

**TESTIMONY OF THE NEW YORK STATE
CATHOLIC CONFERENCE**

**REGARDING THE 2014-2015
MENTAL HYGIENE BUDGET**

**PRESENTED ON BEHALF OF
THE COUNCIL OF CATHOLIC CHARITIES DIRECTORS
BY**

**LORI ACCARDI, EXECUTIVE DIRECTOR
CATHOLIC CHARITIES OF BROOME COUNTY
AND CHAIR OF THE NYS CATHOLIC CHARITIES
BEHAVIORAL HEALTH COMMITTEE**

AND

**ANNE OGDEN, EXECUTIVE DIRECTOR
CATHOLIC CHARITIES DISABILITIES SERVICES
AND CHAIR OF THE NYS CATHOLIC CHARITIES
DEVELOPMENTAL DISABILITIES COMMITTEE**

**Albany, New York
February 11, 2014**

**LORI ACCARDI, EXECUTIVE DIRECTOR
CATHOLIC CHARITIES OF BROOME COUNTY
AND CHAIR OF THE NYS CATHOLIC CHARITIES
BEHAVIORAL HEALTH COMMITTEE**

Good afternoon. My name is Lori Accardi and I serve as Executive Director of Catholic Charities of Broome County. I am also the Chairperson of the New York State Council of Catholic Charities Directors' Behavioral Health Committee. Our Catholic Charities agency has its headquarters in Binghamton and is part of the Syracuse Diocese. We provide direct service to people in need in our county, including mental health services. Our agency is one of two lead Health Homes in our county, specializing in behavioral health. Our mental health programs provide services to people of all faiths and ages. The Catholic Charities network provides the full range of mental health and addiction services including community residences and supported housing, clinic/treatment services, targeted case management, psychosocial clubs and personalized recovery oriented services, assertive community treatment teams, employment, peer recovery, residential and supportive apartment programs.

With me today is Anne Ogden, Executive Director of Catholic Charities Disabilities Services of the Diocese of Albany.

The New York State Catholic Conference represents the Bishops of the eight dioceses of New York State in matters of public policy. In the human services arena, the expertise, experience and advice of the Council of Catholic Charities Directors guides the Conference. The Catholic Church is the largest non-profit provider of education, health care and human services in the state. Catholic Charities programs operate in all eight dioceses and all 62 counties of the state to provide services to people in need, Catholic and non-Catholic alike. Our Catholic tradition compels us to be active participants in the civic life of our community, to fashion a more just world that upholds the dignity of every individual and to serve those in need. The Catholic Church in New York State fulfills its mandate to care for the most vulnerable among us through its vast network of Catholic Charities agencies.

In New York State, Catholic Charities provides counseling and mental health services to about 70,000 individuals and addiction treatment services to about 15,000 individuals. We work closely with the New York State Office of Mental Health (OMH) and I represented NYS Catholic Charities on the Mental Health Services Council that advises the Commissioner on potential improvements to mental health services in New York State. I also served on the Office of Mental Health Central New York Regional Center of Excellence Team, representing Catholic Charities of Broome County. We also work closely with the Office of Alcoholism and Substance Abuse Services (OASAS) and we have been supportive of the establishment of the Behavioral Health Services Council to provide advice to both state agencies.

The Executive Budget proposes an increase of \$45 million in the appropriation for OMH and a decrease of \$94 million in the appropriation for OASAS. These budgets reflect movement toward community-based services for chemical dependence, compulsive

gambling and mental health services. The OMH decrease is attributed to elimination of some capital projects. We support this movement toward greater reliance upon community-based programming, but point out, as you must recognize, there is a need to strengthen the existing network of services in order to adequately address the shift. We supported the Executive Budget proposal to create Centers of Excellence in reorganizing the state hospital system, with a shift to community mental health services and reinvestment of savings. However, such changes will need to be closely monitored to ensure ongoing access to services and to avoid backup in the system. For example, in some parts of the state, consumers are being placed on extended waiting lists for outpatient clinics and there are problems accessing emergency rooms. In order to implement Centers of Excellence, we support the concept of "pre-investing; that is, we believe it is necessary to allocate resources and develop necessary community mental health services prior to the closures. Reinvesting after deconstructing the existing service system will result in further backup of an already overloaded system. It also needs to be recognized that not every individual in crisis or with a chronic illness can be served on an outpatient basis and there must be adequate access to hospital beds based on level of need and geographic region. The decision to evaluate the readiness of expanded community services to address the need for such services prior to moving forward with Regional Centers of Excellence Plan is a good start but must be backed up by resources.

Once again the Executive Budget calls for deferral of the anticipated 2 percent Cost of Living Adjustment (COLA) for most human services contracts, including OMH, OASAS and the Office for People with Developmental Disabilities (OPWDD). We find this deferral to be totally unacceptable. It is estimated that the COLA would cost \$23.3 million in the Office of Mental Health system and \$7.3 million in the Office of Alcoholism and Substance Abuse Services system. Many of the direct care human services employees are among the working poor and would benefit from the scheduled COLA. This supplement has been delayed too long as is and in most cases would go right back into the economy at a time that it is much needed. The desired goal of "shared sacrifice" sounds equitable, but it is clear that not everyone has the same capacity to contribute to the effort. Human services employees tend to be at the lower end of the wage scale compared to their colleagues in other fields and as a result this "shared sacrifice" hits them very hard. We observe the impact as we see our staff struggle to provide the basic necessities for their families. If the issue is the lack of criteria for providing these supplements, than it is incumbent upon the state to establish criteria and not continue to defer the increase. However, it is our position that the increase is justified based upon past performance. The state's cost of living has increased over the past five years and it is critical that state contracts reflect and accommodate these increases. The state plans to honor collectively bargained increases in fringe benefits and should honor this promise as well. We believe a cost of living adjustment significantly greater than 2 percent is justified.

Moving to another topic related to the state's policy toward persons with mental illness, I would like to say a few words about Crisis Intervention Teams (CIT), which can minimize unnecessary incarceration of persons who are mentally ill. On any given day in the Broome County jail, there are 150 people who have a mental health diagnosis. We strongly feel the state should provide resources for the creation of CITs within law

enforcement agencies. These specialized teams of police officers receive additional training in mental-health related issues. Among the goals of CITs are to reduce the number of arrests of individuals with mental illness, refer them to treatment facilities or other support services and eliminate adverse incidents between law enforcement and those with mental illness. By virtue of their training, these officers are called upon to respond to situations involving citizens who exhibit signs of emotional disturbance. Many localities have experienced a decreased use of force on mental health-related calls following CIT implementation, as well as fewer injuries to both police officers and citizens. Another common finding is that CITs result in an increase in referrals for assessment and treatment and subsequent lower arrest rates. In Broome County, we are fortunate to have such a team in place. However, its genesis was a tragic shooting of a seriously mentally ill person who could not adequately communicate with police officers. Let us take steps to bring these important teams to more communities and avoid future tragedy. In addition to taking steps to prevent incarceration of persons with mental illness, the state should increase mental health services to persons who are incarcerated. We continue to be concerned about the use of solitary confinement of persons with mental illness and we urge that solitary confinement be used only when absolutely necessary since such confinement often exacerbates symptoms.

**ANNE OGDEN, EXECUTIVE DIRECTOR
CATHOLIC CHARITIES DISABILITIES SERVICES
AND CHAIR OF THE NYS CATHOLIC CHARITIES
DEVELOPMENTAL DISABILITIES COMMITTEE**

Good afternoon. I am Anne Ogden and I serve as Executive Director of Catholic Charities Disabilities Services in the Diocese of Albany. I am also the Chairperson of the New York State Council of Catholic Charities Directors' Developmental Disabilities Committee. We provide individualized services for people with developmental disabilities including service coordination, information and referral, community habilitation, in-home respite, and 24-hour residential services. In New York State, Catholic Charities provides residential, case management and support services for a large number of people with developmental disabilities. We work closely with the Office for People with Developmental Disabilities (OPWDD) and I represent NYS Catholic Charities on the OPWDD Provider Council to share the perspective of the not-for-profit service providers with the state agency.

The Executive Budget calls for an appropriation for the Office for People with Developmental Disabilities of more than \$4.4 billion. This is a decrease of \$224 million from last year. Most of the decrease is attributed to reduce appropriations for capital projects, but there are also cuts in state operations and aid-to-localities funding. Additionally, there remains much uncertainty regarding federal Medicaid developmental disabilities payment rates and the possibility of additional federal retroactive recovery of payments made to New York in previous years. The proposed reduction includes the savings from transitioning individuals from segregated settings such as developmental centers, intermediate care facilities and sheltered workshops to more integrated community based settings.

We strongly support the creation of new and enhanced opportunities for individuals who can succeed in community employment. However, beginning the transformation process by reducing funding for existing workshop services will disrupt efforts to successfully transition individuals into new employment opportunities. The likely outcome could be the unintended, but very real loss of employment opportunities for people with developmental disabilities. Adequate transition time to ensure a thoughtful transformation of employment supports is needed. Incentives to make such transformations and due consideration of personal choice, is also critical.

Also, additional financial investments are necessary to support individuals with developmental disabilities with residential needs, including those individuals no longer able to live with a family member or other support, and individuals transitioning from Developmental Centers. While there is \$50 million dollars included for new services and annualization of services for 2014-2015, this amount is inadequate to support the growing residential needs of those either living at home with their aging parents or whose own medical needs make it impossible to continue living on their own.

We also support the expansion of the Nurse Practice Act Exemption that is proposed, as long as it is paired with investments to ensure adequate training and protection for direct support professionals and for nurses to serve in this new oversight capacity. This is essential to ensure that it can be accomplished without jeopardizing the license of professional nurses, without increasing liability exposure of direct care workers and provider agencies, and without jeopardizing the safety of the individuals we serve. Currently, direct care staff in certified settings can perform certain tasks under the supervision of a registered nurse. This proposed expansion would extend the current exemption to direct care workers in OPWDD non-certified settings, thereby providing the flexibility to perform necessary medically-related services under the supervision of a nurse in more integrated settings.

Finally, we add our voice to all those who find the continue deferral of the Human Services Cost of Living Adjustment unacceptable. The savings to the state is estimated to be approximately \$3.5 million, by further delaying payment of the COLA to not-for-profit OPWDD service providers. An additional \$41.5 million will be saved by Medicaid trend deferral. These savings or cuts come at a price. It is not acceptable for that price to be the quality of the care received by persons with developmental disabilities. Expectations for excellence in service delivery and increased responsibilities of direct support professionals should be reasonably matched with an expectation for increased compensation commensurate with the high quality and increasing responsibilities of such individuals.

The state is moving forward with various reforms at the same time they are negotiating waivers from the federal government. Health, Long-Term Care, Mental Health, Alcohol and Substance Abuse Services, Developmental Disability Services, Supportive Housing and Foster Care are all areas that will be impacted by these reforms. It is important that these significant changes be implemented in a manner that ensures that services to recipients are not negatively impacted. New and significant cuts at this time of momentous change will not only undermine the system of services we have built

together, but will jeopardize the transformative efforts underway to improve the system of services for the individuals with developmental disabilities and their families who depend on us for their health, safety and well-being. If we want our system to transform, we have to invest in that transformation and cannot sabotage our efforts with ill-timed and unwarranted fiscal assaults on an already fragile system.

Conclusion

New York State has a proud history of caring for its vulnerable citizens. The Governor and the Legislature have made a commitment that people with disabilities who were dependent on the service delivery system would be afforded the safety, quality and dignity they deserve. With the adoption and implementation of a meaningful "Olmstead Plan," that commitment will be further enhanced to ensure that individuals with disabilities have the opportunity to receive services in the most integrated setting, as fully-participating members of their chosen communities.

The federal government and New York State have agreed that certain Medicaid expenditures must be curtailed. We appreciate the fiscal reality, but ask that you not ask people with disabilities, their families, and the voluntary sector to shoulder a disproportionate burden in responding to the current fiscal situation.

Thank you for your consideration of our comments. We would be happy to discuss our concerns and recommendations and the good work Catholic Charities' behavioral health and developmental disabilities programs do throughout the state.