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Testimony of
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Vice-President

The New York State Public Employees Federation

To The
Assembly Ways and Means and Senate Finance Committees

Mental Hygiene Hearing
February 14, 2012

Thank you for providing time in the budget process to hear from the people who provide critical services to the citizens of New York.

I am Pat Baker, Vice-President of the Public Employees Federation. My members are the professionals, scientists and technical experts of New York State government, including approximately 7,200 employees of the Office of Mental Health, 4,500 employees of the Office for People with Developmental Disabilities, and 580 employees of the Office of Alcohol and Substance Abuse Services.

I speak to you with great concern about the future of services for New York's most vulnerable citizens.

The State is running fast and furiously towards Medicaid managed care in all of the mental hygiene agencies. There are new initiatives for Health Homes, which target chronically ill patients, including mentally ill and substance abusers, Behavioral Health Organizations, which target the mentally ill, and Developmental Disabilities Individual Support and Care Coordination Organizations, which target the developmentally disabled. All of these initiatives have the primary goal of providing integrated health care at a much lower cost than currently experienced. They will do it through various provider networks and several financial models, but all have a common theme of saving Medicaid dollars by limiting expenses.

We expect that a central part of these initiatives is the near if not total elimination of state provided services, and that the long term implication of this is a diminishment of quality in services and the unraveling of the safety net that has caught our most vulnerable citizens in times of crisis.

The foundation for this change is being laid today. By the time we see the full impact it may be too late to rescue what we have lost.

There are several elements of the proposed Executive Budget that will facilitate these broader initiatives by making fundamental changes in State Operated services.

In OMH we see the undermining of access to care in the unlimited authority given to the Commissioner to reduce beds and close facilities throughout the state, with only 30 to 60 days notice to the employees and the community.

Only one facility has so far been identified for closure. That facility is Kingsboro Psychiatric Center. I am personally offended by this closure proposal because it is the hospital where I worked as a social worker for 38 years, but also as a member of the Brooklyn community which is being abandoned by this action.

Brooklyn is the single highest user of mental health services in the state. With the closure of Kingsboro, following on the heels of the closure of inpatient services at Brooklyn Children's Psychiatric Center last year, Kings County will be the only county in New York City without long term mental health without local intermediate and long term inpatient treatment services for all of its mentally ill population.

The plan calls for adult inpatient services to be shifted to South Beach Psychiatric Center in Staten Island, which is a difficult commute for families, particularly when relying on public transportation. It takes well over 2 hours to travel to South Beach from Brooklyn by public transportation. The time and cost of this commute will severely disadvantage Kingsboro's core patient base, which is predominantly minority and financially underprivileged.

We understand that the plan involves transferring only 150 of the hospital's 290 beds, showing further evidence of the State's intent to chisel away at accessible inpatient services, following the closure of Hudson River Psychiatric Center just a few weeks ago and the announcement last week of additional bed closures across the state, including 24 beds at Bronx Psychiatric Center, 15 beds at Sagamore Children's Psychiatric Center, and the closure of all adult inpatient beds at Mohawk Valley Psychiatric Center.

We have been told that these recent bed reductions are due to OMH failing to reach their financial goals. In other words, these services are not being reduced because of a reduction in need. If this trend continues access to inpatient services will diminish, waiting lists will grow and the mentally ill will not receive the services they need.

We are already seeing the impact of discharging patients before they are ready in order to empty State beds. A murder was recently committed on the grounds of Rockland Psychiatric Center by a patient who was discharged to a Transitional Residence prior to being moved into the community. This type of tragedy will become more frequent if the State continues to eliminate inpatient beds.

The State appears to believe that an underdeveloped managed care plan will miraculously develop the community resources necessary to eliminate the need for long term care, allowing similar closures to occur. Not only is this supposed to this happen without a real plan and with an unproved premise, it is supposed to happen with fewer dollars going into the system and for profit companies expecting to make a profit. We should not be basing the future of mental health care on a wing and a prayer and abandoning the mentally ill in the process.

Similar efforts are underway in the Office for Persons with Developmental Disabilities, which is facing the first phase of implementation of the 1115 Medicaid Waiver Program which has not yet been approved by the federal government.

The 1115 Waiver would establish managed care for OPWDD consumers under a network of not for profit providers called DISCOs (Developmentally Disabled Care and Coordination Organizations). Again, funding will be limited. These providers will have to much more with much less, and the intent is clearly to replace most if not all state operated services for the developmentally disabled. There is strong reason to doubt that this plan will be able to provide quality services, particularly for those individuals with serious behavioral and medical needs.

The Executive Budget lays the groundwork for this devastating change by restructuring the developmental disabilities system. The current DDSO network will be dissolved, state operated services will be separated from services provided by not for profits and a single statewide appointing authority will be established.

We believe these changes are unjustified and unwise. They will further facilitate the closure of specialized state operated services such as the current closures at Taconic and Finger Lakes DDSOs which are occurring under the guise of moving appropriate consumers into the community.

At the same time, OPWDD is implementing an "Auspice Transfer Program" which is transferring control of community based group homes to private providers. This is somewhat isolated now, but we fully expect a more comprehensive abandonment of services if these budget initiatives are implemented.

As a result of these initiatives, long term residents of state operated group homes are being forced to move out of their current residence to make room for individuals being discharged from institutions. For some residents these are the only homes they have known for decades. OPWDD claims to be for "people first", yet in this situation they are caring for the needs of these individuals last, and it is a shameful state of affairs.

While the goal of most integrated care in the community is commendable, it is not a reasonable expectation that individuals with complex needs will have those needs met in the community. Some of the individuals moving out of the institutions have serious behavioral conditions, including sex offenders. This may jeopardize the safety of other group home residents as well as the neighboring community.

Limited funding will also result in the deprofessionalization of the clinical services that these individuals need. Family members, friends and nonprofessional staff will be expected to provide services that qualified nurses, social workers, physical therapists and other professionals currently provide.

There are other proposals in the Executive Budget which demonstrate the State's desertion of responsibility for providing services. Among these is the proposal to privatize the care and security services for civilly committed sexual offenders held in specialized OMH units. These are predatory criminals that the state found too dangerous to return to the community when their prison terms were finished. The legislature should not be complicit in this threat to public safety.

Other proposals that represent an abandonment of responsibility include the proposal to authorize local school districts to take over educational programming in children's psychiatric centers. OMH teachers currently coordinate with each child's local school to provide an appropriate educational program. Since each youth comes from a different school there would not be uniformity of programming under any circumstances.

The budget indicates that this proposal would be revenue neutral, with fiscal implications yet to be determined. In fact it may be more expensive than maintaining state operated services, as public school teachers' salaries in most of the locations of the children's facilities are $10,000 to $30,000 higher than state teacher salaries. This proposal may become another costly mandate to local school districts.

The budget also gives OMH the authority to consolidate children's psychiatric centers in Brooklyn, the Bronx and Queens, making them a single appointing authority. This has the potential to disrupt fragile patient staff relationships by allowing the reassignment of any staff at the Director's discretion.

The budget also takes the first step towards consolidating OMH, OPWDD, OASAS and DOH by authorizing the waiver of regulations among these agencies. The impact of this proposal is unclear and should be subject to extensive study before being initiated. These agencies serve very different needs for different groups of people.

The net result of these changes is the dismantling of the safety net for those with behavioral and substance abuse needs and the developmentally disabled. The services provided by OMH, OPWDD and OASAS are dying a death of 1,000 cuts, none of these individual actions is fatal, but combined they are lethal.

We urge you to take the following actions to maintain quality state operated services by amending S6256/A9056 Parts I, J, L, M, N, O and P:

- Keep Kingsboro Psychiatric Center and other inpatient services open;
- Keep the 12 month closure notice
- Maintain state operated educational programming in OMH Children's facilities
- Do not allow privatization of Sex Offender services in OMH
- Maintain the existing DDSO structure and appointing authorities
- Prevent privatization through the 1115 Demonstration Waiver in OPWDD
- Evaluate the impact of deregulation in OMH, OASAS, OPWDD and DOH before it is implemented.

Thank you for the opportunity to express our concerns.

PEF Memo

TO: State Senators and Assemblymembers

DATE: January 20, 2012

RE: *SFY 2012-13 Budget Priorities of the Public Employees Federation*

PEF asks the Legislature to modify the Governor's budget in these areas:

STOP THE CLOSING OF KINGSBORO PSYCHIATRIC CENTER AND THE DOWNSIZING OF STATE MENTAL HEALTH SERVICES

The budget proposes language to allow the Office of Mental Health to close the Kingsboro Psychiatric Center. Kingsboro is the only state operated adult psychiatric hospital in Brooklyn, New York's largest borough. It provides essential services to patients and families. Closing it will deny access to care for patients and families and will cost the community hundreds of jobs. The budget also gives OMH the authority to consolidate children's psychiatric centers in Brooklyn, the Bronx and Queens, and it further gives OMH the authority to close or downsize any other mental health facility without giving the required 12 months notice. The legislature should reject OMH's plan to abandon the state's responsibilities to provide mental health services. Amend S6256/A9056 by deleting Part O.

FURTHER PRIVATIZATION OF MENTAL HYGIENE SERVICES

The budget proposes a first step toward combining the functions of OMH, OMRDD, OASAS and DOH, although it does not merge these agencies. This move should be subject to extensive study before being initiated. These agencies serve very different needs for different groups of people. Amend S6256/A9056 by deleting Part L. Cost: None

Language in the bill proposes several changes in the Sex Offender Management and Treatment Act. If approved, it would allow OMH to contract out to private agencies the treatment and custody of very dangerous sex offenders who are confined under this law. This is an inherently governmental function. Turning it over to private contractors puts public safety at risk. Amend S6256/A9056 by deleting Section 1 of Part P. Cost: Executive Budget documents state that all reforms in Part P will save the State $4.7 million in SFY 2012-13; there should be little if any cost by deleting the section that allows contracting out.

STOP THE TRANSFER OF OMH EDUCATIONAL SERVICES TO LOCAL SCHOOL DISTRICTS

The budget proposes a pilot program for the Office of Mental Health to turn over to local school districts and BOCES the responsibility for education of youth in OMH hospitals. OMH teachers currently coordinate with each child's local school to provide an appropriate educational program. Since each youth comes from a different school there would not be uniformity of programming under any circumstances. The budget indicates that this proposal would be revenue neutral, with fiscal implications yet to be determined. In fact, this proposal may cost the state more or it may become another costly mandate to local schools. Amend S6256/A9056 by deleting Part M.
Cost: Executive Budget documents claim this proposal is revenue neutral however we believe it will be more expensive to contract out the education of mentally ill children to BOCES as the average OMH teacher makes $56,366 annually while the average salary for a public school teacher in the areas where these facilities exist ranges from $65,946 to $86,613.

STOP THE PRIVATIZATION OF SERVICES FOR PEOPLE WITH DISABILITIES

The Office for People with Developmental Disabilities is moving ahead with a plan to privatize most of the direct services historically provided by the state to people with disabilities. The qualified professional state employees are being removed from direct work with consumers and their families, and the work is being assigned to private contractors. Many of these private agencies have staff who are sincere and dedicated but who lack the level of education and experience that OPWDD state employees bring to the job. The private providers often have a problem of high employee turnover, which can be disruptive to their ability to achieve positive results for their clients.

Although OPWDD management presents this change as a more community based service, it is actually an attempt by the state to step away from its responsibility to provide high quality care. Once these duties are outsourced, that state can more easily evade accountability and reduce resources. There is also a proposal to change the appointing authority structure of OPWDD which will affect workers rights and jeopardize job security. Send a message that privatization is not the right approach by amending S6256/A9056 to delete Part I and Part J.
Cost: None