NEW YORK STATE SENATE

TASK FORCE ON GOVERNMENT EFFICIENCY

"Protecting the People's Money"

A Public Forum to examine spending at The Office for People with Developmental Disabilities

August 4th, 2010, 1 P.M.

Senate Hearing Room, 19th Floor

250 Broadway, New York, NY

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NYS Office For People With Developmental Disabilities

Putting People First

Public Forum Before the New York State Senate Task Force on Government Efficiency

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New York State Office For People With Developmental Disabilities
Acting Commissioner Max E. Chmura

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Good afternoon, I'm Max Chmura, Acting Commissioner of the Office for People with Developmental Disabilities (OPWDD). Formerly known as OMRDD, this new name became effective when signed by the Governor on July 13th of this year. I want to begin by thanking the many people in this room, families, self-advocates, our partner agencies and each member of this Senate Task Force, all of whom supported this change. The new name not only makes us consistent with the Person First legislation passed in 2007, but properly reflects the dignity with which we listen to and support people who have developmental disabilities and their families.

As I appear before you this afternoon, I am joined today by Jim Moran our Acting Executive Deputy Commissioner and Sheryl Minter-Brooks, Deputy Director of Program Operations from our Staten Island DDSO.

I would like to thank all of the members of the Senate Task Force on Government Efficiency for this opportunity to address the issues raised in the Task Force Report. We applaud efforts by the Senate Task Force on Government Efficiency to ensure that State resources are managed effectively. As you will hear this afternoon, this mirrors, on a smaller scale, the efforts that former Commissioner Ritter and I have been making these past three and a half years. I am excited that we can discuss our success in managing the agency's personal service resources including a reduction in overtime hours worked, our effective systems to ensure that residential development is cost efficient, and our efforts to maximize the number of voluntary organizations providing residential services. We are also glad that we are able to have this dialogue with many of our partners in the room. They have not only benefited from our efforts, but have in many ways helped OPWDD shape some of the successful efforts we will be discussing today. And, you should know that in the past three and a half years OPWDD has had great success cutting expenses in many other areas that were not the focus of your review. In total OPWDD has trimmed $448 million from its overall budget over the past three years including $254 million in 2010/11 alone.

This forum provides us with an opportunity to discuss how we have been addressing these issues, our success to date, and our plans going forward.

Putting People First

As we begin this discussion, I want to make myself perfectly clear: Putting People First is not just a motto for OPWDD; people with developmental disabilities are at the heart of everything we do. This people-first ethic is embodied in the way we express ourselves, and in the way we conduct our business. If you have had a chance to review the vision, mission, values and guiding principles that we adopted in January 2008, you will note that our commitment to maximizing access, opportunities and accountability requires a similar commitment to efficiency and have driven our efforts to become more efficient over these past years with a similar commitment going forward as the State continues to face challenging fiscal times.

OPWDD has a 30-year history of providing quality supports and services to individuals and their families and always managing within its available resources. This is especially challenging given two very critical points. First our system is totally dispersed throughout every county in the State and second we provide 24/7 supports, including maintaining health and safety, to more than 36,000 people with developmental disabilities. During the past three and a half years, we have worked consistently to move this agency towards more individualized, person-centered supports and services that are driven by what people and families have told us they want and need. We provide these services in ways that are consistent with our mission of "helping people with developmental disabilities live richer lives," and that are both of high quality and cost-effective., As a result, OPWDD continues to address the service needs of people within the constraints of available funding and has successfully instituted the following efficiencies which have resulted in significant savings for taxpayers:

- As I previously stated we have trimmed $448 million from our total budget over the past three years while at the same time the number of services we have delivered has increased by 11 percent.

- We have significantly reduced overtime hours by 8.5 percent – a savings of more than $6.5 million from 2007-08 through 2009-10, while OPWDD's overall workforce has been decreasing by more than 700 positions since 2007/08.

- We have instituted a property reimbursement cap on February 1, 2010. This "hard cap" reflects a reduced cost limit on what OPWDD will pay for housing purchased by voluntary, not-for-profit agencies. This limit has been set at the 40th percentile of development cost over the past four years. It will require voluntary providers to seek even more cost effective approaches in developing community residential opportunities.

- Our service system has been developed over these many years in partnership with many stakeholders including families, self-advocates, the State workforce and voluntary agencies to support the nearly 126,000 people with developmental disabilities statewide, and more than 1,500 new people with developmental disabilities who enter our system each year.

I will focus the remainder of my testimony on the three specific areas outlined in the Senate's report. They are overtime spending, procurement of new homes and the cost of public and private residential supports and services.

Overtime Spending

OPWDD agrees with the Task Force that overtime must be controlled and managed. However, overtime when managed appropriately, is a cost effective deployment tool in meeting the support needs of individuals requiring 24/7 care all of whom are in dispersed locations. The effective management of overtime must be done as part of an overall strategy on the makeup and deployment of your personal service resources. This means that you must find the right balance of full time and part-time workers while weaving in overtime to meet the needs, including health and safety, of the individuals you support on a daily basis. Our focus has to be on our overall personal services and not just overtime since overtime only represents about 4% of our total personal service spending when you include fringe benefits. While we have always managed within our overall resources as I have mentioned previously, given our goal of being a high quality system of supports while being cost effective driven, we must continue to evaluate and seek improvement in both areas. This is even more critical in the challenging fiscal times that we have and will continue to face. We have an obligation to be good stewards of the taxpayer's money that we are so blessed to have as supported by the Governor and the Legislature. With the advent of the fiscal crisis we made this an even higher priority and significantly enhanced our efforts to better manage all of our resources including personal services, which currently are approximately $1.8 billion inclusive of fringe benefits and covers a workforce of more than 23,000 employees. At that time, using much of the same data as that used in the Task Force's Report we began enhancing our monitoring of personal service spending including overtime and changing management practices in each local Developmental Disabilities Services Office (DDSO) to more effectively manage these resources including the use of overtime.

From 2007-08 through 2009-10, OPWDD significantly reduced overtime hours by 8.5 percent – a savings of more than $6.5 million. This reduction was the result of an enterprise-wide analysis of the factors driving excessive overtime and the creation of technical assistance teams that have helped each DDSO implement more efficient business practices that more effectively manage personnel deployment, scheduling and supervision to reduce total personal service spending, including a reduction in overtime. The full impact of these changes is expected to be visible in 2010-11 personal service spending. To better illustrate our progress to date reducing overtime, I would like to draw your attention to the charts on pages 3 and 4 of my testimony.

As you can see from this chart, the total number of overtime hours has decreased by 8.5% over this period of time. This translates into more than $6.5 million in savings.

OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
Overtime Hours
Statewide -- All Programs

Fiscal Year	Hours worked	Difference	% change
2007	2,796,466	-	-
2008	2,666,913	-129,553	(4.6%)
2009	2,558,915	-107,998	(3.9%)
Total Change	-	-237,551	(8.5%)

Ensuring Health and Safety

While our aggressive efforts to manage personal service resources, including overtime, will continue, it is important to reiterate that overtime is an important management tool given the 24-hour nature of services that are provided to people with developmental disabilities, and as such overtime will never be completely eliminated. Workers are approved for overtime when it is necessary to assure the health and safety of individuals with developmental disabilities. Unanticipated absences happen among our staff working in our geographically dispersed locations or any number of emergency situations which require an employee to work overtime to ensure the health and safety of people living in that specific home or attending that specific program. Tasks related to health and safety includes: direct care, clinical care, food service, and maintenance. In addition, without overtime as an option, we could be left with a situation where we would be out of compliance with required staffing minimums and legal mandates. Since we are a 24/7, 365 days a year operation, we must continue to provide the supports and services to the individuals that we support regardless of snow storms, floods, road closures, blackouts, or any other emergency or natural disaster.

I'd like to give you an example of the types of circumstances that trigger the need for overtime:

> *Scenario 1:* An individual with challenging behaviors sustains a fractured arm. The residence increases staffing levels for each shift to provide care to the individual. This avoided placement into a nursing facility that would not have been able to provide the same quality of care. Overtime was necessary to cover these shifts and was discontinued after 3 months
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> *Scenario 2:* February 2010 snow storm knocked out power in 6 of 9 homes in a geographical area. The enormity of the situation could have been extremely overwhelming had it not been for the assistance and cooperation of direct support and clinical staff. Staffs were deployed in areas that were closest to their own homes. Houses had to evacuate and doubled up in other homes that had power. A RN worked 2 shifts in order to provide insulin injections to the individuals who were diabetic and assisted in evacuation.

The State's Collective bargaining agreements with the labor unions representing state employees, as approved by the legislature, define how agencies must manage the assignment of overtime to state employees, regardless of job title or task involved, and is predominantly based on the seniority of staff.

An agency's capacity to significantly alter those collective bargaining agreements is limited. This creates significant challenges in the State's attempt to manage overtime worked by individual employees. However earlier this year OPWDD, GOER and CSEA entered into mediation and developed an agreement whereby OPWDD established thresholds for the amount of overtime an employee can work before an assessment must be made as to the ability of that employee to work the overtime (voluntary or mandatory).

This agreement allows management to assess the ability of the employee to perform the assignment in a manner that does not compromise the health and safety of the individual(s) being supported, of the employee or of their co-workers based on the number of overtime hours and/or number of overtime shifts already worked by the employee in the last seven days. When an employee reaches the thresholds, the assessment can then be used to make a final decision regarding assigning overtime to an employee, regardless of the employee's seniority.

Reduced Overtime despite a Smaller Workforce

Achieving workforce efficiencies has remained a priority even while OPWDD's overall workforce has been decreasing (more than 700 positions since 2007/08). During this time, overtime also has been reduced; while OPWDD staff has cared for increasingly more disabled and behaviorally challenged individuals with developmental disabilities. Nearly a quarter of individuals in State-operated settings now use wheelchairs, approximately half have a psychiatric diagnosis, and nearly seven percent have a diagnosis of autism spectrum disorder – all of which create greater demands on the workforce.

Procurement of New Homes

OPWDD's mission is to help people with developmental disabilities live richer lives. Living richer lives includes the ability to live and work in the community and the ability to develop relationships. To respond to that mission, we are engaged in a process aimed at closing our remaining developmental center programs as authorized by the Governor and the Legislature through the Budget process. At the same time, we have beenworking on new State and nonprofit residential opportunities. In addition our voluntary agency partners are providing other individualized supports and services to approximately 1,500 new people each year.

The landmark decision in **Olmstead v. L.C.,** the United States Supreme Court held that the American with Disabilities Act (ADA) prohibits the unnecessary institutionalization of individuals with disabilities. The **Olmstead** decision recognizes exactly what the great disability rights leader Jacobus tenBroek said was the most fundamental right for people with disabilities; "the right to live in the world," to live and be a part of a community, to not be ignored or confined."

With this being said, I'd like to address that part of your report about the procurement of new homes.

Residential Development

OPWDD supports the purchase, lease or rental of homes in a broad range of communities across the state. We only invest in homes that provide safe environments, access to families, external health care, community activities and transportation. OPWDD also expects the purchaser, lessee, or renter to establish positive and meaningful relationships with members of the community where the home is located. This is best for the people living in their homes, their families and the community itself.

It is extremely important to clarify that OPWDD never reimburses agencies in excess of fair-market (appraised) value for a home or any other property acquisition. We work very carefully with voluntary provider agencies to ensure that amounts paid for properties and property improvements are reasonable. As we have learned since late 2007, reasonableness fluctuates with the health of the state and national economies.

In light of multiple years of falling property values in many regions of the State as well as the State's significant fiscal challenges, OPWDD instituted a property reimbursement cap on February 1, 2010. The cap reflects a reduced cost limit that has been set at the 40th percentile of development cost over the past four years. It requires voluntary agencies to seek even more cost effective approaches in developing community residential opportunities (both in the purchase and in making environmental changes).

As Acting Commissioner, I recognize the need to balance the public investment in new home development including capital improvements with the clear relationship between physical features of a person's home (their living environment) and needs created by their disabilities. OPWDD's policy covers the purchase/construction of the new home as well as the entire scope of work for renovation/construction and is reviewed for the appropriateness of the purchase, any proposed work and associated costs. Costs reimbursed are limited to the level of the OPWDD prior approval (a formal process that has been in policy and practice for nearly 30 years). Construction projects must be competitively bid to be eligible for OPWDD reimbursement. Homes must be appropriate in size for the program needs of the individuals and balanced with operating cost considerations, which are generally higher for smaller homes. Location to employment or other meaningful activities, proximity to family, houses of worship and other community participation opportunities are also important considerations.

In the next few years, due to limited fiscal resources, OPWDD will be more limited in the number of home purchases or construction it can support monetarily than it has been over the past 15 years. This does not affect our commitment to supporting the services that people are already receiving or to providing appropriate supports and services for the 1,500 new people who request services each year or those people currently in the system who have asked for different, more individualized supports and services. OPWDD remains committed to responding to the needs that people with developmental disabilities have, but we have learned that more people are looking for options that do not require or perhaps defer access to homes that must be purchased or constructed.

While many people still request opportunities to live in homes that have four, five or even six or seven residents, like the two mentioned in the Report, many others are seeking something different, including renting or purchasing homes of their own. These less expensive opportunities do not meet everyone's needs, but OPWDD is working with people with developmental disabilities and families to meet their needs for these different options that reduce the demand for other larger and more expensive homes. With all home expenditures, OPWDD is working to make sure decisions meet the needs of the people who will live in these homes and provide for reasonable and efficient use of public funds.

> *Example 1*: Six young individuals will be residing in two side by side condos in Yonkers. These individuals are with physical challenges and will require 24 oversights however the oversight will be shared amongst the 2 units. This not only allows for efficiencies in the deployment of staff, it provides a smaller setting for these young adults. These cost for acquisition and renovations were $132,961 and $131,628.
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> *Example 2*: A six person group home (IRA) has recently opened in Yonkers that will allow six young men to return back to NY State after residing in out of state residential schools. In this scenario the State of NY only funded the renovations necessary for this home since the provider had owned the home.

Yorktown Properties

The two property purchases highlighted in the Task Force Report represent homes that were purchased specifically for the needs of the thirteen men and women who live in them. During 2006 and 2007 the agency made a significant effort to find reasonable homes that met the needs of these people in communities that were safe and accessible, and that offered access to the broader Westchester community that is appropriate for any citizen of the County.

The information presented in the Task Force Report included significant misstatements regarding the purchase and renovations of the two properties. A June 11, 2010, letter from Opengate to members of the Senate Taskforce on Government Efficiency provides a much more accurate picture of the true cost of the Yorktown Properties. For example, in a discussion of the house on Evergreen Street, the report estimated that

Opengate's payment was 63 percent higher than the average sale price during the period. This information is misleading. Rather the purchase of the 3,360 square foot house at $251.49 per square foot was actually lower than the average cost per square foot for Westchester County. Evergreen St., and it was actually purchased at 96.5 percent of its original asking price. Opengate is now a home to seven residents at a cost per individual of $148,236.

The per-person development costs of both of these homes were less than the OPWDD fiscal parameter of $159,182 per-person that applied to all Westchester County development projects at the time these two projects were developed. Of the 31 properties developed in Westchester County between October 2005 and March 2010, the two Opengate properties highlighted in the Report actually had lower per-person costs than 10 other properties.

In light of falling property values in many regions as well as the State's fiscal challenges the acceptable thresholds for home purchases have been reduced and capped. The fiscal parameter that OPWDD applied to Westchester County was reduced from the $148,236 per person at the time these two properties were purchased in 2007 to $142,108 per person effective February 2010, a reduction of 10.7 percent to reflect the ever changing housing price indices in Westchester County.

The Cost of Public and Private Residential Services

The Senate Task Force Report challenged OPWDD for not adequately using voluntary agencies to provide services to people with developmental disabilities. I do not believe a full analysis of the services provided or funded by OPWDD supports that criticism. Currently, more than 126,000 people with developmental disabilities are supported statewide. Of that number, 108,000 are supported directly by voluntary agencies. This represents 86.5 percent of the total people served, which means that OPWDD provides direct support to only 13.5 percent of the population. This percentage split has changed in the past three years and will continue as more services are delivered by the voluntary providers.

This continual change in the proportion of services offered by voluntary agencies has been driven by two major factors. The first is that OPWDD, in partnership with people with developmental disabilities, families, advocates and the provider community, have worked to offer more individualized and person-centered options for people who prefer not to live in homes with 4 or more people who have disabilities or go to larger, congregate day programs. The second is the fact that the State remains the service provider of last resort for people with developmental disabilities. The voluntary agencies are key to providing the more individualized and person-centered supports and services that people are asking for (which are also often less expensive).

The following chart reflects the new home development by State and voluntary agencies in providing residential services for people with developmental disabilities over the past several State fiscal years:

State & Voluntary Agency Residential Development

Fiscal Yr	State**	Voluntary**
2005-06	63	824
2006-07	41	698
2007-08	51	850
2008-09	47	664
2009-10	8	521
*2010-11	32	98
	242	3,655

** # of opportunities
*YTD Data through 7/18/2010

Conclusion

New York State has a national reputation for providing high quality and innovative supports and services for the individuals and families we serve.. This reflects the highly skilled and motivated staff, the commitment of families, advocates, State and voluntary providers and the administration; and the courage of the New Yorkers who have developmental disabilities and who choose to and deserve to live in New York's communities. This partnership is working hard with me and the rest of the OPWDD Leadership Team to continue to find innovative ways to provide the homes, supports and services our citizens deserve at reasonable cost while driving inefficiencies from our system.

I trust that this testimony and that of many others who will come after me this afternoon will offer a more accurate picture of OPWDD's commitment.

Thank you.

Testimony of
Ed Snow,
OPWDD Labor Management Chair

The New York State Public Employees Federation

To The
Senate Task Force on Government Efficiency
Chair: Senator Jeffrey Klein

Spending at the Office for People with Developmental Disabilities

August 4, 2010

Good morning.

Mr. Chairman, Task Force members, distinguished guests.

First, I want to thank the committee for allowing us to speak today.

My name is Ed Snow and I am the Labor Management chair representing the over 4,800 members of the New York State Public Employees Federation in the Office for People with Developmental Disabilities. I am an Intermediate Care Facility Program Manager at Sunmount DDSO and have been with the agency for 26 years.

You requested that we speak about a number of issues, including the agency's overtime expenditures. At the outset I would like to say that overtime is assigned by management. PEF is not in favor of excessive overtime and we would like to see it reduced as it negatively affects both our personal lives and our ability to provide quality care. It is sometimes claimed in the press that "union rules" compel overtime- this is patently false.

While overtime for PEF members reflects a very small amount of all OPWDD overtime expenditures, the same underlying causes are responsible for most OT. Overtime is mostly caused by years of hiring restrictions and freezes as well as absences due to workplace injuries from lifting, interventions and assaults on staff.

Hiring restrictions have left DDSOs staffed at levels which cannot accommodate staff absences from vacations, illness, injury or administrative leave. Low staffing levels in turn have added to excessive overtime rates by increasing the chance for workplace injury.

OPWDD was ranked fourth overall for workplace injuries in the most recent Workers Compensation Report, down from first in 2007/08. OPWDD employees lost over 68,000 days of work due to injury in 2008-09 and cost the state over $4 million in compensation costs and nearly $3 million in medical costs.

These costs can be reduced by hiring additional staff at entry level pay and by improving health and safety conditions throughout the agency. A rigorous assessment of injuries is necessary to develop targeted strategies such as a back injury prevention program.

Furthermore, the agency needs to take the implementation of the Workplace Violence Prevention Law seriously, including implementation of mandated risk assessments. It is also incumbent on management to set the tone that this law is not a punitive regulation but rather a public health opportunity that will improve services to our consumers.

You have also asked us to comment on the comparative costs of public and privately operated homes. This is a more complicated comparison than the very basic comparison included in the committee's report.

As you indicate in the report, "it is possible that the average salary cost per FTE ...given by OMRDD takes into account the salaries of supervisors and other higher paid individuals than the data from the volunteer organization, so the differences might not be as large...."

This is clearly true. The report shows the salary cost per FTE in each of the given locations as either $45,866 or $46,484 for the four locations reviewed. The hiring rate for a Developmental Aide, the most common direct care title, is $32,653 and the job rate is $40,136, making it apparent that the salaries quoted must include non direct care salaries.

Salaries for direct care staff at private agencies are notoriously low. By only using union represented agencies for your comparison, you probably looked at the better paid employees in the private agencies. We believe that not only are most direct care staff horrendously paid (most are paid only minimum wage, without benefits); they are also less qualified than state employees to provide quality care.

If you were going to look at higher paid individuals, you might want to start at the top, with the often exorbitant salaries of the so called not-for-profit agencies' top management. As the recently released Commission on Quality of Care's list of 2006 CEO salaries documented, some of these manager's salaries are shocking.

PEF did additional research on some of the CEOs cited in the Times Union story on these salaries. Patrick Dollard, CEO of United Cerebral Palsy Association of Sullivan County, who made over half a million dollars in salary and benefits in 2006, got a whopping 60% raise in 2008, when he earned over $939,000. His second in command made over $480,000, and another five mangers made over $225,000 in 2008.

At the Young Adult Institute, then CEO Joel Levy made over $780,000 in 2006, which was up to $1.7 million in 2008 (including a one-shot of $822,000 from the agency's defined compensation plan). Philip Levy, who was then the COO, and is now the CEO, made $1.4 million in 2008 (including $666,000 in defined compensation). Three other top managers at this agency earned over $800,000 in 2008, (including between $100,000 and $370,000 in defined compensation).

In the interest of time, I have attached additional information on these and other outrageous salaries. You have to ask why the state should have any part in reimbursing such salaries, particularly when the people who actually provide the services on the direct care level are grossly underpaid. This is reflected by the notoriously high turnover rates at private agencies, and is undoubtedly correlated to the quality of care provided to developmentally disabled consumers.

Salaries are only part of the story, however. A simple cost comparison does not reflect the many state provided services which keep the private sector's costs down. This includes clinical services such as audiology, physical therapy, occupational therapy, psychological evaluations, social work, nutrition, medical and psychiatric care, forensic evaluations, and dysphasia and geriatric clinics.

It includes all aspects of Quality Insurance: investigating incidents as well as providing technical assistance such as environmental modification assessments.

It also includes training: teaching the introductory CORE training; teaching introductory and advanced Person Centered Planning, ISP Development, medication courses, benefits, Medicaid Service Coordination and Waiver Enrollment, to name just a few.

Our Forensic Services assist the private agencies in dealing with individuals who are arrested or engage in dangerous behavior. We offer clinical supports such as risk assessments and risk management, referrals for placement as well as training and technical assistance with court orders and advocacy.

Moreover, state employees frequently go into private agencies to clean up their problems with documentation relative to Medicaid Service Coordination. And when a home or an agency is having serious problems, it is state employees that are pulled away from their work in state operated services to clean things up and bring the agency into compliance with state regulations. In some cases the state runs the agency until another private agency is found to take over, and in extreme situations the agency is transitioned to state to run on a permanent basis.

We recommend that the committee undertake a more thorough study which looks at private agency payrolls, salaries and job qualifications, and includes the cost of services provided by state operated employees in support of private agencies.

We need to be very careful not to cut costs by risking quality of care. While we recognize the very real need to restrict spending, we are very disturbed by the direction OPWDD is taking in relation to Medicaid Service Coordination (MSC), which assists community based developmentally disabled consumers and their families in gaining access to supports and services appropriate to their needs.

Drastic changes, including a significant increase in caseload size and a substantial decrease in the number of face to face visits with consumers are being implemented across both the state operated and voluntary sectors with no acknowledgment of the very different consumer base being served.

In developmental disabilities services, like so many other human service areas, the state has become the provider of last resort based on the acuity of the consumer's needs.

Although OPWDD champions a policy of consumer choice, in reality state operated MSC services are a very limited option for consumers unless they have demanding behavioral or medical needs. Cherry picking the easiest consumers is the norm for private providers, leaving the state with only the most difficult to serve consumers.

This transformation of MSC from a consumer based to a paper based service will severely and negatively impact those consumers served by the state. Higher caseloads will be achieved by limiting the hands on work that case managers currently provide. They will only need to meet with their clients face to face at the client's home once each year, and can conduct other quarterly meetings by phone.

How can a case manager effectively update a consumer's Individualized Service Plan when it is possible that the only time they meet face-to-face is during their annual meeting to review and update the plan?

If we are to go down this dangerous road of cost cutting, it needs to be with full disclosure that it will profoundly affect the quality of care for our consumers. This is true not only as it relates to Medicaid Service Coordination, but for OPWDD services as a whole.

We urge you to look very closely at the salaries and qualifications of all employees in the private providers and take into consideration the needs of the consumers and fulfillment of the agency's mission when you make recommendations for cost savings.

Ed Snow Testimony, Attachment 1

The Commission on Quality Care CEO Salary Report: An Update

The New York State Commission on Quality of Care and Advocacy of Persons With Disabilities made public in May of this year a report on its investigation into the compensation of the CEO of the Center for Discovery in Harris, NY.

Subsequently, the Albany Times Union published a July 12 newspaper story about the CQC report on the Center For Discovery, and it included salaries of CEOs at other not-for-profits in the state.

But the headline grabber was the CEO of "Center for Discovery," who made $587,759 in total pay for 2006. Granted CEO Patrick Dollard has a lot of responsibilities with 1,400 on the payroll, but it begs the question why taxpayers should help support such a high salary.

The Center for Discovery lawyer, Stephen Mosenson, was quoted by the Albany Times Union as saying that the CQC's data were "stale and outdated." We agree. The data are stale and outdated.

Dollard had a 60 percent pay raise, or $351,521, from 2006 to 2008.

His total compensation package in 2006 was $587,759. According to the "Center for Discovery," 2008 990 (the IRS filing required by for not-for profits, and available online through Guidestar.org), his pay package had risen to $939,280.

Who else in New York State received a 60 percent pay raise in a two year period outside of those working for Goldman Sachs or AIG?

If New York is interested in ensuring that government works efficiently, it must also examine services that are provided by not-for-profits that receive taxpayer support.

PEF would like the state to require that payroll data for ALL those working for not-for-profits that serve disabled New Yorkers be made public.

PEF is concerned not only with the outrageous salaries made at the high end of the spectrum at so-called "not-for-profits," but we are also concerned about those who make minimum wage.

New Yorkers deserve to know who the people are who provide the services at these not-for-profits. Are they qualified? Do they receive minimum wage while their executives make kingly salaries?

We would encourage this committee to subpoena all of the data that relates to salaries and the qualifications of those who provide the direct services to New Yorkers who are among our most vulnerable residents.

There appears to be a dual system at work. These so-called not-for-profits are only unprofitable for those who actually work with consumers. The executives at these institutions are clearly making substantial profits.

How can anyone seriously claim that a million dollar salary isn't profitable?

When Diana Jones Ritter resigned as commissioner for the New York State Office of People With Disabilities (formerly OMRDD) earlier this summer, she was making $136,000 while overseeing 24,000 employees.

In fact, $136,000, not including benefits, is about what the other New York State commissioners of public health agencies make.

At $939,280, Dollard also does considerably better than Gov. David Paterson, who earns a salary of $179,000.

But Dollard didn't top the most recent list, (made up of 2007 and 2008 990 data from GuideStar.)

The golden ring(s) go to the chief executive officer at the Young Adult Institute in New York City , who in 2007 made $1.7 million (CEO salary and benefits), and his second in command, Philip Levy, COO, who made $1.4 million.

Here is a list of the top earners at the Young Adult Institute:

Joel Levy, CEO -- $1.7 million – ($822,282 of this is a one-shot from the agency's defined compensation plan) (retired) Made $780,772 in 2006, according to the TU article.

Philip Levy, COO -- $1.4 million ($666,139 from agency's defined compensation plan) Philip Levy is now CEO and president).

Stephen Freeman, Associate Executive Director, $954,790 ($376,088 from defined compensation plan) (Now COO)

Thomas Dern, Associate Executive Director, $878,984 ($327,542 from defined compensation plan) (Now listed on its website at COO)

Karen Wegmann, CFO, $805,676 ($105,062 from defined compensation plan)

Unfortunately, the IRS only requires that the top five earning employees be listed on the 990s. It would be interesting to see how many others at the Young Adult Institute are making more than $200,000.

And the CEOs at the Center for Discovery and the Young Adult Institute weren't the only not-for-profit CEOs who received substantial raises since 2006. For the purposes of this forum we limited our research into those not for profits that focus primarily on services for the developmentally disabled (excluding such providers as Goodwill Industries and Phoenix House, whose top executives also made exorbitant salaries, including $1.2 million and $.7 million, respectively, for their CEOs).

No. 8 on the TU list was Michael Goldfarb, executive director of the NYSARC Inc. NYC Chapter, at $565,443 (2006). A year later, 2007, Goldfarb was making (total comp) $631,003. Other top executives at NYSARC Inc. NYC included:

Judith K. Deiasi, Associate Executive Director, $362,379
Gerald Gartner, CFO, $312,523
Ellen M. Rosman, Associate Executive Director, $301,132
Robert C. Goldsmith, COO, $236,007

To be fair, one CEO on the TU Top 10 List made less in 2007 than he did in 2006. William Guarinello, who is Heartshare Human Services of Brooklyn's president and CEO, was listed in the TU article as having made a total of $485,970 in 2006 (No.7). His 2007 total comp was $469,950, or down roughly $15,000.
Anthony Bianca, comptroller, $307,117
Linda Tempel, executive vice president, $210,790

Also, a quick look at other not-for-profits, not on the TU list, revealed several other CEOs at not-for-profit providers of developmental disabilities services who made more than $200,000, including benefits, per year.

Here are a few examples:

NYSARC Inc. Nassau Chapter, Brookville, NY 11545
Five highest salaries of officers/staff (2008):
Michael Mascari, executive director, salary of $313,268, with estimated amount of other compensation, $135,518, total of $448,286.
Janet L. Abelseth, assistant executive director, $251,923, plus $14,685 in benefits = $266,608.
Johanna M. Richaman, chief financial officer (partial year) $189,432 + $27,767 = $217,199.
Robert C. Goldsmith, assistant executive director, $198,932, plus $11,013 = $209,945.
Marianne Klotz, director of educational services, $156,291 + $44,135 = $200,426

Suffolk Chapter, ARC, Bohemia, NY,
Highest salary (2008):
Joseph P. Mammolito, executive director, $296,583, plus $53,192 = $349,775

Westchester County ARC, Hawthorne, NY 10532
Richard P. Swierat, executive director, $182,246 (salary) +$44,495 (other compensation) = $226,741
Thomas Hughes, associate executive director, $156,528 + $44,265 = $200,793.

Advocates for not-for-profits may make the "few rotten apples" argument to defend these excesses. Indeed, a thorough survey of all not for profits shows a substantial number of service-oriented institutions who pay their executives modest salaries.

However, the size and number of the salaries that go to the likes of the Patrick Dollard's and the Joel and Phillip Levy's in the so-called "not-for-profit" world are becoming numerous and excessive enough to set off alarm bells.

The New York State Legislature should take action to stem to rising tide of these excessive salaries to ensure that these institutions exist to do more than provide comfortable salaries to their executives.

We must remember the reason why not-for-profits were given tax breaks to begin with, and that was to enable the most vulnerable New Yorkers to receive the best care possible at the most affordable cost.

This committee should be documenting the disparity between the top executives and the actual providers of services as well as examining the qualifications of those service providers to ensure both quality services and reasonable cost.

Links to sources:

Center for Discovery
http://www.guidestar.org/FinDocuments/2008/141/395/2008-141395426-05854340-9.pdf

State Government Salaries
http://sunshinereview.org/index.php/New_York_state_government_salary

Young Adult Institute
http://www.guidestar.org/FinDocuments//2008/112/030/2008-112030172-0510352b-9.pdf

NYSARC Inc. NYC
http://www.guidestar.org/FinDocuments/2008/135/596/2008-135596746-050df316-9.pdf

Goodwill Industries
http://www.guidestar.org/FinDocuments//2009/131/641/2009-131641068-05bd00ac-9.pdf

Heartshare Human Services
http://www.guidestar.org/FinDocuments/2008/111/633/2008-111633549-04c015f1-9.pdf

NYSARC Inc. Nassau County
http://www.guidestar.org/FinDocuments/2008/111/720/2008-111720254-057dd889-9.pdf

Testimony to
NYS Senate Task Force on Government Efficiency
Senator Jeffrey D. Klein, Chair

August 4, 2010

Presented by:
Peter Pierri, Executive Director
Interagency Council of Mental Retardation and Developmental Disabilities Agencies, Inc.

I would like to thank Senator Klein and the Task Force on Government Efficiency for being invited to address your report focusing on the Office for People with Developmental Disabilities (OPWDD).

My name is Peter Pierri and I am the Executive Director of IAC (Interagency Council of Mental Retardation and Developmental Disabilities Agencies). IAC is a nonprofit membership association which represents approximately 120 not for profit providers that serve children and adults with developmental disabilities in New York City, Long Island, Westchester and Rockland Counties. Prior to being employed at IAC for the past year, I have worked in the field of developmental disabilities for a total of 33 years at two different provider agencies. The majority of that time, I served in the capacity of executive director.

The report examining spending at OPWDD focused on two specific areas: the costs pertaining to residential development as well as the use of overtime at OPWDD. I would like to say that I cannot speak to how overtime is assigned or managed in the OPWDD system, as that is an issue which I am sure you will address with the Commissioner. What I can discuss, however, is the fact that every developmental disability provider I know in New York State has historically had tremendous difficulty recruiting and retaining qualified employees. In fact, the problem is even worse in most other states throughout the country. Finding sufficient staff to work in a residence which requires shifts around the clock - seven days a week - is always a daunting challenge. Every time each employee goes on vacation, is out sick, on disability or workers' compensation, a substitute worker has to cover the necessary shift to provide proper supervision of the residents in the home. It should be pointed out that these direct support professionals perform very taxing jobs. The regulations and scrutiny under which they work require a tremendous amount of skill and a significant amount of training. That is why, in most cases, providers rely upon existing employees to cover the additional shifts to ensure they have qualified and trained staff for the additional coverage. Families and individuals who are served by these providers expect nothing less. We must also acknowledge that not everyone <u>wants</u> to do this type of work and clearly not everyone is <u>capable</u> of doing this type of work. Both these factors exacerbate the problem of recruiting sufficient staff which results in the practice of overtime. At the same time, however, I agree that all providers have a responsibility to do everything they can to minimize the cost of these additional salary expenses and should institute whatever practices possible to reduce these costly but necessary expenses.

I would also very much like to speak to the issue of residential development. We have to keep in mind the multiple factors that go into developing one of these residences. Usually, agencies have very limited choices regarding which homes they can purchase. They do not have the luxury of purchasing any home on the real estate listings. This is due to the fact that unfortunately, many homeowners still choose not to sell their homes to our providers for this purpose. In addition, providers must abide by the limitations imposed by the requirement to meet NY State's site selection laws. Then, once a site is chosen, there are often extensive renovation costs to create the 4-6 bedrooms necessary to provide each adult in the home the privacy they deserve. Then there are the additional necessary costs to: 1) make the home ADA compliant, 2) ensure it meets all state and local fire and safety codes and 3) meet all other mandated laws and regulations (including minimum square footage requirements). Comparing this to what a typical family would pay moving into the neighborhood is simply not a valid comparison. Based upon these facts, New York State has set upper limits of acceptable costs. Any provider, who spends more than their approved amount, must do so at their own expense without OPWDD funds. We must remember that with over 6,500 people throughout New York State still living at home with their aging families waiting to move into a residence, we cannot afford to slow down this process. This does not even take into account the special challenges presented by children with severe forms of autism who will shortly be growing into adulthood and will require extensive supports in their residential settings.

I would like to make it very clear that my intent is not to dismiss the Task Force's initiative to explore greater governmental efficiencies. In fact, in light of New York's current fiscal crisis, I find the Task Force's objectives to be quite laudable and highly responsible. There are a couple areas to explore to find possible efficiencies which would have no apparent detrimental effects on the people we serve.

One is the area of audit compliance which is rapidly becoming its own mini-industry in our field over the past 4-5 years. As a result of new audit protocols and practices by Office of

Medicaid Inspector General (OMIG) and others, an atmosphere of out of control audit frenzy has gripped the provider community. As a result, provider agencies across New York spend millions and millions of dollars every year to employ professional compliance staff whose primary job responsibility is to ensure records and documents meet all required billing standards for these fiscal audits. Imagine, instead, if we had one state-wide electronic record keeping system which was designed to ensure compliance with Medicaid billing and other standards. Providers would then be less reliant upon paid staff time to manually review documentation records. Instead this money could be put to much better use. It is time for us to take the lead from the healthcare industry which has made huge advancements in the area of electronic medical records. In addition, due to the multiplicity of audits from various state and federal departments, providers rarely go for long without having auditors stationed at their agencies. It would be interesting to find out how much could be saved if instead, there were a concerted effort among the multiple state and federal departments to coordinate these audits instead of duplicating them.

With regards to residential services, it is common knowledge that most provider agencies spend up to 70% of their total expenses on salaries and benefits. Residential services are particularly staff intense because most of the individuals in those homes require assistance and supports 24 hours per day. However, our field has not even begun to explore the technological possibilities being employed by the type of "smart medical homes" being proposed around the country for people who are aged or have medical disabilities. The data collected electronically inside these homes can include the measurement of vital signs as well as mobility information, behavior patterns, sleep patterns, general exercise, rehabilitation efforts and more. Some of these homes are outfitted with infrared sensors, computers and biosensors to collect their data. It may be time for us look at new options such as these as ways to potentially reduce some of our costs while still providing the excellent care we are known for. For several years, the healthcare industry has also been exploring the use of the internet to provide medical evaluations and communications. Remote monitoring capacities could enable medical professionals to monitor a patient remotely using various technological devices to manage some chronic conditions such as heart disease, diabetes, asthma, etc. If we were able to access quality medical care without incurring the costs of transporting an individual to a physician's office along with the accompanying nursing and direct care staff time that could also produce some real savings. While I am unaware of these practices currently being implemented in the field of developmental disabilities, it is time for New York to take the initiative to explore these new avenues towards reducing the inherent costs of providing such necessary but expensive supports. The field of developmental disabilities in New York has not even scratched the surface of understanding how technology can help make our services more efficient but the need to do so has clearly never been more urgent.

people with DEVELOPMENTAL DISABILITIES SPEAKING UP for ourselves

Self-Advocacy Association of New York State, Inc.

SENATE TASK FORCE ON GOVERNMENT EFFICIENCY

Statement from the Executive Committee of the Self-Advocacy Association of New York State (SANYS)

August 4, 2010

We understand that our country and our state are in the middle of a very challenging economic situation that will last for some time and could get worse before it gets better. We know what it takes to face challenges; that is what we do every day as individuals with disabilities and that is what we do as an organization. We believe we are most successful when we focus on how we can work together as self-advocates and as partners with other groups. We believe our lives are better when we think about more than our own interests and needs when we develop advocacy positions and strategies. We all live in our communities, we live in New York, we live in the USA, and we have an obligation to step-up and contribute to the solutions to the challenges we all face.

We have written a brief paper that we feel begins to address these issues. We call our idea, ***From Me to We.***

What we mean by this theme, and what we hope, is that everyone will come to the tables of discussion about budgets, system change and sustainability with a willingness to put their own personal interests and priorities aside and focus on ideas, proposals and thoughts that may be the best for all people with developmental disabilities and their families in the long run. We are hopeful that a real sense of fairness and a real People First point of view will be in everyone's minds.

Last year, SANYS developed a budget statement that would help guide our organization's NY State budget advocacy over the coming year, especially regarding the impact on OPWDD. We created a list of critical areas that we would use to objectively review the Governor's and OPWDD's budget proposal, as well as responses and alternate proposals by the State Legislature and other groups. The critical areas we are focusing on are:

- Safety
- The importance the direct support professional staff who work with and for us
- Fairness in every decision
- Individualized supports are what many people want, are cost effective and must be expanded as part of the choices that are offered
- People with developmental disabilities including self-advocate leaders, what to contribute to the communities and to our system's struggle with these fiscal challenges; we have a lot to offer
- Provider organizations must remain financially stable

We believe this budget crisis must be faced by all of us with a sense of selflessness and a commitment to OPWDD's most important theme—**Putting People First.**

Now to the fiscal crisis and how we move forward. We know the following:

OPWDD is one of the most, if not the most, well-funded, comprehensive system of supports for people with developmental disabilities in the country—this is a good thing and something we should all be proud of.

One of our number one goals must be to at least preserve every dollar of funds available.

We also know that there has been little new money added to OPWDD's budget for new services in the last few years to support the many people and families on waiting lists for services, including those who need supports immediately due to changes in their life situations or emergencies.

Though we advocate for additional resources, it seems unlikely that we will see additional funds added to OPWDD's budget for development of new supports in the next few years and because of that we are going to have to change the way we currently spend some of the funds in our system and evolve new funding strategies over time. We are not talking about radically changing how things work, we are talking about evolving our system to increase choices and evolve the way we currently fund some services so that we can support more people over time.

Briefly here are some of the strategies we believe we should focus on:

- Take a hard look at how we currently spend money. For instance, we do not understand why state operated systems should cost so much more per person than those run by provider agencies. The Senate paper we read speaks about this and we think it is important to take a hard look at the cost of state operated services.

- In the private sector, we believe organizations need to be encouraged and supported to reinvest some of the funding available to their agencies from facilities like group homes and day programs to more individualized living and community-based supports. Individualized support does not mean everyone lives by him or herself; it means that people get to choose whom they live with and where they live and that supports are developed around their needs. We have some extraordinary examples now of many people living full lives in their communities at less cost than when they lived in more traditional settings. Again we are talking about increasing choices and evolving services not changing everything overnight.

- We need to pursue new ideas such as shared living and other creative and cost effective living arrangements, some of which are highlighted in a film SANYS created in partnership with OMRDD—We Have Choices. I have some copies available here today.

Thank you for the opportunity to speak today. We will expand on these remarks with more written comments. We look forward to working with OPWDD, the NY State Legislature and all other partners as we all struggle with the challenges of evolving our system of support in these difficult times. We think the theme of our annual conference last year says a lot about how to go forward: From Me to We! Yes we can!

Contact:

Steve Holmes
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Testimony of:

Pasquale Ginese
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Good afternoon. My name is Pasquale Ginese and I am a self-advocate from Mt. Kisco, NY. I have received services from what is now called OPWDD and while no system is perfect, many good things have come from this system, especially my experience in community living.

I have a seizure disorder and when I was a teenager, I moved into a group home that had 20 people living there. It was difficult because I didn't get personal attention and I was just one of many people. The house also was removed from the local community and we seldom got a chance to go into town. Thankfully, my agency was one of the first that tried to move people from group homes into apartments. I have been living in an apartment for the last 34 years. I have lived with three other men in two different apartments, became friends with them and still talk to many of them.

I have learned from different staff how to clean my apartment, food shop and met many of my neighbors and talked with them and became friends with some of them. Where I live is my neighborhood. I feel that I am part of my community.

I met a woman 34 years ago and we became friends and we married in our town at a park. The community helped us with so many different things that it takes to have a wedding: from the bouquet to wedding dress, they assisted us for that event. We moved into our own garden apartment together. Over the years we have had many staff work with us but we will always have our neighbors.

I buy items from local stores - they are a vital part of my community life. I have gone to the local barbershop and my wife to the salons. I have used the local pharmacy and the local pizzeria. It takes many staff to help us with our needs in the apartment system and I am thankful for all of them, even those I disagree with. We need them and they need us.

Someone asked me once would I ever consider moving back into a group home setting? After a brief second I replied – NO. This is my home I do not plan on going back to that group home even if my wife or I pass away. I cannot see me going back to a group home.

I think that there are many people who are living in-group homes who would like to move into their own apartments if they were given the chance. The system and the supports I got gave me the chance to live in a community, just like anyone else.

Bronx Mental Retardation &
Developmental Disabilities Council

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8/4/10
The New York State Senate
Task Force on Government Efficiency
Senator Jeffrey Klein, Chair

Dear Senator Klein:

My name is Tom McAlvanah, I am President of the Bronx Mental Retardation and Developmental Disabilities Council. I thank you for this opportunity to share the thoughts of our Council in response to this report, *Examining Spending At the Office of Mental Retardation and Developmental Disabilities.*

The Bronx MR/DD Council is an association of parents, advocates, consumers and professionals concerned with the needs of people with developmental disabilities who reside in the Bronx. Through our Executive Board, Standing Committees and Special Events, we provide a forum for the discussion of issues, provide information and support to families, and advocate for the social and economic issues that affect the quality of life of the people we serve. The Council also acts in an advisory capacity to the New York City Department of Health and Mental Hygiene and the New York State Office for People With Developmental Disabilities {OPWDD}, identifying unmet needs and reviewing service proposals,

The members of our Council recognized the NYS Senate Task Force on Government Efficiency report as informed in many aspects of the service delivery system and depicted some real challenges in understanding the complex funding and budgetary formulas utilized at OPWDD. In this time of large budget deficits and the need for efficient application of public resources, the legitimate questions about how expenses are allocated and tracked must be addressed. It must be said that parents, self advocates and providers are not privy to and are ill-equipped to break down the intimate structure and methods utilized by OPWDD for extensive comment on cost effective practices.

For us, the concern is the uncertainty about our future resource appropriations and potential negative public perception of our whole system. By the very nature of the 24/7 personal care we give in residential services, we are not sure that the issues of overtime spending accurately factors in high turnover and vacancy rates and the daily need to fill vacant shifts when caring for people who require regular oversight and for some, hands-on care. A newspaper article quoting high costs is never interested in the myriad of details that lay below the surface of a good headline.

In speaking with parents in the Bronx, many are scared. If their child is lucky enough to be part of the current system and in a residence they wonder; will the quality of services be compromised as both the State and voluntary providers have already sustained cost adjustments? They see the staffing levels already shrinking at the local Developmental Disability Services Office (DDSO) as retirements from knowledgeable and experienced personnel from OPWDD are absorbed. They see their Service Coordinators, direct support staff and managers spending increasing amounts of time on persnickety documentation requirements and less time actually working directly with their sons and daughters. They see the regular turnover of dedicated staff who cannot stay because of poor salary levels.
For those parents and families still waiting for services, they ask, how much longer? The daily pressure of caring for a disabled child is enormous. Who among us can imagine what precipitated the tragedy in the Morris Heights section of the Bronx where a mother of a 12 year old autistic son shot and killed him and then killed herself. Certainly no one factor can be seen as the cause for that ultimate act of despondency. But parent's everyday must meet the boundless challenges posed by children who are complex puzzles of emotions and some who exhibit extreme behaviors. The quiet desperation of many parents overwhelmed by circumstances in trying to raise such children we see everyday in our community not in just an occasional and tragic news headline, and still, many of them wait.

Our community is very worried; will calls for greater efficiencies turn into larger cuts to programs already subject to efficiency adjustments? Will OPWDD and its no doubt, substantial budget be seen as another bloated bureaucracy with such resources that would engender an automated call for some savings. Will our legislators facing the severe pressures of an embattled economy and bleak budgetary forecasts succumb to enticing calls for trimming all departments regardless of their mission? And the parents are *still* wait.

To give you a precise picture, there are over 350 certified residential programs serving over 1700 people just in the Bronx 24 hours a day. The families of over 570 people in the Bronx alone are currently on a wait list for residential opportunities! Nearly 60% of them are asking for placement within the next 2 years. How realistic will that be? It will not happen, and the wait list will grow.

What do we tell our parents? With an already engineered slowdown proceeding to a trickle as new residential development goes forward, can a parent depend upon any provider, governed by strict rules of placement in areas that are not saturated and not receive OPWDD funding beyond Fair Market Appraisal Value, with the strictness of guidelines for purchase and renovation values for properties with the long and arduous approval process both internal to OPWDD and external to local communities, with development of one single residence taking from 1 ½ to 3 to often 5 years and beyond to finally provide the safety, security and dignified life for his/her child?

There is not a residence that I as a provider developed, somewhat north of 30 residential sites, that did not go through this long bureaucratic process; often times, those parents of prospective residents who are disabled are then told that their children are not wanted in that community.

Concerns raised in your report speak to the fear of some that property values could be negatively affected by the presence of a group home. Multiple studies were conducted showing this perception to be decidedly false. As for the mention of the character of the neighborhood being negatively by the presence of a group home, we have heard of no such evidence to suggest that the quality of life in a neighborhood was so affected by the presence of a certified residence of OPWDD. Both the State and voluntary sectors, must continue to recognize our responsibilities to our neighbors and communities by being a good neighbor, place sufficient resources into the upkeep of each home and apartment and welcome in any neighbor or concerned community member to visit and witness the quality and pride we take in calling these facilities home for people in need.

Finally our apprehension about our workforce has been a constant one. In the report, you correctly state that we are serving a population that is getting older as well as younger at the same time. As improved health care methods and the daily quality of life have given our population the opportunity to grow older outside the walls of our state institutions, we are already beginning to face the challenge of children and young adults with autism and other developmental delays with challenging behaviors and profound medical needs who need far greater staffing and intervention. With the demand for staff positions increasing, the pool of available workers is decreasing according to numerous national studies. It is no wonder that even in this economy our vacancy and turnover rates are extraordinarily high. Nation wide, the average turnover rates in the private provider community is above 38%. With the lack of a full census of staff, the need for overtime to cover vacant shifts from reliable staff who know this complex population is not an option; even with a full census of staff, benefit time related to sick, vacation, holidays, etc., must be factored into any residential setting.

It is the direct support workforce of approximately 100,000 people in New York State that is among the gravest concerns to people receiving services, their families and those of us as providers. The direct support staff are still without a living wage, and yet the level of sophisticated interventions that are required and the dedicated care that people rely on them for must be delivered everyday to over 125,000 New Yorkers with Intellectual and Developmental Disabilities. The turnover rates mentioned above guarantee the revolving door of care providers seen by our consumers of service.

The promise of hope to families of children and the people themselves with mild to profound disabilities made by New York State 35 years ago this year, with the signing of the Willowbrook Consent Decree, must be kept. The reality of complex funding and accounting systems from multiple sources of income can't easily be given a quick fix or an easy tweak that will answer a sensational news headline or a populist call for shared sacrifice.

Our system is different. We take care of people's lives, from childhood to old age, every day, every month, every year. And the parents stay and watch and work to help insure that their children are cared for properly. Through voices like that of this Council, they speak and ask you not to just consider what needs to be made a little better, but consider so much more that needs to be done for those who are desperate and waiting.

Our advocates, parents and organizations both State and Voluntary sacrifice each and every day to carry out the Consent Decree's promise. It is their hope that each person with developmental disabilities can live out their own dreams to have a dignified and distinctive life. We respectfully ask that you consider these aspects that we see at the grassroots level of services. We as a Council will make ourselves available at any future time for discussion and dialogue.

Senators, thank you for your time and allowing us to testify before you.

Sincerely,
The Bronx MR/DD Council

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Testimony for the New York State Senate Hearings
On Spending at the Office for People with Developmental Disabilities
August 4, 2010

Our son Mark, now 29, is a sunny, happy person with developmental disabilities who makes friends wherever he goes--on the subway, in a restaurant, anywhere and everywhere. For the past 2 years and 11 months, Mark has been living in a new group home, run by a nonprofit agency, which he absolutely loves. My husband and I can finally exhale: we are now secure in the knowledge that his staff will keep him safe, healthy, and content. This is no simple matter: Mark has significant needs. He can't speak, has poor balance and poor manual dexterity. He cannot begin to take care of himself. Staff must assist him with dressing and bathing; they must prepare his meals and cut up his meat; and they must monitor him closely on stairs and assure that he doesn't run into traffic.

When you, Senators, speak of efficiencies, we parents quake. Efficiencies are sometimes efficiencies, but mostly they are cuts. And over the last several years, services for people with developmental disabilities have been hit with wave after wave of cuts. The nonprofit agencies struggled to implement these cuts without harming the people being served. Now there is nothing left to cut—nothing but staffing. We parents want you to know that staffing cuts will endanger the many thousands like Mark who depend on services they receive daily through the Office for People with Developmental Disabilities (OPWDD) to keep them safe. Our services cannot absorb any more cuts. When you speak of efficiencies, remember how vulnerable our children are, and remember, too, that the nightmare of Willowbrook came about because of a series of budget cuts.

My family is one of the lucky ones. Mark's residence was developed just before the fiscal troubles erupted. Families now on the residential waiting list don't have a prayer because there is so little money for development—especially after the latest $5 million cut. In Manhattan alone, about 450 people are awaiting residential services; 159 of them needing residential placement within 2 years. Their only hope is a vacancy in an existing residence, in which case their child would have to be the right gender, the right age, with a matching level of staff support needs.

Additionally, OPWDD, in an effort to be "efficient," has capped the amount of funding any particular person may receive in a residence. Some individuals, however, have very intensive needs and require more staffing than the cap will support. For example, Michael, who is 32, has extremely challenging behaviors: he hurts himself and others; he destroys furnishings; he doesn't sleep at night; he doesn't feed himself; doesn't use the toilet; doesn't speak and has very limited comprehension. Michael has been on the residential waiting list for a decade, and his mother has been actively—desperately—pursuing residential placement for the past 5 years. But nonprofit agencies can't afford to provide the additional staff required to keep him and others around him safe and to attend to his many needs, because the cost would then exceed the OPWDD cap. His mother, recently widowed, is the sole caregiver for Michael. What hope does she have of ever securing residential placement?

There are only a handful of people with needs as complex—and costly—as Michael's, but they, too, are the responsibility of OPWDD.

Senators, as you evaluate spending in OPWDD, I beg you not to turn your back on the many families in need of residential placement, and I ask you to remember Michael.

Good Afternoon. My name is Kathleen Nowak. I live on Staten Island and am the parent of two sons. My older son, Michael, is why I'm here today.

As an active parent advocate who participates in many local, regional and statewide meetings, I only wish that the issues and solutions were as simple as portrayed in your report. From my experience I can tell you that there are way too many variables missing that makes the report skewed. For example your recommendation that OPWDD should seek to maximize the number of community residential opportunities that can be provided by voluntary organizations is not necessarily doable in some parts of the state. In Western NY, the environment is inhospitable to the formation of voluntary providers. The biggest complaint from parents living in these areas is the lack of choice. As you look for ways to achieve cost efficiency let me recommend that you speak to the actual providers, to the people in the business, to the parents, go visit the programs, watch the work that is being done and not draw simple conclusions from highly aggregated data.

I commend you for your efforts in looking at efficiency in state government. But that doesn't relieve you from the responsibility in planning for the future. Efficiency is more than just dollars and cents when it comes to human beings.

I have seen significant cuts to the OPWDD budget over the last two years, and worry that any additional cuts may impact the safety of people with developmental disabilities. As a parent of a 20 year old I am very frightened for my son as we move forward. Forget about what lies ahead when he graduates from the DOE next year, it is my greatest fear that I worry about most. That is the lack of planning for residential development. In The New York State Cares III, 2009 – 2013 budget, Staten Island has been allocated $396,000 for residential development.
That's it. Four years, $396,000. That is absurd.

In the next five years, NYS will be hit with a tsunami of individuals who will be seeking a new home. In last year's OPWDD 5 year Comprehensive Plan it was reported that over a third of individuals served by them is under the age of 22 years. On Staten Island alone we have 423 persons on the NYS Cares waitlist.
It is a widely known fact that many of these individuals fall within the autism spectrum and needs and services for a majority of these young adults will be significant, calling for intensive staff and clinical behavioral supports.

In spite of the small allocation provided to SI, last year a few parents and myself met with a voluntary provider to develop a home for our children. We tried to come up with a way to make the home more cost effective, but it wasn't enough. The reason? My son and his friends need 24-hour support. The direct care professional is the major cost and always will be the major cost. These dedicated workers are the lynch pin to providing loving care, patience, and a safe home for my son and others like him.

As you can see from Michael's picture, he looks healthy and happy, but a picture sometimes doesn't say a thousand words. He's on four different medications a day, has a seizure disorder and extreme tremors. The tremors are so bad he cannot feed himself. When he tries, the cheerios go flying off the spoon and the spaghetti never makes it to his mouth. He needs assistance with showering and shaving. Back surgery three years ago for severe kyphosis left him with a scar from the base of his neck to the bottom of his spine; he will injure himself if he flexes his neck in a certain way. So many precautions to take, so many things to know about him. I love my son and will do anything for him, but can I expect that from just anyone? It is commendable what direct care professionals do for the low pay that they get. Commendable isn't adequate in describing these tireless workers. I don't think you can pay them enough. It is a very difficult job beyond anyone's comprehension unless you live it.

The future is now for so many families. As we look to next year, I urge you to plan and budget for reasonable development across the state. If we continue to follow the current path of development we will undoubtedly have families in major crisis. They will need to turn to desperate and severe measures like the recent murder suicide committed in the Bronx by the mother who felt hopeless in coping with the stresses of caring for her 12 year old son with autism.

You our legislators must lead in accepting the moral obligation to provide these vulnerable citizens of our state with a place they can call home.

Thank you.

Good Afternoon, My name is Debra Greif. I am the proud parent of a 27 year old son , Christopher who has the developmental disability of mental retardation. My son receives his services from the OPWDD /BDDSO. WE both are pleased with the services he receives from OPWDD.

I am very aware of the financial crisis that New York State is in and that all state agencies have been asked to cut back as well as to limit overtime. I can understand why you want to save money by limiting overtime. But I cannot understand this . To save money you have given early retirement to many state workers. You have not replaced them. In your report you have an issue with the overtime with the aides that care for individuals with developmental disabilities and the persons who cook at the BDDSO . Why? Has replacement cooks been rehired? Are you aware of the special type of diets this staff has to do and how many individuals they have to cook for? For the direct care workers this population must always have a qualified staff persons there and if they have to do overtime because there is a crisis with an individual , they must stay there .In 2005 one of my best friend died from cancer. Her daughter who has the developmental disability of autism had to be placed in a group home with a voluntary agency. I went to visit as the girl wanted to see me. It was at dinner time. There were 5 girls sitting down for dinner . One of the girls for no apparent reason got angry and grabbed the hair of one of the direct care worker. It took 3 staff members to remove the girl from the table and remove her hand from the worker's hair. One staff member was left behind to help the other girls eat their dinner. Now say it was time for one of their workers to leave as her shift was over. According to your report this worker should clock out and leave even though there was a crisis . As a parent I would be furious if a worker left early when there was a crisis in the home or unit. Beside my child I want all of the individuals to safe and to be calmed down . If there is to be overtime then let it be. I am always happy to see direct care workers getting paid well as this is a very difficult and at time a thankless job. Very few direct care workers are paid well as in the voluntary agencies the turnover of staff is high. This affects our individuals in a very bad way. I should know as my younger brother was in a group home and told me how turnover of staff affected him and he was in a MH group home. I am also a Special Olympic coach and I see how the staff reduction at the BDDSO has affected the individuals . With this vunerable population we cannot afford to have another willowbrook crisis because we are worried about overtime.. In reference to the group home in Westchester , I have an important question for you. Isn't it cheaper that they filled in the swimming pool and hot tub correctly then having to worry that if the pool and hot tub was not filled in and someone drown. Wasn't it safer and cheaper that it was filled in? And one last note OPWDD CARES FOR OUR INDIVIDUALS FROM BIRTH THROUGH DEATH AS WELL BECAUSE OF THE WAIVER BRINGS BACK MORE MONEY TO NEW YORK STATE THAN ANY OTHER STATE AGENCY.

Debra Greif Parent advocate. 8/4/10

Testimony of Kathleen Rezek presented to the New York State Task Force on Government Efficiency on August 4, 2010, Consumer Advocate living in the Borough of the Bronx, New York.

My name is Kathy Rezek, and I live in Senator Jeffrey Klein's District. I do not get any direct services through the Office for People with Developmental Disabilities, but I do get some services through agencies that get funding from OPWDD. I attend the AHRC Recreation Bowling program, and I get many clinical services through the Kennedy Center CERC program.

Housing has been a problem for me over the years, and it took me seven years to finally get my own apartment which is HUD certified, but this apartment is not an accessible apartment, but at least, I have a place to live. We need more housing and more accessible housing for people with disabilities.

I am not eligible for Medicaid because I worked all my life in medical records at Jacobi Medical Center. I am retired on disability; my income is very low, but not low enough to qualify for any Medicaid programs unless I give up all my income. There needs to be a way to allow me and others who worked, but are still poor, to be eligible for support services such as home attendant services, and any other services that OPWDD has available.

Respectfully submitted by
Kathleen Rezek
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Testimony of Zefa Dedic, Disabvility Advocate, living in the Borough of the Bronx, New York, presented to the New York Task Force on Government Efficiency on August 4th 2010.

My name is Zefa Dedic and I live in Senator Jeffrey Klein's District. I am very concerned about the lack of housing for people with disabilities.

There is very limited HUD and Section 8 Housing in New York City. There should be more opportunities for accessible, Affordable Housing available for disabled individuals.

In the past, the security staff located at 75 Morton Street and 2400 Halsey Street has been downsized dramatically. The security personnel and homeland security training needs to be increased.

Respectfully submitted by

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Good Afternoon, My name is Christopher D. Greif. I am here this afternoon for you to see one of the many persons with developmental disabilities that OPWDD SERVES. I have the developmental disability of mental retardation. I live in Brooklyn NY and receive services from the Brooklyn DDSO.I use to receive my services from a private agency for MSC but since I was switched to MSC services from the BDDSO I have to say my services are better as my MSC and Mother work as partners to see that I have a life with quality. I live at home with my mother Debra Greif who has for years has advocated for my services as well as my fellow individuals with developmental disabilities.

I also want you to know that I am a part of the BDDSO Special Olympics teams for the last 2 years. For the last two years I have seen many of the DDSO STAFF RETIRE and notice that they have not been replaced. Do you realize how many people receive services at the DDSO . Have any of you seen how hard they work to care for these individuals. I see people who are functioning lower than me who need the special type of care that all these workers at the DDSO give to them. I know my time is limited but REMEMBER THIS I and my fellow individuals with developmental disabilities are people who need to be taken care off . Governor Patterson told all NYS agencies to cut their budget . OPWDD DID THAT AND MANY STAFF RETIRED AND NO NEW PEOPLE WHERE HIRED. ARE YOU SAYING SENATOR KLEIN THAT YOU ARE MORE INTERESTED IN SAVING

STATE DOLLARS THEN INSTEAD OF SEEING THAT US PERSONS WITH DEVELOPMENTAL DISABILITIES RECEIVE THE PROPER CARE WE NEED!! REMEMBER WE ARE PEOPLE WHO DID NOT ASK TO BE BORN THIS WAY. WE NEED PROPER CARE WITH ENOUGH STAFF AT EACH DDSO TO CARE FOR ALL INDIVIDUALS WHO EITHER LIVE AT HOME , IN A VOLUNTARY AGENCY GROUP HOME OR A STATE RUN HOME. I DON'T WANT ANOTHER WILLOWBROOK TO HAPPEN TO ME AND MY FELLOW INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

Testimony of Michelle Santiago presented to the New York State Task Force on Government Efficiency on August 4, 2010, Consumer Advocate living in the Borough of the Bronx, New York.

My name is Michelle Santiago, and I live in Senator Jeffrey Klein's District. I am affected by the housing cuts and the cuts in OPWDD services.

I have cerebral palsy and use a motorized wheelchair to travel. I am about to lose my apartment, and if any housing or OPWDD cuts go through, I have no idea where I will get any of my services.

OPWDD needs more funding, not less, for all services including housing, employment programs and support services.

Respectfully submitted by

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