

Testimony, Joint Legislative Public Hearing

2016-2017 Executive Budget Proposal: Topic "Mental Hygiene"

February 3, 2016

Virginia E. Davey

Statewide PEF/OMH Labor Management Committee Co-Chairperson

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Good day distinguished Mental Health and Developmental Disabilities Committee Members. My name is Virginia Davey, and I am the Statewide OMH/PEF Labor Management Committee Co-Chairperson. I have been employed as a teacher by the NYS Office of Mental Health since 1991.

I speak today on behalf of persons in need of high quality and accessible mental health care. The Public Employees Federation is proud to have contributed to the wellness of individuals with mental illness for several decades. Today, we are here to advocate for those with mental health challenges, to ensure that NYS government is fulfilling its obligation to allocate money responsibly to improve their lives, the lives of their families, and the community at large.

One of the primary shortcomings of the 2016-2017 NYS Budget is the lack of reinvestment monies being allocated to maintaining the integrity of the mental health delivery of care in NYS. It is important that OMH not allow a gradual erosion of the foundation that supports the delivery of quality mental health care in New York State. Although PEF is grateful that the 2016-2017 budget does not include layoffs for our members, it is important that we look toward the future and ask for more.

PEF professionals have become very adept at providing expert care to those facing mental health challenges. Having state workers provide services guarantees that there is an established and proven standard of care set for other providers to emulate as they enter the behavioral health services delivery system. Without the gold standard set by NYS employees, who have lead the way for years, quality of care cannot be guaranteed. For this reason, it is more important than ever to use reinvestment dollars to hire a greater number of torchbearers. Let us lead by example and allow us to hold mental health care providers to our high standards? The cost savings derived from numerous reductions of full time equivalents, resulting from the elimination of underutilized inpatient beds, should not be solely used to reinvest in services that have not yet been thoroughly vetted and tested. In order to build upon past successes, it would be prudent to hire and maintain a full compliment of PEF public servants who can pass along knowledge and provide support. This approach helps to grow networks of highly invested and qualified mental health providers. PEF believes that investing reinvestment dollars and capitalizing on the expertise of the NYS workforce is essential.

Leaving the footprint and the foundation built by NYS employees in all of our community-based settings, assures a well-balanced approach that greatly benefits those in need of mental health services.

Unfortunately, many of the transformation initiatives that have been put forth over the last few years have been inadequate because they have all put the car before the horse. I have witnessed firsthand what happens when plans are developed and implemented without ample consideration of unintended consequences. Those of us who work with individuals with mental health challenges would like to thank you, our legislative leaders, for slowing the pace of OMH bed closures by enacting the go-day vacancy guideposts that govern the closure of our inpatient beds. It is absolutely essential that this requirement be reinforced with even greater emphasis on the mandate that inpatient beds not be closed without first identifying the services that will fill the health care gaps. Patients simply cannot be left without access to needed services. Unfortunately, there are some indications that beds are being prematurely held in a "reserved status" in order to meet the designated go day vacancy stipulation. The manipulation of bed availability information results in patients being held in emergency rooms for extended periods of time and/or being transferred to hospitals outside of their catchment areas. With guidelines being sidestepped to allow for a gradual, almost invisible, degradation of services, it has been difficult to keep track of the vanishing beds. Employees have been advised of a reduction of beds, and have been struggling to figure out how this could be the case when beds have remained fully

utilized? There have also been ward consolidations that have prepared the facilities for “eventual” bed closures that have resulted in less comfortable living conditions for remaining patients. It would be helpful if you could expand upon, and tighten, the criteria to include a real-time database that allows for the public to determine how many beds are full and how many are vacant at any given time. If this type of transparent tracking can be done for hotels and airline seats, so there must be a way to develop a similar system to monitor the availability of beds in our mental health hospitals. Reviewing concrete data obtained from community-based general hospitals and emergency rooms is also essential and can serve as an ongoing system of checks and balances. Information pertaining to mental health related admissions, referrals, and transfers helps to hold providers accountable for providing services in their communities. Any attempt to circumvent the go-day guidepost undercuts the most important aspect of patient care, family involvement and the availability of community-based services that can be easily and readily accessed.

Many of the community-based mental health services, private providers and state providers alike, have been successful at identifying and treating people with mental illnesses. Having professionals positioned in homes, communities, and schools has brought forth positive outcomes. Given that there are more professionals with their fingers on the pulse, there has been a corresponding increase in the identification of individuals in need of mental health treatment. The influx of newly identified patients, coupled with former patients, has caused the caseloads of mental health care

professionals to increase beyond a reasonable level. The capacity to provide patient-centered services, which are of a quality that we can be proud of, has become more and more challenging.

Without a corresponding increase in the support of highly qualified and competent mental health professionals, there is little hope of honestly and competently addressing the needs brought forth through the floodgates of the "transformation plan." If our goal is to truly meet the mental health needs of individuals in our communities; than we must not fail to insist that the care be accessible, effective, and thorough. Professional nurses, psychologists, psychiatrist, and social workers are concerned that their professional standards of care are being stretched to the outer limits, with no mechanism in place to address the ever-increasing patient caseloads. This must be addressed immediately by allocating increased funding to state-run mental health wellness clinics. Any such funding would be well spent by bolstering the collective efforts of existing mental health practitioners who are struggling to maintain the quality of services that they have grown accustomed to providing.

As I am sure you are aware, recruitment and retention challenges for many licensed professionals continues to be one of the greatest challenges in our mental health care facilities. Increasing compensation may ultimately be the only option for achieving proper staffing at our mental healthcare facilities. In addition, exploring other mechanisms to draw in and retain highly qualified professionals must be rigorously explored. Often a work environment that fosters respect and positive working

relationships serves as the ultimate attraction for a work environment that depends on a cohesive and positive team spirit. Allocating money to assist with the recruitment and retention of professionals would prove to be a worthwhile investment. The further strengthening and expanding of loan forgiveness programs, to include additional professional titles, would also help to entice qualified applicants to join the OMH workforce. Reducing the restrictions on the use of professional leave days would also help to maintain a highly qualified workforce.

The failure of the Department of Labor to pursue more rigorously the ever-increasing use of mandated overtime for nurses is perpetuating the need to pay excessive amounts of overtime to meet the needs of the OMH facilities. This law needs to be reinforced with much stronger language that demands that nursing protocols be reviewed and redeveloped on a regular basis if they are not effective in avoiding the use of mandated overtime. It would be helpful to institute a penalty structure that would not only encourage, but demand compliance. The lack of enforcement, to the letter of the law, results in fatigued nurses who are unable to perform at optimal levels. This ongoing problem directly impacts patient care. It also has the potential to lead to performance complications that undermine the nurses' professional standing. With nurses in such high demand in other critical areas of health care, it is all the more important that you do not delay your response to this very important matter.

In closing, I would like to bring a very troubling issue to your attention. The role of the Justice Center in the OMH facilities needs to undergo a complete and thorough review to see if practices can be altered to allow for less disruption to the overall functioning of our facilities. Staffing challenges, resulting from forced administrative leaves and overly aggressive and time-consuming investigative practices, leaves units without regular staffing and this is disruptive to the recovery milieu. Particularly in mental health facilities, patients' wellness depends greatly on continuity of care, treatment team cohesiveness, and a level of predictability. Justice Center involvement has unfairly placed many staff members in professional jeopardy and has caused many to undergo great financial and emotional hardships. Justice Center involvement has deterred professionals from seeking employment in OMH due to the potential risk of professional licensing complications stemming from false allegations and/or faulty determinations. While PEF is fully on board with efforts to assure the safety and well-being of the patients we serve there must be a more productive and constructive means of addressing issues of neglect and abuse. Dismantling and disrupting the treatment milieu of the very patients that we are charged with serving and protecting is not in the best interests of anyone.

Thank you very much for taking into consideration the concerns and recommendations that we have brought forth for your consideration today. We look forward to partnering with you to affect positive changes in the delivery of services to those living with mental illnesses.





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Ed Snow

Statewide PEF/OPWDD Labor Management Committee Labor Chair

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Good day distinguished Mental Health and Developmental Disabilities Committee Members. My name is Ed Snow, and I am the Statewide OPWDD/PEF Labor Management Committee Labor Chair. I have been employed by the Office for People with Developmental Disabilities (OPWDD) since 1984 in an array of direct care titles and my current title is ICF Program Manager 1.

I have worked my whole career involved in the "transformation" of OPWDD from an institutional based agency to one that has its primary function as an oversight agency for the developmentally disabled. Perhaps in my lifetime I will see the full transformation, although I hope the transformation works to the benefit of all the people we serve in our service delivery system.

In 2015, a Transformation Panel was formed to share and discuss ideas to help shape the future of the OPWDD system. The panel members included individuals with developmental disabilities, parents, providers and advocates. CSEA (Civil Service Employees Association) was included on the panel, but Public Employee Federation was not

This year's budget includes an investment of \$120 million for OPWDD New Service Opportunity. The total investment of the \$ 120 million will be for the development of private provider services and will not provide for any state-operated opportunities with this investment, hence, diminishing the need for services provided by PEF members.

This year's budget proposes \$ 15 million to expand Crisis Services. Our members have been an integral part of the START program in the Hudson Valley/ Capital area. This program has utilized highly skilled and experienced members of the state workforce to reduce the dependency on higher levels of services. I would encourage OPWDD to continue to utilize the skill and experience of its workforce in the continual development of the START program versus using less experienced staff of private agencies.

OPWDD via the budget proposal wishes to dedicate \$ 24 million to transition people to more appropriate community based settings. Although OPWDD indicates this transition will include a combination of not for profit and state-operated services

integrated with community support systems, a very small amount of the 152 individuals will be supported through state-operated services.

As I so far, I have spent most of my career working for OPWDD. I worked at the Rome Developmental Center in Rome, New York and worked through its closure to a 100% community based service group. The transition was timely and well planned and provided fall back services to the most challenging people. Private agencies have always been part of the OPWDD delivery system leaving the most challenging people in need of services to be served by highly skilled and experienced state workforce in State operated programs. The Executive budget includes a decrease of \$ 21.4 million in support of OPWDD state-operated facilities.

Although I have witnessed many success stories where people with developmental disabilities have moved from restrictive environments to situations that served their needs in a less restrictive environment and my colleagues and I have seen many positive changes in our careers in the delivery system, we are more concerned about the failures and the reason those failures have occurred. I/we believe that a total dismantling of the current system is not in the best interest of the most challenging of people and that those people will continue to need the services of our skilled and experienced professional employees.

In closing, I would like to bring to your attention concerns raised by many of my colleagues regarding the Justice Center. The role of the Justice Center in OPWDD facilities needs to undergo a complete and thorough review to see if practices can be altered to allow less disruption to the overall functioning of OPWDD programs. Justice Center involvement has placed many staff members in unjustified professional jeopardy and has caused many to undergo great financial and emotional hardships. Justice Center involvement has deterred professionals from seeking employment in OPWDD due to the potential risk of professional licensing/ Medicaid exclusionary complications stemming from false allegations and/or faulty determinations.

Thank you for taking time to consider the concerns and recommendations that I have brought forth for your consideration.