



Joint Legislative Public Hearing
2018-2019 Executive Budget Proposal
Mental Hygiene
February 13, 2018

Introduction/Overview

Good afternoon esteemed leaders. I thank you for taking the time to let me talk to you today about the 2018-2019 budget proposal and how it impacts the Public Employees Federation (PEF). Having a flat line budget to meet the rising needs of those seeking mental health challenges only makes it more difficult to achieve our intended goals.

My name is Darlene Williams. I have been asked by PEF President Wayne Spence to speak on behalf of PEF. Before I begin, you should know that I have worked as a certified Occupational Therapist at the Office of Mental Health for 37 years.

Serving in this capacity has given me the opportunity to interact with professionally licensed PEF members who also care for mentally ill patients. My co-workers and I face a world of dwindling state resources that favors a growing emphasis on outpatient, privately administered, community-based services. While there is value to outpatient care, there is still a compelling need for quality inpatient mental health care, as well as state provided outpatient care. Shifting resources from inpatient to the outpatient care has not resulted in the best results for individuals with mental health needs. Past guarantees of adequate outpatient care, private and state provided, has fallen far short of the mark. PEF hopes that we can help to impact the financial decisions to allow for a more measured and thoughtful consideration of the needs of NYS citizens who require quality mental health care.

Downsizing

OMH has proudly emphasized their downsizing (right-sizing) of inpatient beds in order to reinvest more resources in outpatient services, including another proposed 150-bed reduction for 2018-19. PEF employees have worked directly with many of the patients who were deemed “no longer in need of inpatient treatment” and instead, “ready to live in the community.”

Unfortunately, the transition has not been a positive for those accustomed to receiving OMH services. Last year, at the budget hearing, PEF spoke about the floodgates being opened and the lack of available financial resources to expand OMH outpatient provided services. I can assure you that this year, PEF members are still overburdened by excessive caseloads.

My colleagues and I continually struggle to maintain high professional standards of practice under less than desirable circumstances. Counselors face scheduling problems due to the volume of patients. They worry that patients will “fall through the cracks” because they have not been able to evaluate patients’ mental health needs as frequently as they would like to. When there are no appointment slots available, it is difficult to provide assurances that patients will remain well until their next appointments. In response to the ever-increasing caseload concerns being brought forward, OMH has questioned the productivity levels of employees.

The budget summary states that, “The Budget continues to improve quality and expand capacity of services in the community.” There is no doubt that there has been an exhaustive expansion of community-based services; however, there have also been many legitimate questions and concerns brought forth regarding whether the services provided are of an improved quality-value. We would ask that the Mental Health and Developmental Disabilities Committees verify these assertions and hold the Governor and this agency accountable if this statement is not accurate. OMH should not be allowed to hide behind unrealistic productivity standards, while “downsizing” the workforce to levels that cannot possibly accommodate the demand for services. While there may be no state workforce layoffs, it is projected that 1,670 members will be leaving state service due to attrition. Although 1,395 new fills are slated to occur, 275 represents a significant decrease in the state workforce. This is by far the largest net decrease of any of the major NYS agencies. Savings realized by attrition could be dedicated to increasing OMH’s outpatient counseling workforce.

As OMH downsizes, it can no longer keep decreasing inpatient staffing in order to expand outpatient services. We ask that the number of cases that each of the Case Managers, Community Mental Health Nurses, Psychiatrists, Psychologists, and Social Workers have on their caseloads be revealed to the Mental Health and Developmental Disabilities Committee members for their consideration. Transparency will reveal the need for more money to be allocated to the Mental Health Budget so that services can be maintained at quality levels.

OMH continues to look for opportunities to consolidate services, either by shifting responsibilities to private providers or by joining forces with other state entities. The agency has committed to involving all of the local stakeholders in discussions regarding the delivery of mental health services in their communities. OMH has faced much opposition for some of their proposed changes due to the community's reliance on a familiar, stable, and predictable source of mental health services. The proposed transformation is not popular at this point.

Western New York CPC

The Western New York Children's Psychiatric Center's (WNYCPC) services, including the current building and location, are indispensable in the minds of the stakeholders in that community. At a time when we need buy-in from those with mental health needs, we cannot allow finances to undercut the people's faith in receiving quality mental health treatment on their own terms, and with the confidence that keeps them engaged in the treatment process.

Thank you for passing A.6505/S.4630 last year, which would prohibit the closure and consolidation of WNYCPC. Unfortunately, the Governor vetoed the legislation. While the current budget proposal moves forward with the planned consolidation, we hope you will continue to work with us as we try to keep this vital facility open at its current location, one designed exclusively for children and their unique needs.

Hutchings Children's Center

As you may recall, last year's budget proposal call for a review of services provided by the Hutchings Children's Psychiatric Center. As there is still an air of uncertainty surrounding the future of this facility, PEF recommends that all stakeholders be provided an opportunity to weigh in on any potential change in the delivery of mental health services, whether it is with another state entity like SUNY Upstate Medical or with other private healthcare providers. PEF members remain staunch advocates for people with mental illnesses who are often caught in the crosshairs when mental health services are shifted to private providers. PEF has always worked with patients, families, and support systems to address and resolve every manner of patients' needs. We hope to be included in stakeholder discussions, as advocates, to assure that patients and their family members have an opportunity to weigh in on matters that impact their quality of care.

Jail-Based Restoration to Competency

One of OMH's most recent efforts to shift patient care from OMH hospitals to the Department Of Corrections and Community Supervision facilities is not viewed as one that fully appreciates the mental health needs of the individuals who require mental health treatment. PEF, having several experts among its ranks who work for both OMH and DOCCS, believes that patients awaiting restoration to competency are best served when they receive services that are not found behind the razor fences of a jail or prison. Those who are best equipped to provide services that result in mental health stability and restoration to competency are found at the Office of Mental Health. Although it may be the case that many patients require repeat

admissions to OMH hospitals while awaiting trial, that is the nature of mental illness and not a legitimate reason to treat a patient in a jail or prison rather than in a psychiatric center.

Patients and their advocates should be the ones “volunteering” or not “volunteering” to receive specialized residential treatment in a jail or prison. For this reason, PEF suggests that you reject this proposal in the Executive Budget (A.9507/S.7507 Part W) and instead include the same investment of \$850,000 to assist OMH in improving the training and infrastructure for providing the same treatment within the nurturing walls of OMH facilities. The proposed specialized training that would have been provided to professionals in the specialized residential treatment units in DOCCS would serve a dual purpose in OMH. This allocation of funds would allow for the cross training of professionals to better provide services to patients who have served jail and/or prisons terms, when they require ongoing mental health treatment. PEF has been having ongoing discussions with OMH due to health and safety concerns related to insufficient training/infrastructure (secure wards) for the increasing acuity levels of patients being admitted into OMH facilities. This type of investment in OMH could be a win-win for patients and employees if undertaken.

Recruitment and Retention

PEF continues to be concerned about the recruitment and retention of professionals in OMH. The very professionals that are essential to the survival of OMH are becoming harder and harder to recruit and retain. Although the ongoing recruitment and retention of psychiatrists and nursing professionals is the most obvious challenge for OMH, there are other professionals who are serving in hard to recruit titles. OMH has increased compensation packages significantly, yet they have not been able to match what the private sector can pay. Recruitment and retention problems have exacerbated by the fact that our members are simply being worn

down and burned out due to inadequate staffing levels. The continuous cycle of hiring new recruits and processing departures has left many facilities woefully understaffed for extended periods of time.

Despite the No-Mandatory Overtime Law, many nurses continually work multiple voluntary and involuntary overtimes. Nurses have filled out protest of assignment forms due to safety considerations to no avail. In addition, because of the shortages of nurses, employees have had difficulty getting time off, even for wellness checks. Many have indicated that their families lives have suffered because they are never home. The No-Mandatory Overtime Law was passed in large part due to concerns about patient care and the performance of nurses who are not properly rested, alert, and ready to face the challenges of the day. Aside from the additional expenses associated with having to mandate so many nurses to work overtimes, there is a human cost to both patients and the nurses who care for them.

PEF advocates that funds be allocated to studying the use of mandatory overtime in OMH facilities. The resulting impact on the patients as well as the recruitment and retention of OMH Nurses must be neither underestimated nor ignored. PEF asks that the Mental Health and Developmental Disabilities Committees request a monthly report regarding the use of voluntary and mandatory overtimes as well as the associated financial costs so that the scope of the challenges can be better understood and addressed. I am asking that you support legislation (S.6311-Murphy) that would create a financial disincentive for agencies who violate the law and give those who are forced to work overtime additional pay for the time they work.

Justice Center

Lastly, another factor that is impacting recruitment and retention of OMH employees is directly linked to the existence of the Justice Center. The leverage that they have to impact the

livelihood of professional employees, whom they suspect have engaged in abuse or neglect, has caused PEF employees to face a significant amount of undue stress. As stories circulate regarding the potential impact of Justice Center involvement, employees are opting to find employment in other places where their careers cannot be unfairly ended. Others who have gone through the Justice Center proceedings have opted to leave state service prematurely due to the stress and resulting stigma. Professionals understand that they have a huge uphill battle when trying to defend themselves, even if they have been wrongly accused of some misstep. Given that there are efforts underway to expand the Justice Center's workforce, their level of scrutiny on the state workforce is not likely to lessen any time soon. PEF strongly advocates for the health and wellbeing of the patients that we serve and we are supportive of efforts to identify and eliminate any and all abuse or neglect. That being said, PEF believes that the issues that drive competent and highly professional staff members to leave state service have to be addressed in order to retain a professional workforce in OMH and other state facilities.

Thank you for the opportunity to speak before you today. I wish you well in your deliberations with regard to assuring that the mental health needs of New Yorkers are given due consideration during the budget process.