

**“SPECIAL”
HEALTH AND MENTAL HEALTH COMMITTEE
MINUTES**

**THURSDAY, APRIL 26, 2018
3:30 P.M.**

PRESENT: Mike Anagnostakis, Chairman
Michael Amo, Kathy Stegenga, Janet Sutherland, Laurie R. Tautel, Peter V. Tuohy

ALSO

PRESENT: L. Stephen Brescia, Chairman
Katie Bonelli, Majority Leader
Michael D. Paduch, Minority Leader
Kevindaryán Luján, Legislator
John S. Vero, Legislator
Antoinette Reed, Legislative Counsel
Mary Pat Smith, Assistant to the County Executive
Carl E. DuBois, Sheriff
Darcie Miller, Commissioner of Social Services and Mental Health
Sandra Atkin, Administrative Officer, Mental Health Department
Todd Craner, Fiscal Director, Department of Social Services
Colleen Grogan, Chief Budget Analyst

Mr. Anagnostakis opened the committee meeting at 3:30 p.m. and asked everyone to stand for the Pledge of Allegiance. All committee members were present with the exceptions of Legislators O'Donnell and Sierra who were absent.

On the agenda was a discussion on New York State Office of Mental Health state closure of services.

Mr. Anagnostakis thanked the individuals that brought this to their attention and due to the actions of New York State with respect to mental health issues he felt it was necessary to call this special meeting to addresses these concerns.

Mr. Anagnostakis assured the audience that all questions would be answered by the end of the meeting. He would like to have three questions answered: what is the state actually closing, what will be the impact on the residents of Orange County and what can this committee and Legislature do to help mitigate those impacts.

Ms. Miller addressed the committee and introduced Sandra Atkin, Administrative Officer, Mental Health Department and Todd Craner, Fiscal Director, Department of Social Services who are present to answer any financial questions that may arise.

Ms. Miller thanked everyone for coming together and calling this meeting. She and her state partners are committed to the citizens of Orange County and those struggling with mental health issues and/or co-occurring disorders.

Ms. Miller presented the committee with a handout describing the role of the Director of Community Services (see original minutes) and her official title under New York State Mental Hygiene Law. Under Mental Hygiene Law, she has the authority and responsibility of overseeing, planning, advocating, budgeting/fiscal reporting and operating and the authority to do specific programming for service systems that involve people with mental illness, substance abuse and/or developmental disabilities. Each county is required to have a Community Services Board and in a charter county such as Orange County, the board would be an advisory board. The board consists of fifteen members and three subcommittees within that board that advise the Community Services Board. Annually, they put out a Comprehensive Plan within the Department of Mental Health that is distributed to the Community Services Board and submitted to New York State. One of her most pertinent responsibilities with respect to this discussion is with the Prior Approval Review (PAR) which is required by the New York State Office of Mental Health before they close, reduce or expand services in their county. Prior to that the New York State Office of Mental Health comes to the local governments Director of Community Services and asks that they either submit comments, letter of support and/or discuss and negotiate around any suggested closures and/or change to service.

In 2005, prior to the closing of the Middletown Psychiatric Center in 2006, then Director of Community Services Chris Ashman, Director of Middletown Psychiatric Center James Bopp, the New York State Office of Mental Health and the state employee unions discussed what would happen to the staff and the reinvestment to Orange County. When state operated services are closed those funds are supposed to be reinvested back into the community with local government units involved in those conversations. When the closing of the Middletown Psychiatric Center transpired they negotiated for the reallocation of staff from the Middletown Psychiatric Center into Orange County services as follows: An Assertive Community Treatment Team, 48 bed transitional residences, 24 supervised community residence program beds (shared between Sullivan County and Orange County), 4 crisis residents beds, 2 Housing Case Managers, single point of access system, Forensic Mental Health team, Family Support team and a MICA Case Coordinator.

Ms. Miller explained that she was asked by Mr. Anagnostakis to provide a timeline from when that decision was made to where they are currently. She has had numerous conversations with the state with respect to them not filling some of the positions that were promised when the Middletown Psychiatric Center was closed and while some were successfully negotiated others just went away. In 2012, even after strong advocacy in opposition of the reduction, the 48 bed transitional residence was reduced to 24 beds.

Ms. Tautel asked for the location of the residence. Ms. Miller replied that it was located on the grounds of the Middletown Psychiatric Center.

Ms. Miller continued, stating that it was a program for individuals coming out of hospital care and was always full. When the proposal came through to reduce the beds she negotiated and was assured that the 24 beds would be on the grounds of the Rockland Psychiatric Center. At that time there were 68 Orange County residents in Rockland Psychiatric Center and the 24 beds would be on the grounds as a stepdown residential opportunity for Orange County residents that were in the Rockland Psychiatric Center at that time. In addition, the four family support positions and the MICA Case Coordinator position (shared between Sullivan County and Orange County) that were vacated through attrition and/or transitioned to other positions were never refilled nor reinvested back into Orange County. The Forensic Mental Health Support Team is the link to the mental health system and proven to be a very effective program having shown to reduce recidivism through the

criminal justice system. Originally there were three FTE's but it was quickly reduced to three and in 2012 reduced to one. The state has currently proposed turning that single FTE into funds and they have prepared a budget and offered her \$100,000.00 for the position; however, she pushed back and tried to get \$150,000.00 but at this point she has only been able to get the \$100,000.00.

The Chester Community Residence was a 24/7 supported environment state operated residence for people with serious mental illness billable through medicaid and consisted of a treatment plan that worked towards independence with a two year length of stay. When the decision was made to close the Chester residence it was done due to an emergency situation that pertained to staffing as they were unable to hire positions to manage the residence. She strongly pushed back as the need for that level of care was needed as there are over 100 people waiting for a community residence in Orange County. Because of the state's inability to fill the positions, she requested that they allow the county to put in a Community Provider System that would quickly take on that responsibility and provide that service; however, that was not a possibility. They did however give her two additional beds in the transitional residence and 24 supported apartment beds. While they are annually provided an allocation of supportive apartment beds it never fully meets the need and she was told that her allocation number for last year was increased because of the Chester residence closing. She has also been advised that the residence on the grounds of the Middletown Psychiatric Center would be closed. She attempted to negotiate for the community residence to be offered as a community provider operation, but the state declined that offer. Due to shared housing models they are reluctant to develop any new community residences in order to integrate people back into the community. The closure of the residence on the grounds of the Middletown Psychiatric Center has been submitted to the state and she was able to negotiate and has been guaranteed both verbally and with the Prior Approval Review application (PAR) that the 6 beds for Article 28 hospitals have access to those beds. They were also offered 12 supportive apartment beds that are independent living with a housing manager that visits once or twice a month.

Mr. Anagnostakis asked if Ms. Miller was waiting for something in writing in response to her requests. Ms. Miller replied that she would have to wait for the RFP to be created by the state and released to the Community Provider System.

Ms. Tautel asked if they need legislative approval to close a facility in a county and/or for the county to take over the facility. Ms. Miller replied no.

Ms. Miller addressed the state employees in the room that have been partners in their System of Care. As a government employee for thirty years, she supports the services they provide, and she acknowledges the competency and longevity of that workforce and her sincere appreciation for all they do. She sees them as shared partners in a safety net for them as a community. These individuals have integrated themselves into the community and are making a difference in the lives of many. Her position is not about state decisions but on how to get the best for the county after the state has made their decisions.

Ms. Miller explained that the Office of Mental Health has administrative oversight under Commissioner Sullivan that breaks off into another segment of state operated services with its own hierarchy. She was approached by May Lum, Associate Commissioner, Division of State Operated Children's and Adult Services in the central office and Janet Monroe, Director of Rockland Psychiatric Center who also oversees the community services provided throughout the Hudson Valley. She was told about the state plan and included in that plan was the decision to close the Assertive Community

Treatment (ACT) team. She advised that these decisions were being made because of staffing issues and the inability to hire the staff needed to operate these services. In 2013, the New York State Office of Mental Health's state operated service division decided to reduce the county's state operated Assertive Community Treatment (ACT) team from a 68 capacity to a 48 capacity. She fought against the reduction as Orange County has a population that warrants a 68 capacity Assertive Community Treatment (ACT) team. The Assertive Community Treatment (ACT) team needs to be staffed fully with a specific treatment model as it is extremely important to retain the integrity of the model as it consists of multi-disciplined team members. These individuals are out in the community meeting with people and engaging with them in order to bring them back into the system for assistance. When she was told that they would not staff it at a 68 capacity she requested it be put out into the Community Provider System as opposed to being reduced to a 48 capacity but they did not support it.

However, she did write a letter of support which read as follows: ...Orange County would benefit from a full 68 slot ACT team with focused attention targeted at projects to reduce inappropriate emergency room use, reduce behavior health inpatient admissions and reduce recidivism. ACT is an essential service that meets the complex care needs of individuals with serious mental illness and co-occurring disorders and the county is willing to support the reduction in ACT to 48 slots to accommodate Rockland Psychiatric Centers challenge and meeting the staffing requirements of a 68 slot ACT. The county would like to request that when the opportunity for full staffing presents that the ACT be restored to 68 slots...

Their comments in the Prior Approval Application (PAR) indicated that they never intended to return it to 68 slots but if the county's needs changed it would be reevaluated. When she was approached in December with the closure she was advised to go through the process required in Orange County to determine who she would be willing to write a letter of support for to go through Prior Approval Application (PAR) process and become licensed. At that time, she informed the County Executive's office and consulted with the County Attorney's office and it was determined that they could put out a Request for Information (RFI) and go through the process of interviewing and selecting a Community Agency Provider who would then go through the process with the New York State Office of Mental Health to become licensed as an ACT provider. That was completed, and the agencies and the New York State Office of Mental Health have been notified of their selection. To date a Prior Approval Application (PAR) for closure for the state operated ACT team has not been submitted nor a Prior Approval Application (PAR) for the opening of a Community Provider ACT team.

Ms. Miller stated that she was asked to join a phone conference with Commissioner Sullivan of the New York State Office of Mental Health and her staff, Assemblywoman Aileen Gunther and Assemblyman James Skoufis. That conversation was specific to the closure/post closure of the ACT team with the position of the state being the challenge in hiring staff. She agrees that it is an issue as they are all struggling to fill positions in the Metal Hygiene and Health Care Systems. At the end of the call Commissioner Sullivan agreed to come to Orange County and meet with her state staff here in Orange County.

Mr. Anagnostakis asked when the meeting would occur. Ms. Miller replied that she did not know.

Mr. Anagnostakis asked if Commissioner Sullivan would report back to Ms. Miller after meeting with her staff. Ms. Miller replied that they are state employees and do not have a responsibility to report to her but as a courtesy she believes they would.

Mr. Anagnostakis added that this topic would be put on the Health and Mental Health committee agenda every month so that Ms. Miller can provide them with any updates and/or new developments.

Mr. Anagnostakis pointed out that the impact to Orange County with the ACT closure would be dramatic unless; however, at this time Ms. Miller does not know if there will be a closure.

Ms. Miller clarified that the Request for Information (RFI) was put it out and she was told that she would get a 68 capacity ACT team back. The licensing, training, fidelity to the model and development of an ACT team would take approximately three months from the point of licensing before they would be able to take on their first client. The state has assured her that the state operated ACT team would continue to operate at the full capacity of 48 until the other licensed operator is fully operational and/or no more clients are being served by the state operated team. They were recently made aware that the state operated ACT team does not have the sufficient staff to operate at a capacity of 48. She did express her concerns to the New York State Office of Mental Health's Regional Office located in Dutchess County and they assured her that all referrals should be sent to the ACT team who would communicate to the state operated division to ensure they have sufficient staffing to operate a 48 capacity ACT team.

Mr. Anagnostakis asked for clarification that they were guaranteeing no down time between the closure and the time they are up and running with Ms. Miller's operation. Ms. Miller replied yes.

Mr. Anagnostakis noted that once the ACT team is at a 68 capacity it would actually be a positive for the county.

Ms. Miller agreed.

Ms. Miller addressed concerns with the Friendship Club. New York State is authorized to operate 67 family care homes with the people living in those home environments going to a Friendship Club. Discussions were held on the possible closure of the Friendship Club but that has not moved forward, and she was assured that it would be staffed to accommodate the number of people currently using the Friendship Club. Her understanding was that medical leaves have complicated their staffing, but an alternative plan is in place to ensure the Friendship Club continues to operate.

Mr. Amo asked Ms. Miller to clarify the number of transitional beds for Orange County. Ms. Miller replied that there was originally a 48 bed shared opportunity between Orange County and Sullivan County that was located at the Middletown Psychiatric Center. However, because people prefer to stay in their own county they seldom have Sullivan County residents go to the transitional residents. When the reduction transpired from 48 beds to 24 beds those 24 beds were put on the grounds of the Rockland Psychiatric Center.

Mr. Amo asked if 24 beds remained at Rockland Psychiatric Center. Ms. Miller replied yes, and Orange County residents have the opportunity to use the 24 beds on the grounds of the

Rockland Psychiatric Center; however, as of today there are no Orange County residents in the 24 beds at Rockland Psychiatric Center.

Mr. Amo asked why. Ms. Miller replied that she was unsure, but they could have chosen not to go there.

Mr. Anagnostakis asked if there was a wait list for the 24 beds in Orange County. Ms. Miller replied that there are wait lists for all levels of housing and care in Orange County.

Mr. Amo noted that they constantly struggle with geographic access to care with respect to the mental health system.

Ms. Miller explained that if an individual suffers from a chronic condition they do not want to travel for care.

Ms. Tautel recommended the legislature receive a copy of the letter Ms. Miller referred to and a time line on all that has occurred.

Ms. Tautel asked if a formal letter of closing of the ACT team was provided to Ms. Miller. Ms. Miller replied that it was verbal, they asked that she identify a provider that would be willing to go through the licensing process and provide the ACT service in Orange County in order for them to move forward with their closure plan which was completed the beginning of April.

Ms. Tautel asked if a needs assessment was done prior to this. Ms. Miller replied that a single point of access is where all the referrals for the ACT team are processed.

Ms. Miller asked if there was a report for them to look at with respect to needs and/or assessment on the program and was there a wait list for the ACT program. Ms. Miller replied no, they know what the capacity is. They do have ten individuals being served in the alternative level of care because they were told that the ACT team was not receiving referrals.

Ms. Tautel asked for the number of proposals received after their March 2018 meeting. Ms. Miller replied that there is a difference between a proposal and Request for Information (RFI). They did not put out a Request for Proposal (RFP) but a Request for Information (RFI) and they would not be administering funds.

Ms. Tautel asked for clarification that it was a non-binding letter of intent for qualified vendors. Ms. Miller replied yes.

Ms. Tautel emphasized that it was close to a Request for Proposal (RFP). Ms. Miller respectfully disagreed.

Mr. Anagnostakis asked that Ms. Miller clarify the difference. Ms. Miller replied that they asked for a letter of interest from providers and a meeting was held and co-lead with the New York State Office of Mental Health Regional Office. The New York State Office of Mental Health Regional Office had the opportunity to speak to providers about the Assertive Community Treatment (ACT) team and about the funding specifically related to them. There were six applicants and after the meeting a letter was sent out asking if they were still interested and is so to notify their department to schedule the next step with only two providers coming forward. The two providers were asked to submit staffing plans and projected budget and interviews were conducted with the

providers and any partners they suggested to determine who in the county had the interest and the ability in order to offer a letter of support. A Request for Proposal (RFP) is a very formal and closed process with a scoring mechanism used to make a determination and award and because they were not making an award they offered a letter of support.

Ms. Tautel asked if this issue came before the committee prior to today and if not, why were they not notified. In Dutchess County there was a similar situation and the Dutchess County Legislature was very successful in keeping their programming and the number of patients/clients that they were being served when discussions came forward on closing their ACT program.

Ms. Miller asked if the Dutchess County ACT team was state operated. Ms. Tautel replied yes, and within the last two years the state proposed the same actions as here in Orange County. When the Legislature was notified they collectively fought back with the Commissioner.

Mr. Anagnostakis asked for the role of the County Legislature with respect to any of the decisions being made. Ms. Miller replied that she cannot speak to the Dutchess County process nor why they made the decision to go the route they did.

Mr. Anagnostakis asked if the County Legislature has a yes or no vote on these decisions. Ms. Miller replied no, these are the responsibility of the Director of Community Services and the executive side and not something they would bring forward unless it was a resolution. The final result will be a 68 slot ACT team for the county over a 48 slot ACT team from the state who are currently unable to fill those positions.

Ms. Tautel asked if Ms. Miller could divulge the name of Community Service Provider. Legislative Counsel Reed replied that it was not Ms. Miller's information to disclose but that of the New York State Office of Mental Health as the letters were submitted to the state under the Request for Information (RFI).

Mr. Anagnostakis agreed and because a decision has not been made, it would technically not be public information.

Legislative Counsel Reed pointed out that Ms. Miller came before the committee for the acceptance of the beds. Ms. Miller has talked about state closures and her inability to fight the system and has been very open about what is happening on the state level and how it impacts Orange County. They have previously heard about the Rockland County beds, Middletown Psychiatric Center beds and the closure of the Middletown Psychiatric Center.

Ms. Tautel commented that she was aware that this is an Office of Mental Health problem; however, if you lobby hard enough and have your legislature and people behind you it could result in them restoring services.

Ms. Tautel stated that the individuals partaking of the ACT team services are coming from a criminal background, severe mental illness and substance abuse with the ACT team physically going to the person and providing them with court ordered injectable medication. If those individuals are moved out of the ACT program and put into an alternative program how would their needs be met. Ms. Miller replied that it is a challenge.

Ms. Tautel asked if once the ACT team is officially closed would funds be provided to the county to pay the community service group and if so, what would that budget be. Ms. Miller replied that it is an approximately \$1 million program in Orange County. It starts initially with statedeficit funding with the state unable to bill medicaid for anyone from the ages of 18 to 64. So, when they operate state operated services they are unable to bill medicaid for those services especially if they are on the grounds of a psychiatric center and/or former psychiatric center. Her research has shown that there are approximately 103 ACT teams across New York State and 12 are state operated. The initial startup year for a community agency involves a great deal of deficit funding as they build their caseload with a medicaid reimbursable model covering those that are medicaid billable and those that are not.

Ms. Tautel asked about the state policy of closing a bed that has been vacant for 90 days. If they are not utilizing those beds have they promised that the 90 day rule would not apply to the 24 beds at the Rockland Psychiatric Center. Ms. Miller replied that Rockland County and/or Westchester County residents are occupying those beds.

Ms. Tautel asked if there were 24 Orange County patients that needed a place would they be guaranteed those 24 beds. Ms. Miller replied no, if they are filled, they are filled, they do not get priority access to those beds.

Ms. Stegenga expressed her confusion and asked that Ms. Miller explain the reinvestment as they obviously have a need in Orange County. She expressed her confusion because they are willing to give them 68 beds, yet they are not willing to keep their investment in an existing program. In her opinion, it makes no sense that the state would give them a reinvestment into a county program unless it was because they cannot directly bill medicaid, but they can. There are people in attendance that are currently working and doing this job and if they are going to be working their program while the other provider is starting their program it will eliminate these individuals from switching over and applying for those positions and therefore resulting in a void. Ms. Miller replied that it was a state question and she was told that it was because of their inability to hire.

Ms. Miller clarified that ACT teams can bill medicaid.

Ms. Stegenga commented that it seems that the state is taking away services and not following their own policy by putting the money back to where it can sustain Orange County's need.

Mr. Tuohy asked for the number of beds available in Orange County. Ms. Miller replied that she would have to get the number as their supported apartments are provided by their not-for-profit community consisting of five or six providers.

Ms. Stegenga asked if the new community provider would be located in Orange County. Ms. Miller replied yes.

Ms. Stegenga stated that as a former Corrections Officer they saw a large increase in the jails when they discontinued their mental health facilities back in 2004 and 2005. This could have a major impact on both the jail and other services and in her opinion, it would be wiser to keep the existing program running.

Ms. Miller reiterated that the program would continue to run.

Mr. Anagnostakis asked if all these moves have been a benefit or detriment to Orange County residents. Ms. Miller replied that with respect to state operated services it has been a net deficit.

Mr. Anagnostakis asked how Orange County residents have fared after the negative's and positives were netted. Ms. Miller replied that it is more on the side of the state, but they are close.

Mr. Touhy asked for the number of individuals on the wait list and the turnover time for a bed. Ms. Miller replied that there are approximately 100 on the community residence wait list, 150 on the supportive apartment wait list and 409 on the supported bed wait list. Some of these residents are living with family and friends and some are in their homeless system, but they are working collaboratively with the Departments of Social Services and Mental Health to manage their needs. These numbers have remained stable no matter the housing opportunities they are given, and it has never met their needs.

Ms. Tautel expressed her concern that there are 659 people waiting for a bed.

Ms. Miller agreed, and those numbers are reported to New York State monthly.

Mr. Tuohy asked if there was a communication channel for employees or do they wait to hear about something when it happens. Ms. Miller emphasized that it is the state's responsibility to get that information out. She did hear on yesterday's call that Commissioner Sullivan was planning to come to Orange County if other meetings were not set up. She is an advocate for transparency as it is key when making discussions and it is best to bring everyone to the table from day one.

Mr. Tuohy commented that they would find out during public participation at the Legislative Session because he is interested in knowing if the state tells them anything.

Ms. Miller clarified that she has not received a request from anyone in attendance to have a conversation on this issue.

Mr. Luján commented that it seems that they have lost a lot of critical services and the lack of affordable housing in Orange County being a national issue. He had the opportunity to see the ACT team in Dutchess County and the work they do and the services they provide. He is greatly concerned and over the last few weeks he has talked to a lot of these people and there is no one to replace the ACT team locally with many offering to volunteer and shift over. These individuals want to be a part of this and understand the issues as they are the ones on the ground. As a Legislature they need to see if there is anything they can do to fight for this on the state level. In his opinion, everyone here seems in favor of doing that with strong bipartisan support.

Mr. Anagnostakis commented that as the legislative committee that oversees mental health in Orange County, what can they do and what can they move forward to the full legislature to support Ms. Miller's efforts in providing better services to the people of Orange County. When they conclude this meeting today, they will have the answer to that.

Mr. Anagnostakis commented that he was confused with some of the numbers presented today. The current ACT team consists of a 48 capacity but if they go with Ms. Miller's proposed alternative it would increase to a capacity 68 for the residents of Orange County.

Ms. Miller agreed, she has the responsibility for oversight, accountability, planning and contracting for those services. When they hold a contract for those services they have an accountability to them; however, state operated services do not have the same accountability to her as a local government unit. When she makes a stipulation in a contract they do them, but state operated services are dependent on the state operated hierarchy and how they practice. If she had a contract agency that was not filling positions at the rate of New York State, she would not contract with them.

Mr. Anagnostakis asked if Ms. Miller would not be recommending they keep the state operated system of 48. Ms. Miller replied that she would not.

Mr. Amo commented that Ms. Miller indicated that the Community Service Board has statutory power to advise and sign off on the annual plan.

Mr. Anagnostakis asked about the powers of the Community Services Board. Ms. Miller replied that the Community Services Board consists of fifteen members and anyone can go before them and present an issue. They have the power to make a recommendation and advocate for services to her as the Commissioner and she makes the decision on whether it should be moved forward or not.

Mr. Amo commented that this is not something that people are ignoring, these points are argued before NYSAC regularly with 63 counties conveying the same message.

Ms. Miller reiterated that the state has taken the position that they are unable to fill positions which is unacceptable.

Ms. Tautel questioned if the state was doing this to create a vulnerability in the programs. She asked if in Ms. Miller's opinion, was the transition of the ACT team going well even though another team is not in place. Ms. Miller replied no.

Ms. Tautel expressed her concerns on the 659 people who are waiting for either a bed or an appropriate facility and what is the time process for getting them into one of the 24 beds on the grounds of the Rockland Psychiatric Center. Ms. Miller replied that those beds are filled with individuals coming out of the Rockland Psychiatric Center as it would be someone stepping down from inpatient hospital care and into a transitional bed.

Ms. Tautel commented that the 24 beds allotted for Orange County residents are not being utilized by our county residents, yet we have people waiting for a transitional bed.

Ms. Miller agreed.

Ms. Tautel asked if someone chooses to go to the grounds of the Rockland Psychiatric Center for a transitional bed how long would it take. Ms. Miller replied that when someone in the hospital needs housing, a single point of access application is completed with the individual and physician signing off on it. It is then sent to the county's Single Point of Access Coordinator who meets weekly with providers to go over applications that have been received and assigning the

individual to a provider with a bed available at that level of care. However, when a recommended level of care is not available they must accommodate with alternative planning. What should be available to their single point of access applicants coming out of the hospital are the 24 beds on the grounds of the Rockland Psychiatric Center. The time in which to move someone to that level of care has to do with the availability of beds as there is a priority list based on a scale of 1 to 15 with 15 being the homeless and/or court mandated treatment.

Mr. Paduch commented that Ms. Miller has stated that the Friendship Club on the grounds of the Middletown Psychiatric Center would remain open. Ms. Miller replied yes, that was what she was told.

Mr. Paduch asked if that was a verbal statement. Ms. Miller replied yes, and a Prior Approval Review (PAR) has not been submitted to close the program and she has not been told that they are closing the program. She has been told that at this point the program will continue to operate and that they plan to increase staff.

Mr. Paduch asked if they indicated that a formal letter would be sent. Ms. Miller replied no.

Ms. Tautel asked if any beds were available and individuals are not being admitted due to staffing issues. Ms. Miller replied that a few months ago they received calls because they were not accepting referrals and that is totally unacceptable.

Mr. Anagnostakis commented that based on this discussion, he would imagine that Ms. Miller would not be recommending they do anything with the ACT program. Would Ms. Miller recommend that the committee create a memorialization to the state indicating that the Orange County Legislature supports the state continuing to fully fund mental health services and programs in this region.

Ms. Tautel asked if Ms. Miller thought it would be possible to keep the ACT program as a state-run program and increase it back up to 68. Ms. Miller replied that she requested that on March 28, 2013.

Mr. Anagnostakis asked for the response to that request. Ms. Miller replied that it has been 5 years and they are still operating a 48 capacity ACT Team with 3.2 staff members.

Ms. Tautel asked if based on the success of what the Dutchess County Legislature was able to do and with them behind her and if they work with Assemblypersons Aileen Gunther and James Skoufis and the Chair of the Mental Health Committee does Ms. Miller feel there is still time left on the table for them to band together and fight this, get it back to 68 capacity and ensure that the Office of Mental Health staff keeps their promises.

Mr. Anagnostakis asked if they ever indicated that they would assist. Ms. Tautel replied yes.

Mr. Anagnostakis asked Ms. Miller if they ever indicated that they were willing to go back up to the 68. Ms. Miller replied no, they stated in their Prior Approval Review (PAR) response to her letter of support that they have no intention of increasing that ACT team to 68.

Mr. Anagnostakis asked in your opinion, if they were to keep it as a state operated program and it seems they do not want to keep it as a state operated program, would they keep it at 48 and understaffed as opposed to moving it up to 68. Ms. Miller replied it would be difficult for her to answer that question. In the past the state was able to attract psychiatrists and nurse practitioners with benefits, retirement packages and a desirable salary. However, psychiatrists and nurse practitioners are writing their own tickets at up to \$250.00 per hour and the state can no longer compete. She is extremely concerned because this has resulted in a struggle to supply state operated services.

Mr. Anagnostakis asked if Ms. Miller would be able to communicate the concerns expressed today to the state and report back to the committee. Ms. Miller replied yes.

Mr. Anagnostakis asked in Ms. Miller's profession opinion, would she recommend the committee advocate and fight against having her set up a community provider system of 68. Ms. Miller replied no, she fought the battle when it was brought to her with the conclusion being that they would give her 68 slots if she went to the community provider side.

Mr. Anagnostakis asked if Ms. Miller felt that was the best outcome for the residents of Orange County. Ms. Miller replied that under the current circumstances, deficiencies and staffing she would say, yes.

Ms. Stegenga asked if it would be possible to take over the existing program as opposed to transitioning from one to another. She's concerned because these individuals have a relationship with the people they are working with. Ms. Miller replied that the ACT program is a scripted model that must be followed.

Mr. Tuohy suggested they wait until after public participation at the legislative session on May 3, 2018 to draft a memorialization resolution and it would only be a two-week delay until their next Health and Mental Health committee meeting.

Mr. Anagnostakis noted that by proceeding in that manner they would be able to formulate a resolution at that regularly scheduled meeting and have it ready for the next legislative session.

Ms. Stegenga agreed and would second Mr. Tuohy's suggestion.

Legislative Counsel Reed clarified that those comments would be made during public participation after the legislative session.

Mr. Anagnostakis emphasized that they will attempt to get as much information out to the public as possible going forward; however, they have no control over the state.

Chairman Brescia stated that it sounds like there is some support for a memorialization from this legislature on the array of issues raised here today. A comment was made about sending a memorialization to Assemblypersons James Skoufis and Aileen Gunther. However, they should be asking, what have they done thus far. He would like to send a letter to them and ask what they have done as they have more of a direct influence than they do here. This is just another shift by New York State on the County of Orange whether it's the SAFE Act, Raise the Age or a multitude of other mandated state issues that they must deal with. They are always under pressure to stay under the cap, but the state does not abide by the same cap as they do. This is just another shift in burden to

the county and he would ask our Assemblypersons and State Senators because even though everyone loves the cap, they do not have to deal with what they deal with. They just continue to shift the burden further and further down to the counties and people lose jobs because of it. Perhaps they should raise the cap a little, so they don't have to worry about spending the money to save some of these jobs.

Mr. Anagnostakis agreed with Chairman Brescia that a letter could be sent out in collaboration with Commissioner Miller and that they could still move forward with a memorialization they saw a large increase in the jails multiple things could be done, legislative approval is not needed for a letter be sent inquiring on the status and what they are doing thus far.

Mr. Amo suggested a letter be sent immediately as they need the information from them to be included in their resolution.

Ms. Tautel stated that the letter should not only go to their State Senate and Assembly people but also the Commissioner of the Office of Mental Health. That is where this is coming from and that is the director and the responsible party. Secondly, Ms. Miller stated earlier that Commissioner Sullivan would be coming down to meet with Assemblypersons Aileen Gunther and James Skoufis, has that meeting been set.

Ms. Miller replied that she knows that they have spoken, her understanding was that Commissioner Sullivan had agreed to come and meet with the state staff here in Orange County; however, she does not know if Assemblypersons James Skoufis and Aileen Gunther would be present.

Mr. Anagnostakis asked that if Ms. Miller is invited to that meeting that she report back any findings to the committee. In addition, he would suggest the letter be sent to Governor Coumo also.

Ms. Sutherland thanked everyone for their participation in today's meeting. To those individuals who work diligently with the mentally ill, thank you for all that you do.

Ms. Miller stated that in closing, she appreciates their attention to this issue and she will keep them informed as they move forward. Lastly, her door is always open to anyone who would like to come and have a conversation.

Mr. Anagnostakis thanked everyone in attendance as this is only the beginning of the process and not the end.

The meeting adjourned at 5:10 p.m.