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United for Quality Care

Testimony of Linda Vannoni
Vice President, New England Health Care Employees Union, District 1199, SEIU
Before the Appropriations Committee, February 18, 2014
In re: DDS and DMHAS budgets

Good afternoon Senator Bye, Representative Walker and distinguished members of the Appropriations Committee. My name is Linda Vannoni, Vice-President of District 1199, and I am testifying today on behalf of our members, 4,000 professional and direct caregivers working for private agencies delivering services to people with behavioral issues and developmental disabilities in our state.

Long-term underfunding and systemic cuts to these not-for-profit agencies has driven a race to the bottom for both standards of care and the destruction of quality middle class jobs. It's time to heal the cuts before it becomes too late to repair the harm being done to clients and caregivers alike.

Both DDS and DMHAS have cuts rates for these services over the past three years. The result has been the systemic undermining of quality jobs in the private sector. DDS agencies that had been able to reduce high staff turnover by paying decent wages and offering better benefits, training and full-time scheduling were cut deeply. This has damaged efforts to make these jobs into careers offering a real future to caregivers and continuity of care to people with disabilities.

In the last three years, across the private sector workers have seen their wages decline through hours' cuts and the loss of affordable medical benefits – in many cases representing a 20% reduction in their incomes. Many must piece together three jobs of 20 hours per week to make ends meet. This leads to a lack of focus at work and an ever-changing cast of exhausted faces in the lives of those they care for. The young people entering the field understand that this can never become a life-time career, but is a revolving door to be exited as soon as possible.

In DMHAS agencies, turnover for licensed professionals is higher than ever. Newly-licensed clinical social workers stay no more than a year at mental health agencies – they can do better in the school system or private practice. For those clinicians who remain, caseloads have exploded.

Despite the 3,500 or more families on the waiting list for services in DDS, there has been a radical reduction of residential placements in group homes in both the public and the private sector, sharply limiting the range of choices and settings for families. That cost-cutting policy has resulted in reduced funding for the quality-driven agencies willing to invest in the training and support of full-time staff. Not only does such a policy turn health care careers into “McJobs,” it means less community participation for the people being served. Staffing and staff hours have been slashed in both day and residential programs that once offered a wide variety of community experiences and participation. In day programs, clients barely have time to be transported to the program center before they are being served lunch and prepared to return home again.

Our state can do better; indeed we must do better to keep the promise of choice and community integration to those who need our support and compassion. On behalf of the members of our union devoted to providing services to thousands of families and individuals in need, we are seeking this Committee’s support for a real commitment to and investment in the stability and quality of those services and careers.

First, we seek funding for residential placements in group homes, supported living or other living arrangements for those families currently on the Priority 1 wait list for services. Many of the members of this committee heard eloquent and compelling testimony earlier this month from families who have been waiting years for these services, only to be told that they will no longer exist and only the death of custodial parents or guardians may produce some kind of placement with no real prior planning or choice. As advocates for these families in immediate need, we echo and amplify the urgency to fund those placements now. We strongly

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support the efforts of family organizations like Our Families Can't Wait to address this crisis and ease the burden for families frozen in wait list purgatory.

Second, we join our voices to those of the many non-profit providers who are members of the CCPA in asking that you restore the funding and rate cuts to private sector not-for-profit agencies that were made during the last fiscal year. This is a first and necessary step to repair the damage to jobs and quality services those cuts inflicted.

Third, to address the decades of underfunding, absence of adjustments for cost-of-living and recent deliberate cuts, we ask your support for a 5% COLA, to be dedicated to wages and benefits for the caregivers at all of the private non-profit agencies under contract to DDS, DMHAS and DCF, so we can end the spinning of that revolving door that cripples our economic recovery and erodes consistent, stable and high-quality services for children, men and women who need, deserve and have been promised more by all of us.

Thank you for your attention to these urgent issues and I will be happy to answer your questions.