be able to respond to the needs of the seniors in the community.

MS. KRAKOWSKI: Molly Krakowski at JSA.

Actually, I wanted to go back to what Nancy said, and what we talked about, in terms of that point of entry, because I think that that speaks a lot to the difference between the two directions that are sort of in front of us.

A lot of energy went into bringing us all to the table, creating these points of entry, looking at how we can all work together, being community partners with the state Office for the Aging.

We were reached out to when it came do the Medicare Part D enrollment, education. A lot of us had been involved with the advocacy when it came to you know, Part D, for example. But, then, we were the same go-to people when it came to trying to

educate people, and help them to figure out how to navigate the system.

I think that it's, both, tangible, and it's also the perception of, if you fold in aging into this vast DOH, or other, you know, medical model, it loses that exact piece and component which all of us, I think, are connected to, which is, that we are a partner with this state.

We are very effective at getting out the information, communicating with people, and saving a lot of money in the process by funneling people to the right direction -- you know, getting people to the right service, in the right way, and so that they're not inundating a health-care model or a health system.

And I think, also -- and I'm not a dollars' person -- but, I think it's clear, that once an Aging department would be folded into a health model, we're no longer really on the -- we're no longer a point of interest in terms of looking at a budget.

I think it then becomes this enormous budget that we always look at. And, how can we cut the budget? And, how can we slice-and-dice these huge departments?

And, Aging is just inside there, somewhere, but it's no longer on the radar as a distinct budget cut, or as something very clear, and how it's going to affect all of us in the community.

So, you know, we are a lot of big and small agencies out in the community. And we do represent very different but conjoined -- you know, conjoining organizations.

And, that network, I think, would be completely decimated once folded into a different model.

I think that things we do now with VISIONS, for example, or other groups which are now under state Office for the Aging, would then fall under some other category within health.

It wouldn't necessarily be that same flow that we currently have, and where we are able to pull together and say:

Okay, what do we all need?

And, how can we word this so that it's inclusive?

Or, that, you know, we're really recognizing where the state is coming from, but also not losing where we all are.

And the other thing is, this idea of block

grants being the answer, when a lot of us have been doing services in the community, and have a lot of experience doing really good work in the community. And trying to sort of not lose sight of what's a lot of work has gone into over the years, in developing that other model.

MS. TINNEY: Carin Tinney from United Neighborhood Houses.

I just wanted to build on a lot of what's been said here, and to speak a little bit about what happens when you medicalize a service.

When you think about somebody who has, say, dementia, and they go in to a doctor; and, what does the doctor do?

They prescribe, like, an anti-anxiety medication and anti-psychotic, Aricept. They treat the symptoms. Right?

The programs offered by SOFA will look at the whole person, and look at the whole family and the whole support system, and help that person and that family get along in society, that's the community, which is often the sick part. Right?

They'll look at, you know, if somebody is in the third stage of dementia, or they're speaking in tongues, and they don't know, you know, what

their -- their spouse doesn't know what they're saying anymore, they'll help their spouse, as well as the person who has dementia.

So, SOFA programs often look at the broader picture. They're not just looking at blood-pressure outcome. They're looking at the whole person, the whole community, the whole support network.

So, that's -- you know, that's one of the downsides of a medical model, is that, you're losing sight of the whole self -- to which SOFA does, amazingly so, with NORC programs, with SAD programs (social adult day), with case-management programs, caregiver-support programs -- you know, in addition to the financial cost of medicalizing something, that that is there, and that's very much a reality.

I also just wanted to, you know, point out, like, something that I've often thought of, is that, we've never really prepared our own communities and our neighborhoods to deal with an older-adult population. Because of longevity, we are living longer.

So, things like -- you know, and AARP has done amazing work on this, and level of communities has done amazing work on this -- is that, you're

looking at things, that, we don't have the transportation systems to support somebody once they have not -- where they've stopped driving. Right?

You're looking -- you can go outside and probably find five broken sidewalks, you know.

You can -- you know, just this -- the pure computerization of every service out there, you know. And computers are like a third and fourth language to a lot of older adults, so it's a preventive factor from going out and doing the business that they used to do.

And, you know, and on fixed incomes, and somebody mentioned before, you make something like, $1,400 a month.

You know, the cost of a meal; you know, for somebody who cannot -- can no longer really pick up a pot because it's too heavy, and can't buy a pot because they're on a fixed income, you know, that's lighter, a cost of a meal is preventive to living wholly in the community.

So, I often, really feel that our communities are the ones that are sick. You know, not necessarily the people who are receiving services from SOFA.

So, I think that the SOFA services that we

have are, often, fill the gaps to make the community whole, so that somebody can live very independently, and with dignity.

And that's a huge word: with "dignity."

The other point that I just wanted to make; you know, I've worked in nursing homes that are -- you know, have not subscribed to culture change, and I've worked in nursing homes that have subscribed to culture change.

And culture change is trying to undo that medical model. Right?

So, you know, an advocacy point for not putting SOFA in DOH, is that we don't want to do what they've done in the nursing homes; is, go to a place where the language is foreign, and, like, everything there is medicalized. Right? Because they're trying to get out of that now.

Why would we want to go into that?

So...

And the last point is, that, you know, when this population was school-aged, they had to expand the schools. Right? Had to add more classrooms to on to deal with this.

You know, when they started to get jobs, you know, the workforce was increased. You know, and

the numbers of houses that were built, and apartments that were built, were increased.

Now this population, that we're facing right now, is coming into communities. We need to expand the services within the communities, to help to support them, to live.

So, with that...

MR. McNALLY: I want to build off that a little bit.

We're not ready, and the future is not, as far as the size of the aging population that Nancy mentioned.

If you go to Miami-Dade County, or if you have ever been to Senior Day at the State Fair, that's what our population is going to look like very, very soon. And we're not prepared at all.

And we couldn't -- even if everyone wanted to go into a nursing home, and could afford to -- which are two ridiculous "ifs" -- we couldn't build enough.

[Laughter.]

MR. McNALLY: We couldn't build enough.

So, we really need to be focusing on these pieces of the non-medical. And, SOFA is the only place to do it. Or, something like SOFA, or a

more-empowered SOFA.

But I don't want to miss the opportunity to raise the issue of efficiencies as well.

And I'm not -- I don't know anything about SOFA's internal bureaucracy. Maybe Mike can speak to that a little more, or some of the providers that deal with them.

But, if there are, HR issues, web-design issues, contracts; all that kind of stuff that goes on in a bureaucracy, if that, somehow, can help save money, that's great, by doing it with other parts of the government.

But more important, from my -- our perspective, is --

And I'm David McNally, with AARP.

-- is: Does that free the agency up even more, to actually focus on their mission, and delivery of services and programs?

MR. NADEAU: Christopher Nadeau, with NYSADSA.

I think most big states are moving in the direction of -- of, they're realizing that they've over-medicalized their long-term-care system. And, so, they're sort of moving in the other direction, looking how you can blend in services.

And I think that's a lot of what we're talking about here.

And the division is, that NYSOFA could be a tremendous gateway to coordinated care. And I think that's the direction that we need to go.

And, I think to be on the right side of history here, in terms of home and innovative services, that's what families want. And we know it's cheaper.

So, I think that there's a tremendous amount of synergy here, to move in that direction. I just hope that we have the will to do it.

SENATOR VALESKY: Just one second.

Yes, Senator Golden?

SENATOR GOLDEN: I want to jump in. I have a load of committee meetings this morning.

I think it's important. I want to thank Senator Valesky, the chairman, for putting this together, and bringing all of the advocates together in a room, to discuss this issue.

There are several things, obviously, and it's been said: From the design of --, they can absorb some of the -- HR, some of the other areas that might be duplicated. Maybe they can do it better, in health, in certain instances.

The problem that I've seen with aging over the years, at SOFA, I've seen the, I think, neighborhood NORCs? Tremendous.

Open NORCs? Tremendous.

Ombudsman; we worked to make sure that we got that done.

Mike, we worked with you as the advocate, and as the director.

And we've always had one problem, and that was getting enough money for the director.

We always seem to be able to fight for, keeping senior centers open in New York City, getting transportation for Upstate New York, trying to get these open NORCs to include areas -- vast areas of upstate and downstate.

And, coming up with, you know, the tens of millions of hours that are donated by the caregivers, coordinating that, and making sure we're keeping our aging population out of nursing homes, and out of the assisted-living facilities, and out hospitals; as a last resort, after we have exhausted all of our volunteers, and all of our volunteers -- and we've trained those volunteers, and they can't do it anymore, and it's the only step left, is to go into the medical -- into an assisted-living

facility, which saves this state, and this nation, tremendous, tremendous money, with what this SOFA has done, in the past, and can do in the future.

There are two areas that we have to -- I think, to be able to expand on, and that's, you know, recommendation that you brought here today. And, getting our message to the Governor.

And I applaud the Governor for trying to do the work that he's trying to do here in this state.

I think that, the new Medicaid design, I think is going to have some issues.

God willing, we'll be able to work through them over the course of next six or eight months.

But, I already see a low number of areas, where it's already impacted, and they need help. And that's before we get to the 2014 President Obama's health care for our nation.

So, when you finish with the state and the nation, what is left here for the consumer, the client, us?

What are we to have, as we grow older; what are we to expect?

And we cannot allow our dignity, and we cannot allow our quality of life, to be changed to such a degree that it would impact on our health,

impact on our families, and impact on our volunteers.

So, the second part of this is: How do we get our message to the Governor, and have the Governor understand the importance of, maintaining a SOFA agency, funding more money into SOFA, and allowing them to continue to do, and to enhance the mission, that they have been, and should be, given?

I think we all agree here, department of health, I love them, but it's a black hole.

And, the commissioner is going to do a great job in trying to coordinate and organize, and do what his responsibility will be. But, his responsibilities in the department of health are too many.

There are too many tentacles in the department of health; and, therefore, only one reason to move SOFA into the department of health, is for savings, so that means we're covered. Right?

So, the programs we see here today, that we talked about, are going to be cut. So, we can't allow some of those programs -- many of those programs, we have to enhance those programs, bring new programs in, do best practices across this nation, and around the world, to bring the best

possible outcome to the seniors here in our communities.

So, that's the two, I think, missions that I think Senator Valesky, the chairman, is focusing on; and that's: The recommendation expansion. And, getting our message, and the understanding, that this is something that this state must have.

So, that challenge is to you:

How do we get this governor, this good governor, to understand the necessity of SOFA?

How does that message get delivered to your client base?

How does that get delivered to our governor?

And, how do we manage this, and create and expand on the recommendations, that the good governor would want to put his name to, and participate in?

I think that's the focus.

And I might have left a couple of things out, but that's what -- I have had the privilege of working with a good director, and a couple of good directors here. And Mike did a good job.

Thank you.

MR. McNALLY: Could you tell us a little bit about what your perspec- -- what is going to happen?

I mean to say, we keep hearing different rumors of:

Whether they've met.

Or, are they meeting?

Or, are they going to make this May 30th deadline?

Is it an up-or-down vote this year?

Do they have several years to do this?

What is the legislature's --

SENATOR VALESKY: We're the same --

MR. McNALLY: Okay.

SENATOR VALESKY: We're in same boat as you; we're hearing the rumors that no official communication, certainly, with me and/or with you.

I don't think -- whatever happens, I think the process is, will take a much longer period of time than they may have originally indicated. I don't think we're going to be doing anything, legislatively before the end of this legislative session, on any this stuff.

And I think -- I think they're acknowledging that now.

So -- but, you know, I think Senator Golden was right. I think the -- one of the great challenges that we have -- and I want to commend

everyone for being proactive.

I mean, you know, so often in government, we can sit back and wait for something to happen, and then we're forced into reactive mode.

You know, from a budget perspective, I guess that's the way the process works. But, we ought to see this, not as a threat, but as an opportunity.

And I don't think we're up against a clock, necessarily, that has anything to do with this legislative session.

So, you know, rolling out a communication strategy with the commission, and, as Senator Golden says, directly with the Governor, is, I think, all of our collective challenge. And, I think this is the beginning of that process.

SENATOR GOLDEN: And if I may, I do believe that there are people within state government that believe this is a done deal.

So, having said that; so, if people already believe it's a done deal, it's just a matter of time before the legislation is sent down: Is the legislation going to be required, or is it just going to be absorbed?

Because of the way the SOFA is listed in the -- on this state, I don't know if they need

legislation to move you over.

MR. BURGESS: This is the way --

SENATOR GOLDEN: Pardon me?

MR. BURGESS: This is the way that it's listed, as part of the executive --

SENATOR GOLDEN: Correct.

MR. BURGESS: -- department?

SENATOR GOLDEN: Correct.

Do they need legislation to move you over?

MR. BURGESS: Well, the elder law, as I looked at it, I think they'd have to change it.

You wrote it, actually --

SENATOR GOLDEN: I know.

MR. BURGESS: -- when you were there. Right?

[Laughter.]

SENATOR GOLDEN: Which they didn't want to take; which, they took three-quarters of it. I wish they had taken all of it. But, we did the neighborhood NORCs, we did the ombudsman; we did all of these programs over the last five years.

MR. BURGESS: That's right.

SENATOR GOLDEN: And I'm proud of each and every one of them. And, of course, the elder law.

MR. BURGESS: Well, I think they would have to say that, you know, there's no longer a separate

agency, and no longer a director.

That language had to be stricken from the elder law, and repealed.

And -- so, I don't know that they could do it without you, the legislature.

SENATOR GOLDEN: Okay. So, then, there would be -- I think we would have to do a little bit of homework on that. And then that would be, we would increase, now, the goal of, not just talking with our governor, but also talking with the legislative bodies here, on the assembly and the senate side, to see the importance of delivering for the clients and base across the state of New York.

And I think the legislature would understand that, and I think the Governor would understand, when, in numbers, and, in fact, what the savings can be, and how we can expand on those savings for the state of New York.

I think that message has to be delivered. And I think the message has to go out, this can't be a done deal. This has to be -- there are, all of the advocates -- and this is, again, just a small portion of the advocates across this great state -- they have to be heard. And we cannot allow it to go forward.

So, I agree with my good colleague, Senator Valesky, here. I don't see it as one of the pressing issues. There are a number of pressing issues coming down in the next four weeks. But, I'm not so sure this can't just be absorbed. So -- and come in for the legislative fixes in January or February.

So, I think it's important, and imperative, and that we get our message out as soon as possible.

MR. BURGESS: Could I just add one thing; that, regardless of whether there is legislation, having been in that job over there, I think it would be unfair to the agency if the Governor did not -- if there's no legislation this year, did not give clarity, and put a director in the agency, whether it's the acting director and make him official; but to keep the agency going as -- in limbo for another year, I think would be unfair to all of us, as well as to the staff there.

So, I would urge you, that, if nothing else, that you urge the Governor to make a decision on the status of the director of that agency, so that we have something for the next year.

SENATOR GOLDEN: I think it's important that he makes an educated decision. And that educated

decision is what you're putting together here today.

MS. DISARRO: To the pressure points that we have to make, would you tell us, I mean, is it, to the Governor? is it to the SAGE Commission?

Where is --

SENATOR GOLDEN: Both.

MS. CERENOS: Okay. We need to make sure that we take your charge, and do it to the right places here.

SENATOR GOLDEN: You have to show what some best practices around the nation.

You pointed out Dade County.

I was down in Hollandale and -- what's the county next-- Fort Lauderdale. And I couldn't believe how that had changed. I was there 40 years ago, with kids.

I went down there, recently. It was nothing but people, like me.

[Laughter.]

SENATOR GOLDEN: The transformation, it was amazing.

Then you went to Miami, and this whole part of Miami, there was thousands and thousand of young people.

But, the majority of that part of Florida is

seniors.

I think you have to expand on the recommendations. You have to show savings. And, you have to show what your mission -- what the mission of SOFA, can, and will be able to do, going forward.

MS. DISARRO: I understand.

SENATOR GOLDEN: And it comes down to the tens of millions of volunteers' hours that are going out there: the transportation, the Meals-on-Wheels.

I dare to say, you know, I would ask the SAGE.

And maybe I'm pushing this just a little bit too far, this envelope, but I don't want to do that, and I don't want to be dramatic on it, but, if any of the individuals that sit, and think that this is something that we should move, brought into health, they should go on -- in a van and deliver a meal at -- to a family, or to a woman, or a senior. Go inside to some of the homes of our richest communities, our best communities, and you will see, and walk away from that in tears.

So, there are people living substandard, our seniors. And if it wasn't for the refrigerators, you would cry again.

So, I'm not trying to be dramatic here. I'm trying to get a point across: there is a need.

And I believe we cannot allow that need to be absorbed into what can be a bureaucracy that will slow down the process, and put more people into nursing homes, assisted-living facilities, and deny a quality of life for many of our seniors here in this great state.

So, I think that has to be, without being with the drama, but I think that it has to be that dramatic; that they have to understand the necessities:

The number of meals.

The transportation Upstate New York, and how you have to be able to get around.

The hospitals; how you keep people out of the hospitals, and out of nursing homes.

And, real quickly, I have to close: In Brooklyn, New York, where I represent, you actually wait 40 to 50 hours in the emergency room to get a bed.

That's today. That was before any of this went into effect.

There are some points of the year, that you can wait over 100 hours for a bed in the hospitals

in my community.

Now, if you know somebody, like a Senator Golden, you pick up the phone to get somebody a bed? Well, great for that individual; but, what about the other 99 people that are sitting, waiting for a bed.

Now, in self-injury; you get the bed. Now you need rehab. You've got to go to a nursing home.

There's a line of a nursing home. You cannot get into that rehab. You have to actually wait, and make appointments for that. That could be weeks before you get into a nursing home.

I have no nursing beds in my community. I don't know where all these nursing beds are.

So, I think we have some serious crises going on. I think Brooklyn is definitely going to be a "ground zero" for health-care issues in the future.

But, there are a number of Brooklyns around the state of New York. And we have to try to concentrate on that.

Just think about that.

There are lines, today. And that's before the baby-boomers kick in. That's before we see some real changes that will change that system to a way that we no longer know. And we can't allow that to

happen.

I have to run to my committee meetings. I know I threw a lot out on the table there.

But you have a very qualified and good chairman here. He'll help. And I will work with you, to coordinate, to get our message across. And I think we have to get it across in a timely fashion, and it has to be a concise and decisive piece of literature, and information, that goes to the Governor, and to SAGE.

Thank you.

MS. MESICK: Thank you.

MR. JELLINEK: Senator Golden, thank you for all the good work you have done on behalf of seniors in New York State.

MS. MESICK: Yes, thank you.

SENATOR GOLDEN: You're quite welcome.

You keep up the good work that you're doing for seniors.

Tell that "good little Bobbie," I said hello.

[Laughter.]

SENATOR GOLDEN: Where are we hiding that woman today?

MR. JELLINEK: City hall.

[Laughter.]

SENATOR VALESKY: Thank you, Senator.

SENATOR GOLDEN: You're quite welcome.

Mr. Chair, thank you.

SENATOR VALESKY: Okay, who else?

I want to make sure we have -- I don't know if we've heard from everyone? Is there anyone who hasn't had a chance to weigh in?

No?

To wrap up, the last five minutes or so, anybody have any final thoughts that they want to share?

MR. JELLINEK: I think what's exciting about this, for us here, is that we're all embracing this opportunity.

SENATOR VALESKY: Uh-huh.

MR. JELLINEK: We're not being defensive. We're trying to take advantage of a seed change that's occurring.

SENATOR VALESKY: Yep.

MR. JELLINEK: And we believe it's the right thing to do.

And I think, in the last three months, or longer, we have come together, to unite on this position. And I think that could become a very powerful force.

And working with you, and all of groups around this room, and the groups that aren't in this room, I think we can force some of this change.

The strategic work that needs to be done, we would love, all of us, to work closely with your office, and see how we can make this happen.

And, with the Affordable Care health-care act, hospital is not getting a lot to-- getting reimbursed for discharge planning.

Anybody who's discharged, and if someone is telling you, discharge planning is an oxymoron, there's no such thing.

So, if they're not getting reimbursed for this, it's the community-based services, that are there, that need to be invested in.

To me, it's a no-brainer.

I mean, it's -- the services out there, that need to be invested in. And there needs to be a flip, a rebalancing, of how to look at this.

And from what I understand, hearing what the health commissioner said yesterday, he certainly gets this, in terms of product-based services.

And the last piece is, you need a voice for aging in New York State that's independent, of somebody reporting to the health department.

SENATOR VALESKY: Right.

MR. JELLINEK: So, I don't want to speak for everybody, but I'm just saying, I think we're pretty united on all of this.

And I think the question is: Do we get the seniors -- it's time to go back to the seniors, and start talking once, and putting some numbers to this.

And if your staff can be helpful, in helping us to come up with some of the numbers -- I know some people have the expertise -- that would be really helpful.

SENATOR VALESKY: Absolutely.

MS. MESICK: I just also think, Senator, again, thanking you for your statement at the outset, which is, that you would like to communicate to the SAGE Commission, your own perspective.

I think that's very powerful, and important. And we thank you for your willingness to do that.

SENATOR VALESKY: Well, that's my immediate next step after this. And, again, communication is key.

And I don't -- you know, the SAGE Commission is charged with lots and lots of, or will develop lots of, recommendations across the whole scope of a

$132 1/2 billion state budget that funds all our state agencies.

But I think that, first, and foremost, all of you coming together, and being proactive -- and I don't have to repeat what I have already said -- but, putting a proactive plan in place, as opposed to reacting to whatever they suggest, number one, critical.

Now, it's that communication, from me, and from the perspective of the committee; from all of you, from the perspective of your leadership positions in your own communities. And, then, as you just indicated, going back to your seniors, and others.

Because, I don't know that -- you know, I haven't heard, in other areas, this kind of a united front, and communicating to the commission, and then, by extension, to the Governor.

So, I think that's, clearly, the next step.

I think the one thing that I would just, to follow up to Mike, on the issue of whether or not legislation would be needed?

I think in addition to the elder law, you know, I mean, the budget is legislation.

I can't imagine that there could be any

defunding of any state agency, without that being part of a legislative process.

So, I can't -- you know, I could be wrong, but I can't imagine that there is any way that something like this could happen without the legislature's ultimate approval, so...

And I don't see any chance of that happening in the next four weeks before this session ends, so...

So, this is, again, the beginning of a process, and hopefully the end will be successful. And, you know, everyone, as I anticipated, raised incredibly salient points about why this is so important.

So --

MS. MESICK: Thank you, Senator.

(Roundtable participants say "Thank you.")

SENATOR VALESKY: Okay.

All right, thank you all very much.

(Roundtable participants say "Thank you.")

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(Whereupon, at 10:29 a.m., the senate roundtable session concluded.)