

Submitted Testimony



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**Testimony on the FY 2017-18
Executive Budget Proposal**

Mental Hygiene

Presented Before:

New York State Senate Finance Committee
Chair, Senator Catharine Young

&

New York State Assembly Ways and Means Committee
Chair, Assemblyman Herman D. Farrell, Jr.

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Testimony Submitted by:

Fran Turner
Director, Legislative and Political Action

The Civil Service Employees Association (CSEA) represents thousands of employees at the Office for People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH). CSEA members work for both the state and not-for-profit providers as direct care workers at state facilities, group homes, outpatient clinics, and other service centers that ensure tens of thousands of New Yorkers receive the services and care that they need.

Over the past several decades, CSEA members have been active and willing partners in the process to move many of these services to community based and group home settings. CSEA remains committed to partnering in this process. Unfortunately CSEA has concerns about the commitment from the state to continue utilizing the state workforce for these programs and ensuring that quality and appropriate services are available for New York families.

The Executive Budget proposal fails to make the investments that families and clients need throughout the state. It continues to downsize the state workforce, which only increases overtime for the remaining workforce and makes it harder for families to receive the services that they need.

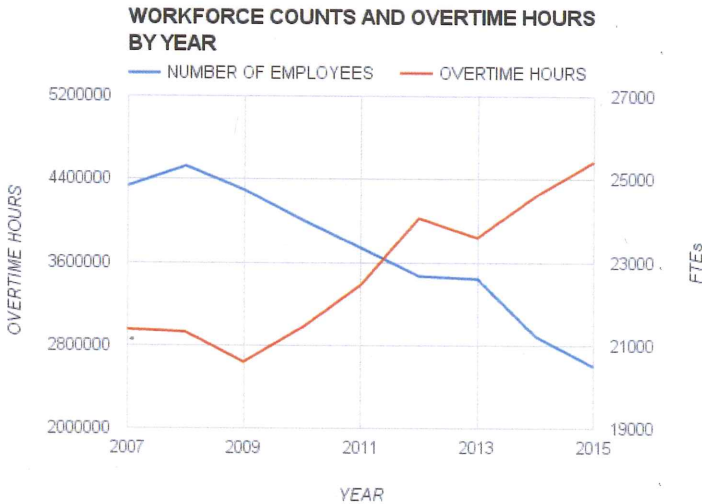
We hope that the legislature will fight to restore these staffing cuts and make commitments to the clients who are in desperate need of services.

OPWDD

New York used to be a leader in the delivery of services for those with a developmental disability. The state's dual system of state operated facilities caring for clients with more intensive needs combined with voluntary providers caring for those with less intensive needs created a system where quality and appropriate services were offered to meet the needs of clients. Unfortunately, years of inadequate investments have led to a shrinking state footprint while voluntary providers struggle to keep up with the increased workloads. Many of the clients being shifted to not-for-profit providers are the costliest and most difficult to treat, stressing these providers to the limit in terms of both capacity and finances. It is clear that the legislature needs to take a close look at what is happening in OPWDD and ensure that appropriate care is being provided.

Since 2007, the OPWDD workforce has been reduced by 4,341 full time equivalents (FTEs). This amounts to the elimination of nearly 20% of the office's workforce. The State will argue that this reduction is due to the closure of state-run developmental centers and the shift to community based care, including smaller group homes and the increased use of not-for-profits. They will argue that due to this shift they do not need as many FTEs. However, the numbers do not back up this assertion.

According to the New York State Comptroller *New York State Agencies' Use of Overtime* report released in 2016, OPWDD saw an increase of 7.7% in overtime hours from 2014 to 2015, and a 8.3% increase in overtime earnings. From 2010 to 2015, overtime hours has increased by 54%. The average number of hours of overtime worked by OPWDD staff has more than doubled since 2009.



OPWDD direct care workers want to go home. Unfortunately, due to short staffing, they are required to work overtime in order to plug the staffing gaps. Once they arrive at work, direct care workers are never sure when they are going to be able to go home. This unpredictability makes it nearly impossible for them to make basic family commitments - being able to pick up their child from school or

daycare, attend their child's ball game or school play, or to simply be able to spend time with their family at night.

Most importantly, OPWDD direct care workers worry that if these extreme workloads continue they will not be able to do their very best for the clients they serve.

The State must make investments in the state workforce in order to address OPWDD's structural staffing deficit. Instead, the Executive's proposed budget will only exacerbate this problem further. It calls for the reduction of 253 FTEs through attrition. The state claims that these reductions are due to the closure of Bernard Fineson Developmental Center in Queens. However, why would the Office reduce its workforce when overtime is through the roof? Rather than eliminate these positions, the state should keep the FTE positions funded and hire people in order to help lower overtime. These employees can be retrained to provide services in group homes, day services, respite services, and numerous other programs that clients and families are demanding.

CSEA worked closely with the legislature during FY2017 budget negotiations to address the shortage of OPWDD services in more community-based settings. According to OPWDD, there are 11,000 people currently awaiting some type of service through the office. Due to this demand, the legislature secured a \$6 million (state share) investment for the expansion of care

pilot programs and respite services. The services provided through these programs include community habilitation, in-home respite, pathways to employment, supported employment, and community pre-vocational services. These are all services that encourage individuals with developmental disabilities to live in community settings, which is the direction the State says that it is taking these services. Unfortunately, the Executive has yet to release this funding or bring up these services. With such a large number of people awaiting services, it is unconscionable that the Executive refuses to release appropriated funds for the State workforce to transition itself into community setting to provide care for our most vulnerable citizens.

Government has a responsibility to take care of those most in need. Instead, the number of families waiting for services continues to grow in New York. There should be no elimination of positions when excessive overtime is obvious and needs go unaddressed. We ask the legislature to fill keep these positions as well as provide the services families need.

Office of Mental Health (OMH)

Over recent years, OMH has turned a blind eye to those in need of services by making it nearly impossible to get into a state facility for services. The State has closed the front door while forcing clients out the backdoor of state facilities. This has left local governments, county jails and homeless shelters with the responsibility of taking care of the mentally ill. The proposed FY18 budget for OMH continues with these failed policies.

The Executive Budget proposes the elimination of 353 FTEs. Similar to OPWDD, the reduction of staff has no relation to the amount of work that still needs to be done. According to the State Comptroller, nearly 35% of all OMH staff worked overtime in 2015. OMH's workforce has been cut by 15% since 2007 and overtime has increased by nearly \$25 million during that same time period.

In addition, the Executive Budget proposal continues to put up barriers for access to mental health services. The Executive proposes the elimination of 240 state-operated mental health beds. This downsizing will only add to the cumulative effect of facility and bed closures over the past five years. To make up for this loss of services, the Executive claims to have a plan for community reinvestment by bringing up 280 beds with not-for-profit providers. The State has not provided any details as to where State-operated beds will be eliminated from, which begs the question: If they don't know where the beds are coming from, how can there be a plan in place for a reinvestment in appropriate community services? The answer is that there is no plan.

The Executive claims that the beds should be taken down because they are empty and there is no demand for their use. When you intentionally keep beds empty, it may look that way, however, the truth is that there is demand for inpatient mental health services.

If you talk to employees at Article 28 hospitals throughout the state, they will tell you that they are continuously having to hold patients at their facilities who are in need of inpatient mental health care because there are no state operated beds that they can be sent to. Hospitals are required to keep individuals in the emergency room for weeks and months on end due to the lack of capacity at state psychiatric hospitals. This current arrangement deprives patients of care that they desperately need.

In addition, we continue to see city, county, and state prisons be left responsible to provide care to the mentally ill. According to a Treatment Advocacy Center report, U.S. prisons and jails housed over 356,000 inmates with severe mental illness in 2012 - 10 times the number of mentally ill patients in state psychiatric hospitals in the same year.

The State claims that it will reinvest the savings of these closures into outpatient and community based care. Years of experience tells us that the state will not be making investments into community based care. If the State is serious about transitioning to outpatient care, why does OMH propose to close a portion of the 85 state operated outpatient clinics? It is clear that the goal of the state is not to streamline care or encourage community based care, but rather to get out of the business of providing mental health services.

Lastly, CSEA opposes the Executive's proposal to have an Article 28 hospital take over the operation of children's services at Hutchings Psychiatric Center. This program, if implemented, could lead to the wholesale privatization of state operated children's psychiatric care throughout the state. The state's role in ensuring that these services are available is essential.

The legislature must restore cuts to the OMH workforce and ensure continued access to State-operated mental health services.

Conclusion

This year's state budget should focus on making investments in state operated services after years of closures and downsizing. Contrary to the state's claim, there remains a strong demand for state operated developmental and mental health services. The state has artificially stifled demand by eliminating capacity and decreasing the state workforce.

In addition, we must finally recognize that additional staff are needed within OPWDD and OMH. Overtime has reached unsafe levels which will only lead to a tragedy. A final budget must recognize this and make proper investments in employees in order for staff to be able to provide quality care.