



# THE NEW YORK STATE PUBLIC EMPLOYEES FEDERATION TESTIMONY

Mental Health Joint Legislative Budget Hearing

2021-2022 Executive Budget Proposal

February 14, 2022

Wayne Spence, President

Good afternoon Chairpersons Krueger, Weinstein, Brouk, Gunther, Manion and Abinanti and other distinguished committee members. My name is Wayne Spence and I am the president of the 50,000 member strong New York State Public Employees Federation (PEF). I want to thank you for the opportunity to speak to you about the potential impact of the Executive Budget on my members and the New Yorkers we serve. Our union is made up of professional, scientific and technical experts who provide critical services to the residents and taxpayers of New York State. Serving as the state's frontline essential workers during the COVID-19 pandemic, my members have risked their lives and those of their families to maintain the continuity and quality of services to New York's most vulnerable citizens. PEF members are the frontline workers who care for the state's most acute patients with mental illness. PEF members take a great deal of pride in their work and the care that they provide to clients because they are professionals and they care about the welfare of their fellow New Yorkers.

## **I. CHALLENGES FACING EFFICIENT AND EFFECTIVE SERVICE DELIVERY FOR AT-RISK NEW YORKERS**

The mental health staffing and service delivery challenges facing the state are not new, but these challenges have certainly been exacerbated by the COVID-19 pandemic. Due to the efforts of the previous administration's self-described "transformation agenda," the state of New York has actively worked to divest itself from providing comprehensive services for the mentally ill, for those suffering from addiction and for those with developmental disabilities for over a decade. Thanks to your work and that of so many of your colleagues, some of that damage has been mitigated, most recently with the rejection of the closure of Rockland Children's Psychiatric Center last year. However, it is increasingly clear that the continued outsourcing, consolidation and closure of programs and services operated by the OMH, OPWDD and OASAS coupled with the reduction of staff and the physical beds dedicated to the mentally ill, the developmentally disabled and those who suffer from co-occurring disorders, are disproportionately harming low-income, uninsured, underinsured, undocumented and severely handicapped New Yorkers who suffer from acute mental illness, developmental disabilities or addiction, as well as those who suffer from co-occurring disorders.

PEF believes there is an important role for private, for-profit and not-for-profit providers in solidifying the state's mental health and social service safety net. However, we believe the previous administration's overreliance on the private provider network diverted too many resources away from the state's service delivery system and left too many New Yorkers and their families alone to deal with their illnesses.

The fact of the matter is that private, for-profit and not-for-profit providers have no duty or obligation to render care and are often unable or unwilling to care for clients with needs that are either beyond their capacity

or which could undermine their fiscal and/or operational viability. To make matters worse, the state does not provide adequate and reliable resources for these agencies to meet the demand and operators must maintain operational viability when accepting and treating clients.

Additionally, private providers are prone to program consolidation and closure based on any number of factors, including staffing availability, utilization, financing, etc. When these programs and facilities close, clients and their families are forced to seek other treatment options. Those options often involve substantial travel to distant locations or treatment at state-operated facilities and programs.

PEF is asking the Legislature to use the resources available to “Fund Our Future” so that the state can provide more of the important direct services that so many New Yorkers need.

**(1) Bed Closures at OMH Reduce Access to Mental Health Service:**

According to the 2020 Census, New York state grew by more than 1.6 million people from 2000 and the state’s population is now approaching 20 million residents. The Treatment Advocacy Center, a national think tank and advocacy group for eliminating barriers to effective mental health treatment, recommends states maintain 50 in-patient beds for every 100,000 residents.<sup>1</sup> According to this formula, New York state should maintain at least 10,000 in-patient residential beds. At the state level, we currently have approximately 3,273 funded beds – 2,203 for adults and 314 for youth.

**New York Population Growth Versus In-Patient Bed Capacity<sup>2</sup>**

	<b>2015-16</b>	<b>9/2021</b>	<b>Change</b>	<b>% Change</b>
<b>Adult</b>	4,055	2,203	-1,852	-45.7%
<b>Children/Youth</b>	528	314	-214	-40.5%
<b>Forensic</b>	1,469	756	-713	-48.5%
<b>Total:</b>	6,052	3,273	-2,770	-45.9%
<b>NYS Population</b>	18,976,457	19,835,913	859,456	+5%
<b>NYC Population</b>	8,008,278	8,804,190	795,912	+10%

Just last year and despite your valiant efforts, the final enacted state budget approved the closure of an additional 292 in-patient, youth and forensic psychiatric beds across the system. These closures came on top of the 2,400 other beds that have been closed since 2010. These bed reductions

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<sup>1</sup> See also, <https://www.treatmentadvocacycenter.org/browse-by-state/new-york>

<sup>2</sup> **Source:** *Monthly Report: OMH Facility Performance Metrics and Community Service Investments* (Various Dates)  
Research units and Sexual Offender Treatment Programs (SOTP) were excluded.

continue to dramatically impact New York's most vulnerable residents and families by forcing them to travel greater distances and pay higher costs to receive critical mental health services.

If you are a family of means, you may be able to find suitable treatment in your region or, if that isn't available, you can afford the travel costs, food and lodging to seek treatment elsewhere. However, if you are uninsured, underinsured, undocumented, indigent or happen to have a highly resource-intensive condition, you may not be able to get services by a private provider no matter how far you travel.

**BUDGET REQUEST: Add \$100 Million to OMH/OASAS to Further Address Mental Illness and Addiction Crisis**

New York cannot hope to address the mental health and addiction epidemic without providing additional resources to help New Yorkers access the help they need. The state is seeing an increase in the number of individuals with mental illness, as well as individuals who are afflicted with co-occurring disorders – mental health conditions and developmental disabilities, as well as mental health conditions with addiction issues. Despite this crisis, OMH has not developed enough intensive case managers, Assertive Community Treatment teams or in-patient capacity to provide needed stabilization services for those experiencing significant mental health and/or addiction issues. This has resulted in fewer individuals with significant mental health and/or addiction issues getting immediate services and increased interactions between individuals in crisis and law enforcement officers across the state.

Expanding capacity is also critical to ensuring the continued safe and successful transition away from incarceration. Research indicates that more than 30% of incarcerated individuals suffer from mental illness and/or addiction. The state needs to maintain sufficient facilities to accommodate stabilization and addiction services and to provide statewide treatment options at every OMH in-patient facility for those suffering from mental illness and for youth with dual diagnoses of developmental disabilities and mental health issues. With the establishment of the 9-8-8 system, the state needs to have services available to address these crisis situations by increasing bed stabilization services at each of the state's psychiatric centers to keep clients as close to their families as possible.

- (a) **Universal On-site Diagnosis and Treatment:** Hire qualified, licensed staff at each OMH and OASAS facility to enable the immediate, on-site evaluation of all individuals who present for treatment. For those in crisis, this process will facilitate an immediate entry point for care and short-term stabilization or in-patient support, if needed. Developing this capacity will enable an expedited diagnosis of mental health, addiction or co-occurring

disorders; facilitate the identification and implementation of immediate treatment plans; and allow for coordination of care between public and private providers of services predicated on the needs of the client.

- (b) **Expand Capacity to Stabilize the Mentally Ill and Establish Regional Programming for Co-Occurring Disorders:** Require each state psychiatric center to re-open a specific number of additional in-patient or short-term stabilization beds to support those suffering from mental illness and to treat those suffering from co-occurring disorders of mental health and addiction issues or mental health issues and developmental disabilities. Diagnoses of co-occurring disorders are on the rise, but state services have not moved fast enough to address this population. Too many New Yorkers, especially youth, are being forced into placements out-of-state to get needed treatment. These resources will help close the service gap for those with mental health issues, address the service needs of those suffering from co-occurring disorders, keep families in as close proximity as possible, support coordinated care between provider agencies (OMH, OPWDD and OASAS) and help gain new insights into the successful identification and treatment of these disorders.

**(2) Facility Closures at OPWDD Displace At-Risk New Yorkers with Developmental Disabilities:**

Since January 2, 2020, more than 100 state-operated residential programs for the developmentally disabled have closed or suspended services. This has resulted in the displacement of hundreds of individuals who require services during a global pandemic. OPWDD has indicated that the vast majority of these closures are due to “hard-to-fill vacancies” and “high overtime,” while other closures are due to dilapidated facilities or lease expirations. It is hard to imagine the state allowing its own safety net for the developmentally disabled to fail, as the state pumps hundreds of millions of dollars into the private provider network to address their staffing concerns. Even today, OPWDD has not advanced any plan to attract and retain critically needed workers at these facilities, let alone advance a plan to address the more than 3,000 individuals with disabilities currently waiting for immediate placements.

**BUDGET REQUEST: Add \$200 million to OPWDD to Restore Service Cuts and Address Service Gaps:**

New York State is the safety net provider of services for at-risk New Yorkers, including many individuals with developmental disabilities. This appropriation should be directed to:

- (a) **Staff Attraction and Retention Plan:** Using the programs established for the private provider community, direct OPWDD to establish staff attraction and retention programs so the state has the staff needed to continue operations at the facilities that have closed or suspended services. This will alleviate the shortage of workers, increase the quality of care for clients and reduce the over-reliance on overtime to meet the agency's service needs.
- (b) **Capital Improvements:** These resources should also be used to make the capital improvements identified by OPWDD as required to maintain services in certain facilities. These funds will also be used to help transition those who sought out-of-state services but who have now aged out of their program and require specialized intensive treatment services here in New York.
- (c) **Acquire New Facilities:** There are more than 3,000 individuals who need immediate residential placements and another 10,000 individuals who will require residential placement at some point in the near term. The state has the resources to address this need and must allocate them to meet it. OPWDD must undertake an aggressive effort to identify and secure new residential facilities to service this group of at-risk New Yorkers.
- (3) **Continued Staffing Reductions Across State Agencies Equal Higher Costs and Cuts in Services:**

A simple comparison of the 2010 and 2020 NYS Civil Service Workforce Management Reports reveals a disturbing trend in the reduction of staff who deliver state-supported mental health services to vulnerable New Yorkers.

**NY State Staffing Allocation at OMH, OPWDD & DOH 1990 vs. 2021**

<b>Agency</b>	<b>Employees 1990</b>	<b>Employees 2021</b>	<b>Change in Employees 1990 - 2021</b>
OMH	39,933	14,157	-25,776
OPWDD	29,486	19,484	-10,002
DOH	6,309	5,297	-1,012

PEF members provide treatment for the mentally ill and the developmentally disabled. It is an intensive endeavor that requires a coordinated program of progressive care involving multiple clinicians and professionals all working together to design an individualized treatment program for each client. Reductions in staffing don't only affect access to care, they affect the quality of care.

This is an entirely correctable problem as the staffing crisis was created by the former Executive+. As other healthcare employers offer incentives to attract and retain staff, the state has

been systematically reducing staff and over-relying on mandated overtime to fill the void. Today, even with the hiring freeze lifted, the state has been unable to find enough nurses and other professional staff to maintain its operations and several agencies are being forced to curtail operations due to low staffing, including OPWDD.

**BUDGET REQUEST:**

- **SUPPORT the Governor’s request to fill vacated positions**
- **SUPPORT Tier 6 Reform to Attract and Retain Staff**
- **SUPPORT PEFs Request for Increased Resources to Meet Service Needs at OMH, OPWDD and OASAS.**

**(4) Over-reliance on [Mandated] Overtime Hurts Staff and Clients:**

Instead of hiring appropriate staff and developing strategies to retain these highly sought-after professionals, the state has relied on overtime to meet its staffing needs. In 2020, state employees worked more than 19 million hours of overtime at a cost of over \$850 million.<sup>3</sup> Staff at OMH alone worked an annual average of 220 hours of overtime compared to 148 hours in 2011 and staff at OPWDD went from working 148 hours of overtime in 2011 to 235 hours of OT in 2020.

**OPWDD - Staffing Reductions and Increased Overtime 2011-20**

	<b>2011</b>	<b>2020</b>	<b>Difference</b>	<b>Percentage</b>
Number of Staff	23,348	19,595	3,753	-16%
OT Costs	\$95.1 Million	\$156.7 Million	\$61.6 Million	+65%

**OMH - Staffing Reductions and Increased Overtime 2011-20**

	<b>2011</b>	<b>2020</b>	<b>Difference</b>	<b>Percentage</b>
Number of Staff	23,348	19,595	3,753	-16%
OT Costs	\$95.1 Million	\$156.7 Million	\$61.6 Million	+65%

The overreliance on overtime to meet long-term staffing needs also has broader implications on the culture of work in OMH and OPWDD and the ability of these agencies to attract and retain

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<sup>3</sup> NYS Comptroller Report: NYS Agency Use of Overtime 2020; <https://www.osc.state.ny.us/files/reports/special-topics/2021/pdf/overtime-2021.pdf>

talent, especially highly-trained workers in high-demand fields (i.e., nurses, psychiatrics, etc.). How many vacancies do these agencies have right now? How many vacant nursing and other positions that require higher education and professional training? We understand that facilities are being forced to reduce capacity and limit operations based on low staffing. Unfortunately, neither agency provides detailed staffing reports to us, or relays what steps they are taking to meet their staffing needs.

We greatly appreciate the Governor's intention to bring the state workforce back to pre-pandemic staffing levels, but that is not enough to address the state's staffing needs. The state needs to develop a strategy to meet its staffing needs so it can maintain critical services and operational continuity over the long term.

**BUDGET REQUEST:**

- **SUPPORT the Governor's request to fill vacated positions**
  - **SUPPORT Tier 6 Reform to Attract and Retain Staff**
  - **SUPPORT PEFs Request for Increased Resources to Meet Service Needs at OMH, OPWDD and OASAS.**
- ((isn't this duplicative from the previous page?))**

**(5) Distractions from Core Mission Leave Staff and Clients Scrambling for Services:**

The administration at OMH seems more focused on ancillary issues than addressing its core mission of caring for New Yorkers with mental illness in the middle of a public health crisis. In addition to advocating for bed closures, the agency has also engaged in other endeavors to either curtail or expand its jurisdiction into other areas. For example:

**(a) Transfer of Hutchings Children's Psychiatric Center to SUNY Upstate**

In July, OMH and SUNY Upstate announced the transfer of the children's unit at Hutchings Psychiatric Center (HPC) to SUNY Upstate. According to paragraph C of the March 31, 2017, Memorandum of Understanding authorizing the exploration of such transfer, the Commissioner of Mental Health was directed to undertake certain steps prior to proceeding with the transfer, including:

*"The Commissioner of Mental Health shall ensure that such evaluation will determine whether Upstate could be used to deliver existing services for children currently provided at Hutchings; expand access to inpatient hospital bed capacity*



*for children and improve coordination and delivery of medical and mental health services for children in Central New York.” (Memorandum of Understanding, March 31, 2017)*

HPC is currently funded to provide 23 children’s beds. SUNY Upstate has stated it will expand in-patient youth bed capacity to 29 beds. However, 11 of those beds will be reserved to create a new, special unit dedicated to serve youth from across the state with co-occurring diagnoses of mental health issues and developmental disabilities. HPC already has a 30-bed capacity.<sup>4</sup> Are we really qualifying this as an expansion? For the families in the Onondaga, Cayuga, Cortland, Madison, and Oswego county service area, the availability of only 18 youth beds will certainly result in a further cut in services.

This announcement came four years and one pandemic after its authorization. PEF requested a copy of the evaluation for review, but none has been produced to date. More importantly, however, is the fact that this transfer represents a fundamental abdication of OMH’s core responsibility to administer and oversee the provision of mental health services to the state’s residents. Neither OMH nor SUNY Upstate discussed the treatment plans for these youth with the clinicians who have been rendering their care in some cases for years.

**BUDGET REQUEST: REJECT the Transfer of the Children’s Psychiatric Unit at Hutchings Psychiatric Center to SUNY Upstate**

**(b) Merger of OMH and the Office of Addiction Services and Supports**

Around 30% of individuals with mental health issues also suffer from problems associated with addiction and substance abuse. In the 2020 Executive Budget, the Governor advanced a proposal to merge these two entities. While PEF opposes the merger of these agencies, PEF fully supports the expansion and integration of any programs and services needed to ensure that any New Yorker who presents himself or herself to an OMH or OASAS facility or program has the ability to get evaluated on-site so that treatment, including the issuance of prescription medication, can be effectuated as soon as practicable.

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<sup>4</sup> <https://www.upstate.edu/news/articles/2021/2021-07-16-omh.php>

It has been a year since this proposal was advanced, what steps have the commissioners of OMH and OASAS done to streamline these services?

**BUDGET REQUEST: REJECT Legislation to Merge OMH and OASAS**

**II. EXECUTIVE BUDGET BEGINS TO ADDRESS MAJOR PROBLEMS**

PEF is very supportive of the following initiatives by Governor Hochul and will work to expand upon these important programs:

- A. **Healthcare Worker Retention Bonus:** (S.8007/A.9007 – PART D) PEF supports this long-overdue program. Our heroes have served our state valiantly and have earned this important benefit. Additionally, this program will serve to retain nurses as we work our way through this public health calamity. While we very much appreciate and support this benefit, however, our health care workers are not the only “essential” workers who risked their lives and the lives of their families in service to the residents of this state. Parole officers have worked to keep communities safe and parolees on the path to success; DOH employees set up testing sites and conducted contact tracing; DOL staff worked to ensure the disbursement of critical unemployment benefits; and there are multiple other critical services that PEF members were directed to do as part of their official duties during this crisis. We need to recognize these heroes as well.

**BUDGET REQUEST: SUPPORT and Expand to Cover All “Essential Employees”**

- B. **Nurse Across New York Program:** (S.8007/A.9007 – PART A)

PEF very much supports this proposal as an important first step in attracting and retaining nursing staff in New York state. We believe this proposal should be expanded to cover all nursing titles and clarified so as to include state agencies that have been difficult to staff, such as DOCCS, OPWDD, OMH and OCFS.

**BUDGET REQUEST: SUPPORT and Expand to Cover All Nurse Titles and All State Agencies**

- C. **Shift Pay Differentials** (S.8005/A9005 – PART U): Authorizes the Director of Classification and Compensation, with the authorization of the Director of the Budget, to authorize shift pay for any “hard-to-fill” shifts.

**BUDGET REQUEST: SUPPORT**

- D. **State Employee Student Loan Forgiveness and Tax Exemption:** (S.8005/A9005 – PART S and Revenue – PART D) – These provisions facilitate the ability of state employees to access loan forgiveness awards offered by the Department of Education and to limit any additional tax liability on loan forgiveness awards.

**BUDGET REQUEST: SUPPORT**

**III. EXECUTIVE BUDGET – AREAS OF CONCERN**

While PEF supports many of the programs outlined by the Governor, the following areas are problematic.

A. **Contracting Out Public Services:**

This budget continues the disturbing trend of using private for- and not-for-profit entities to do the work once done by the state’s highly qualified and competent workforce. Again, this year the state will spend almost \$1 billion on outside contracts without having conducted a cost-benefit analysis for public inspection. We believe that the state workforce – hired under the statutorily-based and century-old civil service system -- is best suited to deliver public services to the residents and taxpayers of this state. That said, we are not saying agencies should never contract out. What we are saying is that all public officials have a responsibility to demonstrate the costs and benefits of using taxpayer dollars on private contracts and/or consultants transparently. Continuing to divert services and resources to private entities at the expense of the state’s most at-risk residents, who are dependent upon the State for services, is detrimental to clients, state workers and taxpayers.

**BUDGET REQUEST:** PEF requests the inclusion of legislation in this year’s budget to require agencies to conduct formal cost-benefit analysis before engaging outside contract services to increase transparency and accountability of the use of taxpayer dollars (See also, S.5356 Sen. Breslin/A.8159 Asm. Bronson).

B. **Interstate Nurse Licensure Compact** (S.8007/A.9007 – PART B):

This provision would authorize the state to enter into the multi-state nurse compact, which would enable nurses to cross state lines to render services regardless of the state’s licensure requirements. This proposal would empower the state and other employers to outsource nurses, ignore the need to increase wages and benefits to attract and retain nurses and instead access additional “agency” or contract nurses that cost more but maintain no rights on the job. This proposal fails to recognize the various licensure

requirements that have been previously mandated upon nurses, including the “MS in 10.” Moreover, this could have the opposite effect of drawing more nurses out of New York and into other states.

**BUDGET REQUEST: REJECT** New York’s entry into the Compact.

C. **Transfer Healthcare Licensure Oversight from SED to DOH:** S.8007/A.9007 – PART G)

This proposal would shift oversight and licensure from the DOE to the DOH for all health care professionals, including nurses, psychiatrists, physical therapists, and mental health professionals. This proposal raises concerns as the Department of Health operates directly under the Executive, while the Department of Education operates under the NYS Board of Regents. This change could open up the regulation of these professions to unnecessary political influence. Despite being understaffed for over a decade, SED has done a good job managing the professions and we see no reason to transfer this responsibility as the other professions remain under SED.

**BUDGET REQUEST: REJECT** the transfer of healthcare professions to OMH.

D. **9-8-8 Hotline** (S.8007/A.9007 - Part EE): The 9-1-1 Hotline has been operated by state employees for years with a high degree of success. The proposed 9-8-8 Suicide and Mental Health Hotline can be a game changer if implemented and operated in the same manner. This program must be operated by state employees under the jurisdiction of the Office of Mental Health. This would allow the agency to compile first-hand data on the service delivery model, as well as on the public and private service provider agencies to which clients are being referred. This will enable OMH to gauge their effectiveness and to integrate successful programs into comprehensive, on-going treatment service plans for mentally ill and/or addicted individuals in communities across the state. Moreover, having 9-8-8 operated under OMH will enable the agency to gather greater information to assist in the identification and treatment of individuals with co-occurring disorders and micro-target treatments in local communities. If we want the 9-8-8 to be the game changer that it can be, then the agency overseeing the implementation and operation of the program should be managing it directly with professional in-house staff.

**BUDGET REQUEST: SUPPORT 9-8-8 Hotline as a Public Service Operated by OMH**

E. **OASAS Capital Program Reforms** (S.8007/A.9007 - Part KK): This provision authorizes OASAS and the Dormitory Authority to assume responsibility for the development of voluntary capital projects by voluntary-operated service providers. It also authorizes the state to purchase property for

development and to convey the right, title, and interest to such property and any facilities thereon to a voluntary agency without a competitive bid or request for proposal process. This is very disturbing not only because it conveys taxpayers' interests in property to private providers for free, but also because other state agencies – like OPWDD -- have been displacing clients under its care because of a lack of appropriate facilities.

**BUDGET REQUEST:** **REJECT** the OASAS Capital Program Reforms (S.8007/A.9007 - Part KK)

#### **IV. OTHER NECESSARY ACTIONS:**

A. **Improve Tier 6 Pension Plan:** A decade of agency budget cuts, hiring freezes and pension plan benefit reductions have significantly degraded the state's competitive position when it comes to attracting and retaining talent. To meet rising demand, private employers have increased compensation and benefits, expanded workplace flexibility and developed collaborative workplace cultures to attract and retain quality employees. Now that the labor market is so tight, the state is simply unable to attract or retain the staff it needs to maintain services.

While no one expects the state to provide the highest salaries, the state needs to improve the Tier VI pension plan in the following ways to attract and retain its highly skilled workforce:

- (1) **Re-establish the Standard 3% Employee Contribution:** The Tier 6 plan established employee retirement contribution bands of 3-6% based on salary. Last year, state employees worked more than 19 million hours of overtime, much of it mandated. These increased earnings are driving up workers' pension costs unnecessarily and unfairly. Under Tier 4, workers all paid a standardized 3% contribution. We believe this standardized contribution should be reinstituted.
- (2) **5-Year Vesting:** Private employers are covered by the Employee Retirement Income Act of 1974, which stipulates plan benefits must be made available after five years of credited service. It is simply unfair and unreasonable for the state to require employees to work 10 years before accruing any benefit from their employment. Employees under Tier 6 contribute tens of thousands of dollars without accruing any benefits before their 10<sup>th</sup> anniversary on the job. We need to re-institute the five-year vesting rule to encourage workers to come and stay in state employment.
- (3) **2% Final Average Salary Calculation at 20 Years of Service:** Tier 6 significantly reduced the benefits for career employees by reducing the pension factor upon the attainment of 20 years of credited service. This benefit keeps employees in state service so that they can accrue

the time needed to maximize benefits. The erosion of this benefit in Tier 6 has provided private employers the opportunity to lure experienced, professional employees out of state service.

- (4) **Overtime Cap**: Tier 6 instituted an overtime cap of \$15,000 per year. Last year, in response to the pandemic and state hiring freeze, state employees worked 19 million hours of overtime at a cost of just over \$850 million, much of it mandated by their employer. In addition to the Tier 6 plan driving employees into higher employee contribution brackets as delineated in (1) above, this arbitrary overtime cap is penalizing employees who are mandated or volunteer to work during the pandemic. What employer does that? The overtime cap should be repealed or at least suspended during the course of the pandemic.

#### **B. Building a Culture of Respect and Collaboration**

We are very thankful to have such excellent leadership in the State Legislature and Governor Hochul has certainly set a new, more respectful tone with her state agencies and her employees.

Unfortunately, like all large and diverse operations, there remain certain supervisors in state service who are simply ill-equipped to manage effectively and who operate under the code of conduct established by the former Executive. To that end, we continue to field issues and concerns from members, especially our nurses and health care professionals, who feel that they are being abused and maltreated by certain managers. We are not indicating that this is a widespread issue, but it is something that requires further consideration and action.

**BUDGET REQUEST:** No person in public service should be allowed to bully or disrespect their fellow colleagues regardless of their position or role. We ask that you support legislation to provide the right to seek a civil cause of action for employees who are abused or bullied by their employer (S.575 by Sen. Sanders/A.3632 by Asm. Englebright).

Thank you for the opportunity to share our concerns with you. We look forward to working with the Executive and the Members of the Legislature to enact a budget that reflects the needs and priorities of all New Yorkers.

Respectfully Submitted,

Wayne Spence  
President, New York State Public Employees Federation