



Written Testimony to New York State on Joint Senate Standing Committee on Social
Services and Standing Committee on Women's Issues

Provided by Services for the UnderServed (S:US)

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Founded in 1978, S:US is one of the largest community-based health and human services providers in New York, with a staff of 1,800 serving 37,000 New Yorkers annually throughout the five boroughs and on Long Island. S:US serves a broad and diverse range of individuals and families, including women and children who have experienced domestic violence; veterans who are challenged by homelessness, PTSD, and unemployment; people who have lost their homes and are living in poverty; people with autism and other developmental disabilities; people living with HIV/AIDS; and people with mental health and substance use challenges. By delivering high quality services that address the complex circumstances of each individual, we help transform lives, improve neighborhoods, and break the cycle of poverty for current and future generations of New Yorkers.

Thank you, Chairperson Senator Roxanne Persaud and Chairperson Senator Lea Webb for S:US to submit written testimony. Thank you for holding this hearing today and your leadership uplifting and protecting services for mental health. S:US supports the Senates public hearing to examine whether the current continuum of care is meeting the needs of survivors of gender-based and domestic violence with pertinent human services agencies, advocates, and services providers.

We applaud the State for including funding on investments for programs for services and staff. These infusions have gone a long way to fill in gaps in the existing continuum, and to layer on essential supports for this population. However, there are persisting regulatory constraints coupled with a workforce and inflation crisis that make it difficult for those providing services and care to sustain high quality staffing and support. While S:US applauds the state-level cost-of-living adjustments, this increase came on the heels of decades of a dearth of funding for similar increases. This historical reality makes hiring and retaining staff difficult for providers, depending the workforce crisis.

We also encourage the State to address the need for the expansion of CSIDD services. This model has been a strong benefit to families and individuals in crisis across the city, and we are proud providers of both services and a related respite. However, the CSIDD model must be tied to sustainable rates and a review and reduction of burdensome regulation (e.g., duplicative documents between the START and CSIDD model, relaxing the prior experience requirement, in light of workforce shortages, etc.), eliminate clinical documentation requirements and data entry which has no benefit to those served or the provider of service; consolidate UNH and OPWDD requirements. This will allow the program to focus

on the needs of the individuals receiving services. Presently, respite services lack adequate staffing, preventing the START model from being implemented in a manner that will be beneficial to the individuals and families in crisis. Clinical support via in-person crisis response can lead to burn-out, resulting in higher caseloads for covering clinical coordinators. Connections of the golden thread are missed in these instances, causing for a disruption in the integrity and mission of the model. The goal is to have a holistic approach with a supportive system in place. When pieces of the system are missing, this approach begins to deteriorate. Furthermore

S:US would be in support of a more flexible schedule for individuals in need of these services, as well as continuation of virtual support when clinically appropriate, having learned through success during COVID that effective treatment can take place in multiple modalities. The current Monday-Friday, 9-5 does not meet everyone's needs and should be addressed in an effort to be truly person-centered. Lastly, to ensure that services meet each person's unique needs, health resources cannot be siloed, and should be made available regardless of diagnosis. The current system fragmentation perpetuates health inequities and the State must ensure that system integration occurs to adequately match resources to need. The time and funds spent on transportation for outreach and in-person crisis responses are not conducive to an urban setting such as NYC as it can take up to 2-3 hours of a person's day to make a single visit. Safety is also a concern- visits are often made to homes and neighborhoods that clinical coordinators and coaches feel vulnerable in.

S:US strongly believes that caregivers deserve adequate wages at a livable rate. Currently, the lack of funding has made it extremely difficult to hire and retain DSP's. Many DSP's are leaving the field to work elsewhere due to the low wages and arduous work. We believe there needs to be a direct correlation between the job requirements and how the job is compensated. The low pay is also leading to high staff turnover, which is having a negative impact on patient care, since workers and patients typically develop an emotional bond. It is important to lift human services workers' wages, comparable to government and the private sector, as the human services sector has the fifth-lowest average pay among large employing industries in the city. We recommend the State consider offering free tuition to DSPs at all CUNY and SUNY schools for part-time enrollment, creating a career training program, with a stipend post coursework completion. Caregivers should be incentivized to enter this field by promoting it as a path to a career and giving it the recognition, it deserves. OPWDD could offer specialized training at no cost to providers or the individual staff members that ensures the workforce has the knowledge and skills necessary to support people with complex needs. After completing the training staff could receive credentials and additional compensation. When it comes to wages, the State should also consider the duration with which DSP's work for an organization. Salary increases should be tied to the longevity of the position, allowing organizations to offer a range of increases. Finally, DSP's should be offered a competitive retirement plan, worthy of the type of work they are committed to.

As a part of our mission, S:US offers a full spectrum of housing, wellness, and supportive services for people with intellectual/developmental disabilities. We are dedicated to helping people live up to their fullest potential by creating opportunities for meaningful relationships, full integration into their community and personal growth. Our services are tailored to each person's needs and are offered in integrated settings at our residences and day programs. We provide a comprehensive array of services, including life skills development, employment readiness, job placement, nursing, and other clinical supports. We firmly believe and have made a commitment to providing services that are adequately

tailored to meet the needs of each person served. Plans and activities are developed with a person-centered approach, geared towards supporting the exploration of interests with the goal of having people make informed decisions based on their own life experiences.