Commissioners, I am Coby Pizzotti representing the California Association of Psychiatric Technicians (CAPT), State Bargaining Unit 18 (BU 18).

I am pleased to be here today to discuss the use of overtime in many of our state facilities, with a primary focus on Mandatory Overtime (MOT).

The state of California has the difficult task of housing some of the state's most violent criminals and individuals with severe mental issues who have committed crimes in either a prison or state mental hospital. Furthermore, the state provides care to some of the most medically fragile and behaviorally challenged individuals with developmental disabilities in its developmental centers.

The task of caring for these patients and prisoners is an unenviable one, but should be handled responsibly and with the utmost care for the patients/prisoners and staff. Unfortunately, the state has, for far too long, utilized overtime (OT) and MOT as a staffing tool to ensure the licensing and regulatory minimum standards are met. As a result of this staffing model, licensed and certified staff that care for the individuals under the state's charge bear the burden of often working the position of two people instead of one.

Since the mid-1990's, the state's mental hospitals have more than doubled their forensic commitments. The Department of State Hospitals (DSH) now estimates that over 92 percent of its population is there under a forensic commitment. This essentially means that an individual housed in a state hospital must have committed a serious and violent offense. Unfortunately, state hospitals were not physically designed to handle a large population of criminally violent patients. With approximately 3,000 assaults on staff last year, the only way to provide any level of security at these facilities is to utilize greater staffing numbers.

Psychiatric Technicians at DSH alone worked an estimated 1.2 million hours of OT last year; at a cost of roughly $53,040,000. This staggering number is not only costly, but more importantly, it burns out the staff from being alert and on their toes when dealing with an unstable criminally violent population.

As many of you are aware, the Safety Now Coalition was formed by staff in response to the violence at the state hospitals. This coalition originated after psychiatric technician Donna Gross was brutally murdered by a Napa State Hospital patient in 2009. Since her passing, the coalition has passed legislation and negotiated new safety measures with the department to ease some of the violent assaults that have been on the rise over the past two decades.

One of the highest priority bills that we introduced was AB 2144 (Yamada) from the 2013-2014 legislative session. This bill would have set new staffing ratios that were more appropriate to serve the new type of patient population. The existing staffing ratios at state hospitals were enacted for a patient population that was primarily non-criminal. The Assembly Appropriations Committee studied the cost of the bill and placed a figure of $120 million to properly staff the

facilities with ratios that would greatly ease the burden on staff and reduce violence in our state hospitals. Unfortunately, this bill was held on the Appropriations Suspense File.

While $120 million may be a lot of money, the cost of BU 18 members OT last year was roughly $53 million. The cost being spent on all OT at the department would likely be equivalent to that of hiring new staff as proposed in AB 2144. Not only would this method be safer for staff, it would allow the hospital to provide better patient care.

Mandatory overtime is among the most dangerous staffing tools that the state has utilized to maintain licensing and regulatory minimums. Imagine working in a facility where you have seen three people assaulted on your shift, and, then, when you are getting ready to leave to go home, you are told that you need to stay to work another eight-hour shift. You are tired, your nerves are frayed and now you have to go for another full shift. Furthermore, you may not have child care available beyond what you have already normally established.

The BU 18 contract provides limitations to the state's ability to mandate psychiatric technicians: 1) an employee may not be mandated to work more than six overtime shifts in a month, 2) they may not be mandated in excess of 16 hours continuously in a day, 3) they may not be mandated to work more than two mandatory overtime shifts in the same work week, 4) they may not be mandated to work overtime on two consecutive calendar days.

Unfortunately, the state routinely has violated every provision of the mandatory overtime limitations. There have been many circumstances where SPTs, PTs and PTAs have been disciplined for errors that are caused from fatigue, working back-to-back 16-hour mandatory overtime shifts. The California Association of Psychiatric Technicians have filed several grievances for violations of the contract and has won; however, the practice continues.

The continual violations of the BU 18 contract have prompted CAPT to introduce SB 780 (Mendoza) in the 2015-2016 legislative session. This bill would prohibit psychiatric technicians from being mandated to work overtime.

The Senate Appropriations Committee provided these estimates and offsets if SB 780 is implemented:

> The Department of Developmental Services (DDS) indicates that 53 new positions would be needed to cover the number of mandatory overtime hours worked by PTs and PTAs which is about 110,847 hours per year. The cost for the 53 positions is estimated at approximately $5.7 million for salary, benefits, and office expenses and equipment, partially offset by savings from not paying mandatory overtime hours at approximately $5.2 million.
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> The Division of Correctional Health Care Services of the Department of Corrections and Rehabilitation estimates new employee costs of $17 million if it is required to hire one

PT per institution per shift. Offsetting savings for not paying overtime hours is likely $10-14 million, but actual savings are unknown at this time.

The Department of State Hospitals had 123,552 hours of mandatory overtime delivered (as opposed to over one million hours of voluntary overtime) during 2014. The cost for those overtime hours was approximately $5.7 million, while hiring a minimum number of full time employees to work those hours would be about $7.1 million. Therefore, the net cost to DSH is approximately $1.4 million.

- These numbers do not take into account worker's compensation claims as result of fatigued staff, which would ultimately add to the overall cost of paying MOT.

Currently, all private sector nursing staff is protected against the use of mandatory overtime. This protection gives private sector nursing staff the ability to prepare for the day ahead and take care of child care needs. It also ensures that the nurses are well rested, thus reducing the risk for critical errors.

The ban on MOT in the private sector has forced hospitals and facilities to staff at appropriate levels, which results in better nursing care. With the reduction in stress and fatigue, the errors made by nursing staff is reduced, there are fewer punitive actions against staff, on the job injuries decrease and the quality of life increases.

Unfortunately, the state works within different parameters than the private sector, and is in the unenviable position of weighing risks vs. costs as it pertains to the utilization of MOT. As it stands now, the state has shown that it is worth the risk of staffing the facilities with built-in overtime to their nursing schedules. When people get sick or go on vacation, this forces the state to utilize mandatory overtime. If the state hired with a built-in relief factor and staffed the facilities at appropriate levels, then mandatory overtime would not be necessary.

It is the state's firm held belief that it is cheaper to use overtime than to hire a new person. While this may be true in some circumstances, it is not when injuries and worker's compensation is taken into account. This is especially true in dangerous facilities like prisons and state hospitals. Even developmental centers often have high levels of worker's compensation claims.

Hiring enough staff to do the job safely and effectively while building in a relief factor is a safe and cost-neutral way to go about ensuring that people's lives are not destroyed by a potentially career ending or life threatening injury. It will allow those who work in dangerous institutions to be at their very best – alert and on their toes – while reducing the chances that medication or nursing errors will be made.

With me today, I have Metropolitan State Hospital psychiatric technician and CAPT Metro Chapter President Eric Soto and Patton State Hospital psychiatric technician and CAPT Patton Chapter Vice President Lessie Moore.