

Testimony from DC37, AFSCME, SEIU Local 200,
RWDSU/UFCW Local 338

Joint Legislative Public Hearings on the
2024-2025 Executive Budget Proposal

Health Mental Hygiene

Tuesday, February 13, 2024

Legislative Office Building

Hearing Room

Albany, New York

Thank you for the opportunity to testify on this issue of funding for direct care providers. We appreciate you taking the time to listen to constituents on this issue. District Council 37, AFSCME represents 20,000 members in the not-for-profit sector, including 3,000 direct care providers in Locals 215 and 253 who work in agencies such as JASA, AHRC and the Institute for Community Living. SEIU Local 200 United is a labor organization representing 14,000 union members working in a variety of industries across New York State. Our membership includes roughly 4,000 direct service professionals who serve at nonprofit facilities from the Hudson Valley to the westernmost corners of New York. Local 338 RWDSU/UFCW is a labor organization representing 13,000 working people employed in a wide range of industries across the state of New York. Amongst this membership are direct service professionals employed at nonprofits in New York City, Nassau and Westchester Counties.

Our ask is:

- 3.2% COLA in this budget; and
- one-time \$4000 bonus for direct service professionals; and
- inclusion of Art. VII language changes as follows:
 5. Each local government unit or direct contract provider receiving such funding for the cost-of-living adjustment established herein shall *submit a written certificate, in such form and at such time as each commissioner shall prescribe, attesting how such funding will be or was used for purpose eligible under this section. Further, providers shall submit a resolution from their governing body to the appropriate commissioner, attesting that the funding received will be used solely to first promote the recruitment and retention increase the hourly and/or salary wages* of non-executive direct care staff, non-executive direct support professionals; *and* non-executive clinical staff, ~~or respond to other critical non-personal service costs prior to supporting any salary increases or other compensation for executive level job titles.~~

The agencies in which we represent direct care workers are funded in whole or part by OPWDD. Our members are the people who provide the direct care to developmentally disabled consumers in a variety of health and living settings. This may make you think our members are mostly unskilled workers who provide services akin to adult “babysitting”. This could not be further from the truth.

Our consumers are adults with any number and combination of developmental and physical disabilities that require varying degrees of care and coordination with medical providers, physical and occupational therapists, work programs, social activities, and family support. Our job titles include medical coordinators, rehabilitation assistants, case managers, cooks, drivers, teachers, and therapists. Caring for our most vulnerable people takes communication, experience, empathy, skill, training, and organization.

Unfortunately, the wage scale for the direct service workers has been artificially suppressed for many years at the state level, and there are structural complexities that strip the funding that the Legislature earmarks to rectify the low wage scale. When McDonald’s, retailers, and even Amazon increased their salary scales to attract workers during the Covid economic downturn, our workers

and agencies were unable to make similar adjustments to attract more workers or to retain workers. Although our workers were deemed essential, not all received their promised retention bonuses. The low wages have also contributed to agencies' ability to retain the existing staff. Worker shortages and difficulties in retaining workers make the likelihood of a worker staying in a position low, causing instability in the continuity of care for the consumers.

Worker retention is so important to the mental and physical health of our members. Some have reported that they could make more at other jobs with much less stress and responsibility. We hear from our members that they must do mandatory overtime, or work for more than one agency to make enough money to pay their bills. DC37's members live and work in NYC, LI and Westchester where basic needs like housing, food, transportation/gas, are the most expensive in the State. Direct care work is not for everyone, but certainly those who have the skill, the temperament, the ability to provide for the personal needs of our most developmentally disabled neighbors should be able to at least support themselves and their families with a livable salary.

The Executive Budget proposes a 1.5% Cost of Living Adjustment (COLA). This is an unreasonable starting point considering the increased inflation this past year. Flexibility language around the COLA that went out in 2023 allowed agencies to address "other critical non personal service costs", leaving insurers, administrators, and agency executives ample opportunity to funnel the funds into other priorities. These other priorities, such as parking tickets or administrative costs, do not adequately solve the recruitment and retention crisis the direct care industry is experiencing. More and more direct care employees are leaving this important work because they do not feel valued by their employers or OPWDD.

This year, New York must pass a 3.2% COLA, along with a \$4,000 bonus, both of which should go directly into the hands of the employees performing this essential job. The language for the next COLA should be specifically targeted towards Direct Support Professionals, instead of giving agencies the flexibility with these funds that allows them to continue ignoring the needs of their workers. These steps are critical in ensuring our direct care human service workers receive earnings that reflect their value to our communities.