Testimony
on
New York's Mental Health Workforce
November 9, 2021

Chairwoman Gunther and members of the committee, thank you for inviting us to testify at today's hearing regarding the capacity and long-term sustainability of the mental health workforce and service system in New York State.

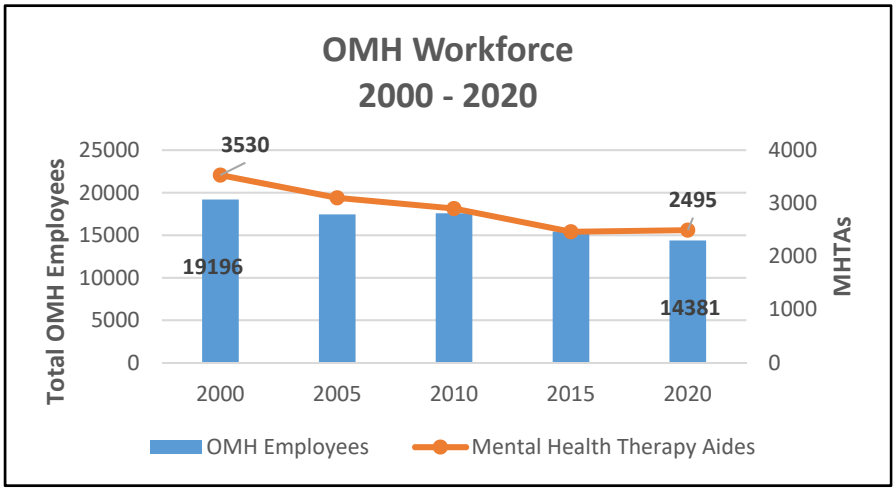
My name is Joshua Terry, and I am the Legislative Director for the Civil Service Employees Association. CSEA represents nearly 6,000 employees within the Office of Mental Health, including many of the employees that provide direct patient care within state-operated mental health hospitals.

The current state of the CSEA-represented OMH workforce is not good. These workers are tired. They are overworked. They feel disrespected. They are burnt out.

Across the entire OMH system, staffing levels have been significantly decreased over the years, and to continue hospital operations, mandated overtime has increased drastically, which in turn has made it difficult for employees to have a decent work-life balance.

The current path we are on will, in future years, lead to OMH being unable to fulfil its core mission of providing mental health treatment to New Yorkers.

The current state of the OMH workforce is not derived from decisions made in the last year or two. Rather, it is a culmination of intentional and methodical decisions to downsize the state workforce over the last twenty years. Since 2000, the OMH workforce has been reduced by 25%. Mental Health Therapy Aides (MHTAs), who provide a significant portion of direct care within the state mental health hospital system, have seen an even more dramatic decrease of nearly 30%. These

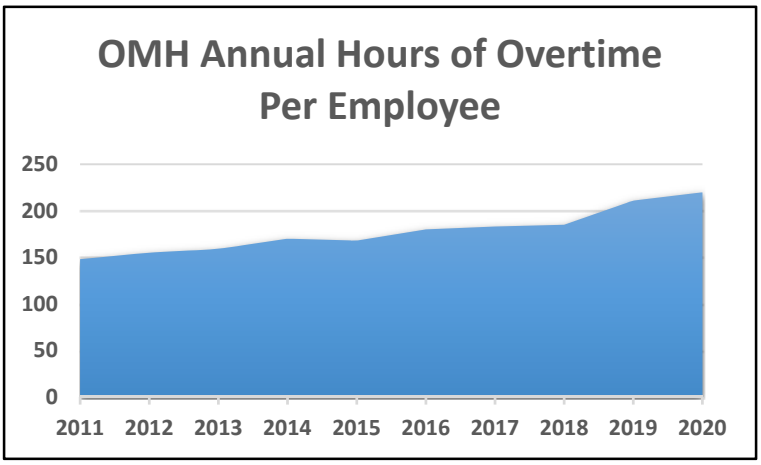


decreases equate to fewer service options and longer wait times.

The reason for these drastic decreases are numerous – intentional starvation of the state workforce to bring down the number of employees; the arbitrary 2% cap on state spending; reforms to the state's pension system that made a long-term career with the state less appealing; the increase in the state's minimum wage, which has led potential employees to find work in less demanding fields; and the extreme use of mandated overtime that leaves many employees unable to know when they will actually be able to leave work for the day.

Jobs at state agencies, including OMH, were once positions where a person could make a career. These were stable jobs with decent pay and good benefits that allowed workers to leave work each day knowing that they had made a difference. However, at some point over the last few decades, this has changed. The State stopped valuing these jobs and decided that workers should do much more with drastically less. This has led us to where we are now.

The dramatic loss of staff has led to an overreliance on overtime in this agency. In fact, during exit interviews, many employees state that they leave OMH due to the substantial number of hours of overtime required. According to the New York State Comptroller's report, "New York State Agency Use of Overtime – 2020", the average OMH employees worked 220 hours of overtime in 2020. This amounts to 5.5 additional weeks of work for every OMH employee, in addition to their normal shift. It would be easy and convenient to say that this is a hiccup that was caused by the COVID-19 pandemic, however, the data does not bear that argument out. While COVID-19 did increase overtime slightly from 2019 to 2020, the number has been increasing by 5% on average annually since 2011, but with greater increases over the last three years.



Employees grow tired of the constant overtime and unpredictable nature of their schedule. They routinely leave the OMH workforce for a more predictable job. According to "Workforce Management Reports" from the New York State Department of Civil Service over the last decade, upwards of 15% of MHTAs have left the OMH workforce in some years. The loss of existing staff, and the difficulty in recruiting new workers, only serves to increase overtime for the remaining workers.

To their credit, OMH has recently agreed to begin paying certain direct care titles two and a half times their hourly rate for all overtime worked. While not a panacea, this will help begin to compensate these employees for the work that they put in during the peak of the pandemic and may help keep employees in the workforce who were otherwise burnt out and looking to resign or retire. However, since this expires in early January, we know that this is only a band-aid for the workforce issues we are facing.

It has become much harder to recruit people into these jobs. For starters, recent increases in the state's minimum wage have allowed individuals to find work with fewer responsibilities, less stringent oversight, and more predictable hours that pay similar wages. While the State has never offered wages that beat those in the private sector, they were competitive, especially for entry level workers. However, the recent increases in the minimum wage have made it so OMH is no longer competing against other hospitals, but, rather, they are competing with every other business that hires entry level employees.

In addition to pay, CSEA routinely hears of employees separating from service due to the less valuable pension that they are now eligible for. Since 2009, the state has created two new pension tiers, with the most recent one, tier 6, no longer serving as a long-term incentive for employees to make a career with the state. Under a tier 6 pension, employees: a) pay a larger percentage of their salary to their pension, which will also increase as they make more money; b) contribute financially to their retirement longer than employees in other pension tiers; and c) receive a smaller benefit once they retire. Workers previously came to the state because they knew that while they may make less money than in the private sector, they were guaranteed a quality defined benefit pension at the end of their career. This is no longer than the case. The current situation is that State employees continue to make less money than those in the private sector, but now also receive a smaller and costlier pension benefit. This has created a disincentive for them to come work in the state mental health system and instead choose to work at a private hospital, or in other industries that pay similar wages.

To address these issues, CSEA strongly supports reforms to the state's pension system that will encourage careers in the public sector rather than these jobs existing as temporary stopovers for workers. We look forward to addressing this issue with you during the coming legislative session.

We cannot speak about the OMH workforce without discussing the impact of the COVID-19 vaccine mandate. Regardless of your position on the mandate, it is hard to dispute that it will cause staff to leave, either voluntarily or involuntarily, and cause staffing levels to decrease further. As of today, we know of several hundred OMH staff who are either facing disciplinary proceedings for failing to get vaccinated or are awaiting a decision on a request for a reasonable accommodation. At the end of this process, we expect hundreds of OMH employees to be terminated due to their failure to be vaccinated. OMH, already knowing that they have a structural staffing deficiency, has already begun bringing in private contractors to provide services at state-operated facilities to supplement the state workforce. In addition, we expect overtime to increase on remaining employees, which will likely cause some to decide that they cannot work under these conditions any further. Members of this committee and all New Yorkers should be worried that the loss of a few hundred employees can leave OMH in a situation where they are unable to provide minimal levels of services to those with a mental health diagnosis. This is a wake-up call that we need massive investments in staffing levels in OMH.

The failure to invest financial resources to ensure that the OMH workforce is properly staffed is not just about the employees. Rather, it is about the thousands of New Yorkers who are not receiving the inpatient and outpatient mental health services that they need. Over the past seven years 25% of the state operated mental health inpatient capacity has been eliminated (see attached chart). Even during the midst of a mental health crisis that was brewing prior to COVID-19 and further exacerbated by the pandemic, the State Senate and Assembly approved a plan proposed by the Governor to reduce capacity even further and remove vital tools in our state's mental health treatment system. While OMH

says that it can re-open additional beds if needed, it is hard to do this when they do not have the staff to provide services.

A recent example shows the danger of closing too many beds too quickly and failing to have sufficient staff in each facility. To help alleviate the crisis at Rikers Island, New York City attempted to move several inmates in need of forensic psychiatric services from the jail to state operated psychiatric centers. Initially, the State initially told the City that they did not have any beds for these clients. This was likely true – they had closed too many beds in recent years and did not have enough employees to staff new beds. The failure to invest in staff and closing beds directly resulted in patients being left in a jail longer than needed and left them without access to the mental health treatment services that they desperately needed.

While there are major problems facing the OMH workforce, we do want to give credit where it is due. Recently, OMH has begun making some progress in making these jobs more appealing. They recently made a change that allows employees to be hired directly at a Grade 9 salary rather than hiring them at Grade 7 and then moving them to Grade 9 one year later. This puts a few thousand more dollars into a new hires paycheck and makes the job a little more appealing. While this is a recent change and the impact on hiring is not yet known, we know that we cannot stop here. We need to continue to increase wages, make changes to the state's pension plan that makes these jobs attractive for their entire career, and create more career path options within the office that allow employees to envision themselves working for their entire careers at OMH.

CSEA believes that the Executive, Senate, and Assembly missed a tremendous opportunity during the FY2022 budget process to make significant and long-lasting investments in the mental health delivery system. New York was awarded billions of dollars, yet invested minimal amounts into the workforce. However, it is not too late to begin making these investments and building the OMH workforce for the coming decades. We know that New Yorkers need more mental health services. But with the current workforce and lack of inpatient options, we know that OMH will be unable to provide them.

We look forward to working with you to ensure that next year's state budget reflects the need for additional staff within this office, rather than continuing down the path of downsizing staff and services.

Thank you.

OMH
State Operated Bed Reductions
April 2014 - June 2021

	Funded Beds FY 2014	Funded Beds June 2021	Total Bed Reductions Since 2014	% of beds lost since 2014
Adult Facilities				
Bronx Psychiatric Center	181	154	27	-15%
Buffalo Psychiatric Center	183	152	31	-17%
Capital District Psychiatric Center	136	100	36	-26%
Creedmoor Psychiatric Center	344	312	32	-9%
Elmira Psychiatric Center	72	47	25	-35%
Greater Binghamton Psychiatric Center	90	68	22	-24%
Hutchings Psychiatric Center	119	100	19	-16%
Kingsboro Psychiatric Center	165	161	4	-2%
Manhattan Psychiatric Center	230	150	80	-35%
Pilgrim Psychiatric Center	385	265	120	-31%
Rochester Psychiatric Center	145	76	69	-48%
Rockland Psychiatric Center	430	340	90	-21%
South Beach Psychiatric Center	300	225	75	-25%
St. Lawrence Psychiatric Center	65	38	27	-42%
NY Psychiatric Institute	21	21	0	0%
Adult Bed Reductions			**657**	
Total Adult Beds	**2866**	**2209**		**-23%**
Children's Facilities				
Elmira Children's Psychiatric Center	18	12	6	-33%
Greater Binghamton Children's Psychiatric Center	16	13	3	-19%
Hutchings Children's Psychiatric Center	30	23	7	-23%
Mohawk Valley Children's Psychiatric Center	30	27	3	-10%
NYC Children's Center	172	92	80	-47%
Rockland Children's Psychiatric Center	54	15	39	-72%
Sagamore Children's Psychiatric Center	54	49	5	-9%
South Beach Children's Psychiatric Center	12	10	2	-17%
St. Lawrence Children's Psychiatric Center	28	27	1	-4%
Western NY Children's Psychiatric Center	46	46	0	0%
Children's Bed Reductions			**146**	
Total Childrens Beds	**460**	**314**		**-32%**
Total Bed Reductions Since 2014			**-803**	**-24%**