

# Crisis in Care:

High stress, low pay impact  
New York State-employed  
social workers



**NYS Public  
Employees Federation**

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## I. INTRODUCTION

The Public Employees Federation (PEF) represents 1,190 licensed social workers who practice in New York State agencies. The majority of PEF social workers are employed by the Office of Mental Health (OMH), but members also perform social work at the Office for People With Developmental Disabilities (OPWDD), the Department of Corrections and Community Supervision (DOCCS), the Office of Children and Family Services (OCFS), the Department of Health (DOH), the Office of Addiction Services and Supports (OASAS), the State Education Department and the Workers' Compensation Board.

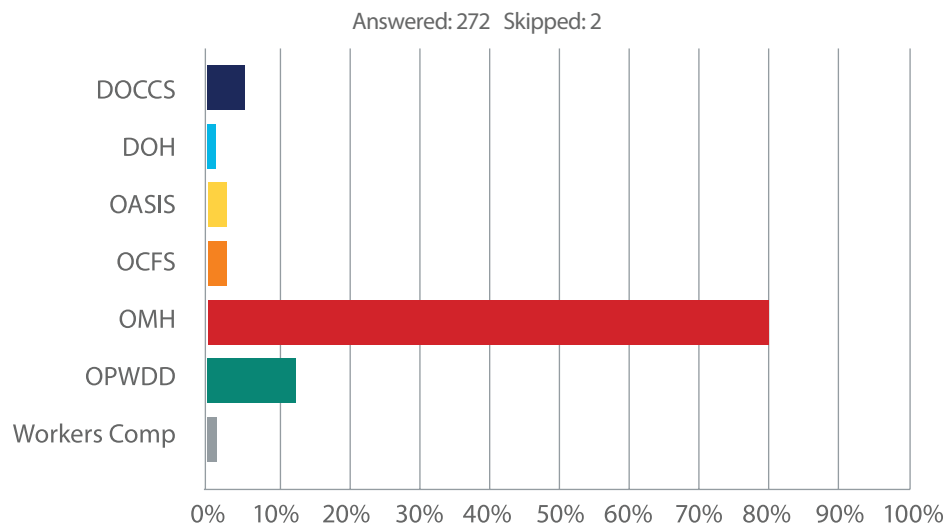
Due to their unique education and licensure, social workers are routinely relied upon to provide quality, therapeutic care at facilities, institutions, agencies, and health care providers around the state. While meeting with PEF members statewide in the Spring and Summer of 2022, union leadership heard from an overwhelming number of Licensed Master Social Worker (LMSW) members who expressed concerns and frustrations with vacancies and staff shortages, increased and unmanageable workloads, more complex and difficult clients, pay inequity, and increased stress and burnout. Social workers feel they are too often not safe at work and their jobs are devalued. Many are either leaving or thinking about leaving State service or the profession altogether. It was clear that the current mental health crisis, exacerbated by the pandemic, will only get worse if New York State does not act to recruit and retain social workers, who play critical roles treating some of New York's most vulnerable residents.

PEF reached out to the executive leadership of the New York chapter of the National Association of Social Workers (NASW) to partner with them in an effort to address these concerns. In September 2022, PEF and NASW coordinated two listening sessions for PEF social workers and in October 2022, PEF developed and sent a survey out to licensed social worker titles to collect data. The survey was conducted online and was open for two weeks. It consisted of 20 questions, ranging from demographic information to inquiries about pay equity, workload responsibilities, the complexity of assignments and job satisfaction. The survey was sent electronically to 935 personal email addresses of PEF social workers. Five hundred and fifteen (515) of those who received the email opened it and 279 members completed the survey.

PEF next assembled a team comprised of members and elected leaders, staff from our Field Services, Organizing and Civil Service Departments and the Executive Director of NASW-NYS to analyze the data. This report provides an overview of the findings from the survey, which highlight a current crisis and looming catastrophe, if New York State does not prioritize and address the critical shortages, unsafe working conditions and salary disparities for the social workers they employ.

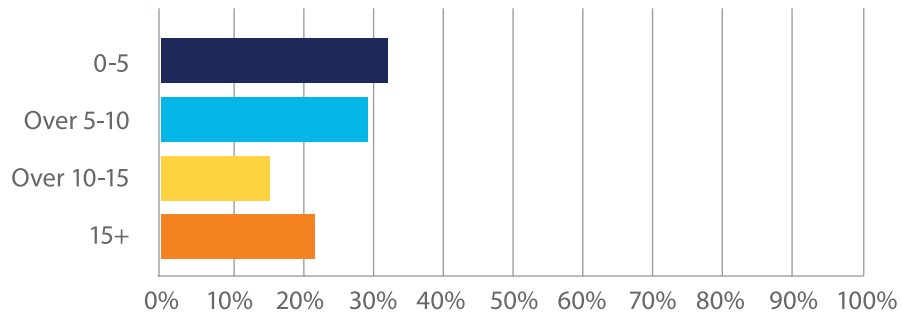
## II. SURVEY RESPONDENT DEMOGRAPHICS

### Where do you work - Agency and Location?



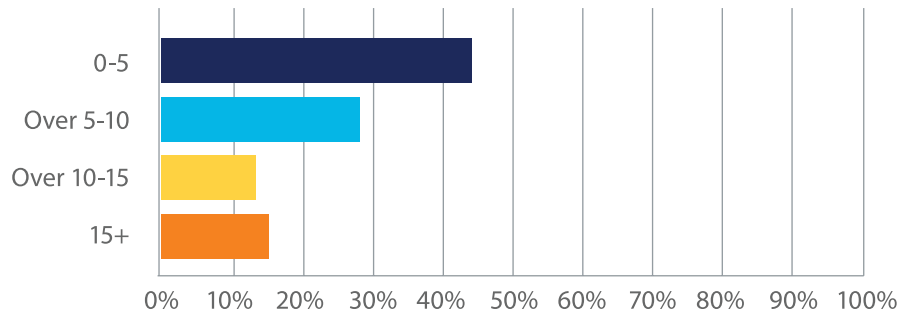
### How many years have you been a social worker for New York State?

Answered: 273 Skipped: 1



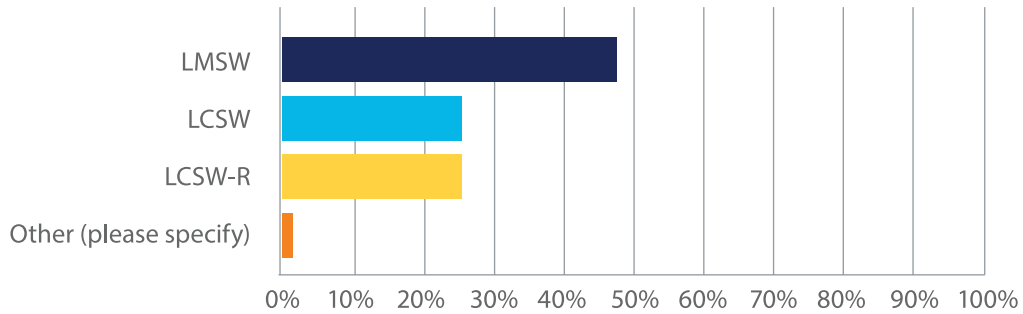
### How many years have you worked at your current agency?

Answered: 274 Skipped: 0



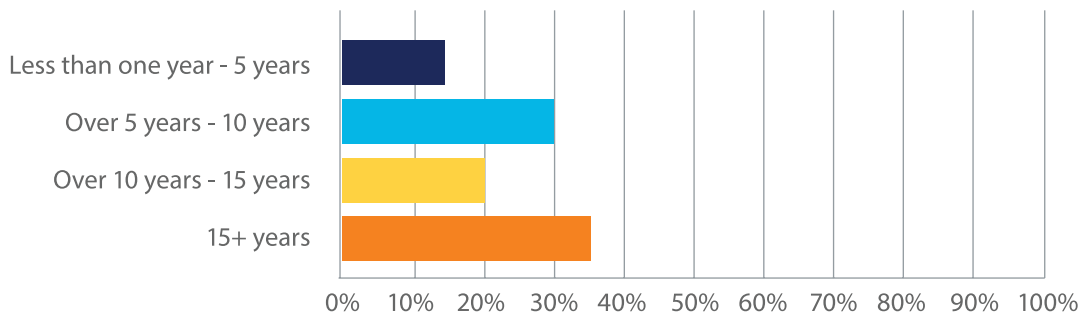
### Which social work license do you hold?

Answered: 272 Skipped: 2



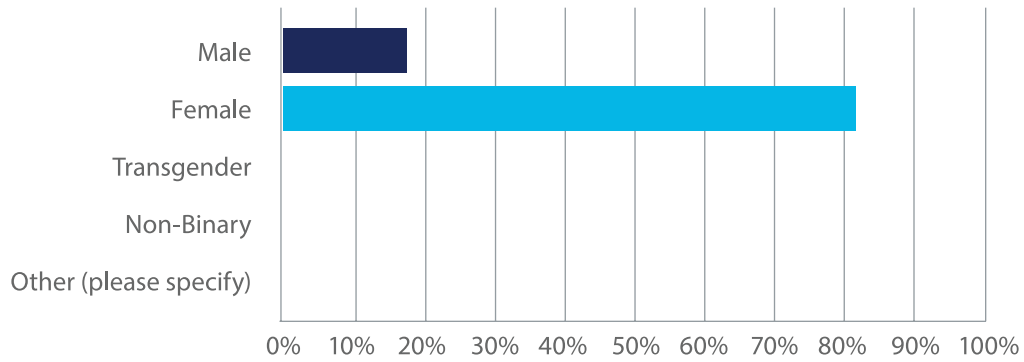
### How long have you been licensed?

Answered: 269 Skipped: 5



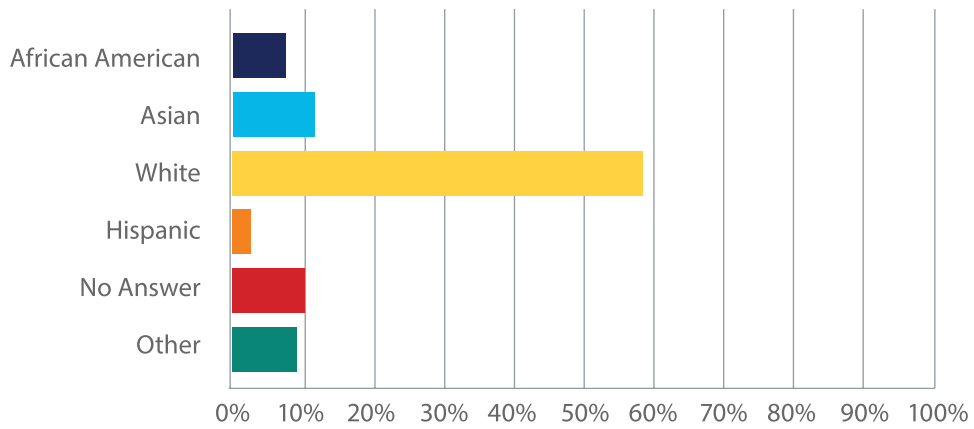
### What is your gender?

Answered: 273 Skipped: 1



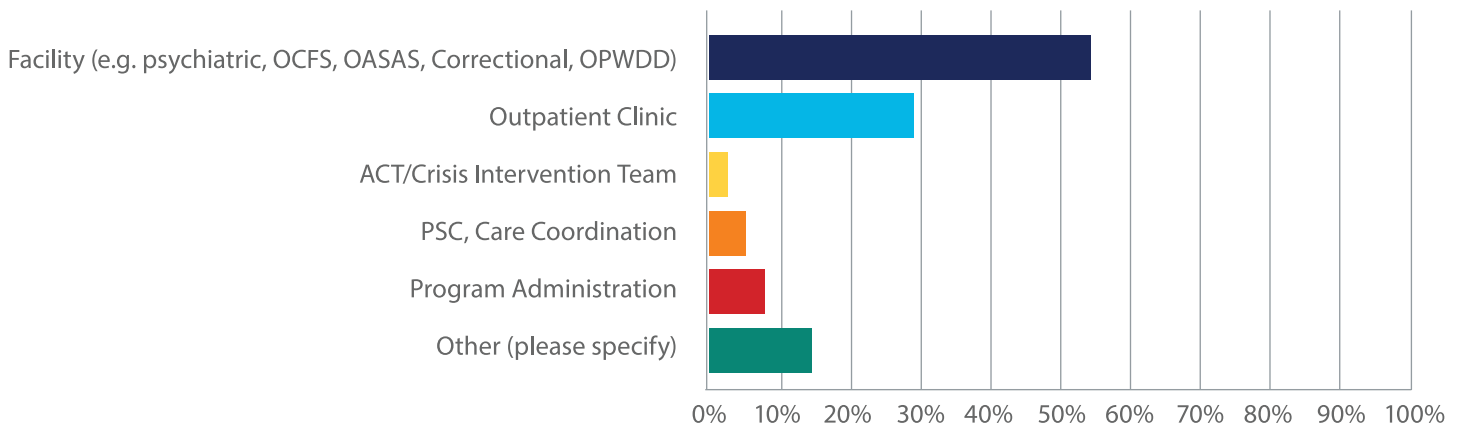
### What is your race/ethnicity?

Answered: 256 Skipped: 18



### Which most closely describes your current work assignment?

Answered: 273 Skipped: 1

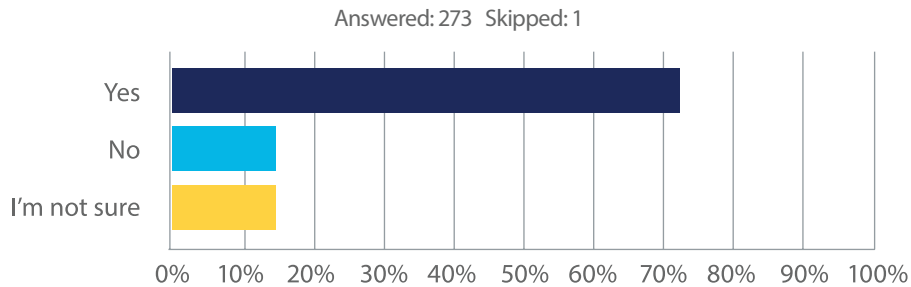


### III. BACKGROUND

The social worker occupation requires very specific credentials governed by the New York State Education Department (SED). Furthermore, as all government services throughout New York State have expanded to different clients and customers over the five decades since the inception of the Taylor Law, social workers have become essential staff needed to develop and ensure proper treatment plans are effectuated and the medical needs of all reliant New Yorkers are appropriately addressed. Areas which have continued to evolve and change the social worker occupation, leading to recruitment and retention issues, include but are not limited to 1) the impact on health and safety in the workplace and the COVID-19 pandemic; 2) less pay for an occupation dominated by women; 3) the historic structure of the New York State classification system and how it values work between credentialed and non-credentialed titles and occupations; 4) increased government regulations, reporting, and oversight; and 5) mental health.

New York State agencies find it difficult to recruit and retain social workers, a dynamic that was exacerbated by the COVID-19 pandemic. While attrition is a normal aspect in any organization, there has been an upward trend in attrition and vacancy rates throughout New York State government despite ongoing and diligent recruitment efforts. PEF survey participants corroborated this by reporting high vacancy and attrition rates within their workplaces (Figure 9). New York State government is not the only employment sector experiencing this phenomenon. In an Aug. 2022 presentation sponsored by the McSilver Institute for Poverty Policy and Research, Glenn Liebman, the CEO of the Mental Health Association of New York State, spoke about how the COVID-19 pandemic resulted in many frontline mental health workers leaving the workforce during a time of increasing mental healthcare needs. (<https://youtu.be/sd1p2PbTvk>)

Figure 9: Does your work location have vacancies for Social Workers?



It is crucial that New York State government immediately address this staffing crisis by providing equitable pay for social workers that is commensurate with their duties, responsibilities, education, and experience. This will put social workers employed by New York on-par with similar state occupations and private sector competitors.

Overall, in New York State government, social work is a women-dominated occupation, with 84% of social workers who took PEF's survey identifying as female (Table 6). Studies show that when the proportion of women in an occupation increases, salaries decrease.<sup>1</sup> Recognizing this, the New York State Legislature passed a law mandating the Department of Civil Service (DCS) Division of Classification & Compensation, in consultation with the University at Albany's Rockefeller College of Public Affairs & Policy, Center for Women in Government & Civil Society, conduct multi-year pay equity study.<sup>2</sup> The findings of that study were published in June 2022.

The pay equity study found on average women in civil service ranks earned 91% of what their male counterparts earned. The study's findings also showed the further devaluation of some female-dominated titles, and that a "female-dominated job title" was a consistent negative predictor of salary. In addition, the study examined how a prescribed salary grade (the value of employees' work) is influenced by the percentage of females and/or percent of racial/ethnic minorities within the various job titles. Initial findings indicated a significant influence for percent of female employees within job titles, but not for percent of racial/ethnic minorities. These findings suggest that female-dominated jobs, including social workers, are unlikely to be compensated similarly to other jobs of comparable worth.

The 1963 Equal Pay Act from the United States Equal Employment Opportunity Commission requires that men and women in the same workplace be given equal pay for equal work.<sup>3</sup> The jobs need not be identical, but they must be substantially equal as determined by content (not job titles). This means work that is most similar in effort, responsibility, and skill (experience, ability, education, and training required to perform the job) and performed under similar working conditions. If there is wage inequality between men and women, employers may not reduce the wages of either sex to equalize their pay.

DCS is aware of the ongoing issues related to recruitment and retention of social workers and has attempted to address this by authorizing Licensed Master Social Worker (LMSW) titles to be filled through a continuous recruitment examination. Nonetheless, New York State agencies remain severely understaffed with social workers. According to the Pew Research Center, factors contributing to this record-high attrition among social workers include low pay, lack of opportunities for advancement, a lack of empathy, and feeling disrespected at work.<sup>4</sup> This sentiment is echoed by the PEF survey. (Figure 11)

Figure 10: Have you thought about leaving your job with NYS altogether?

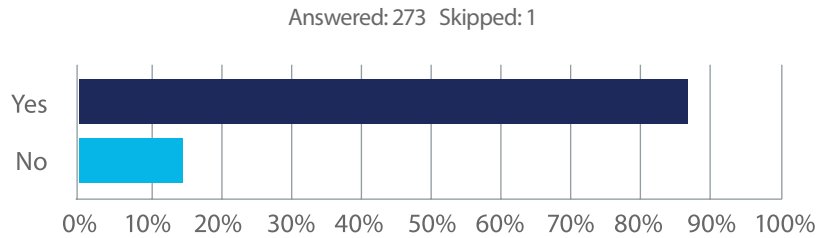
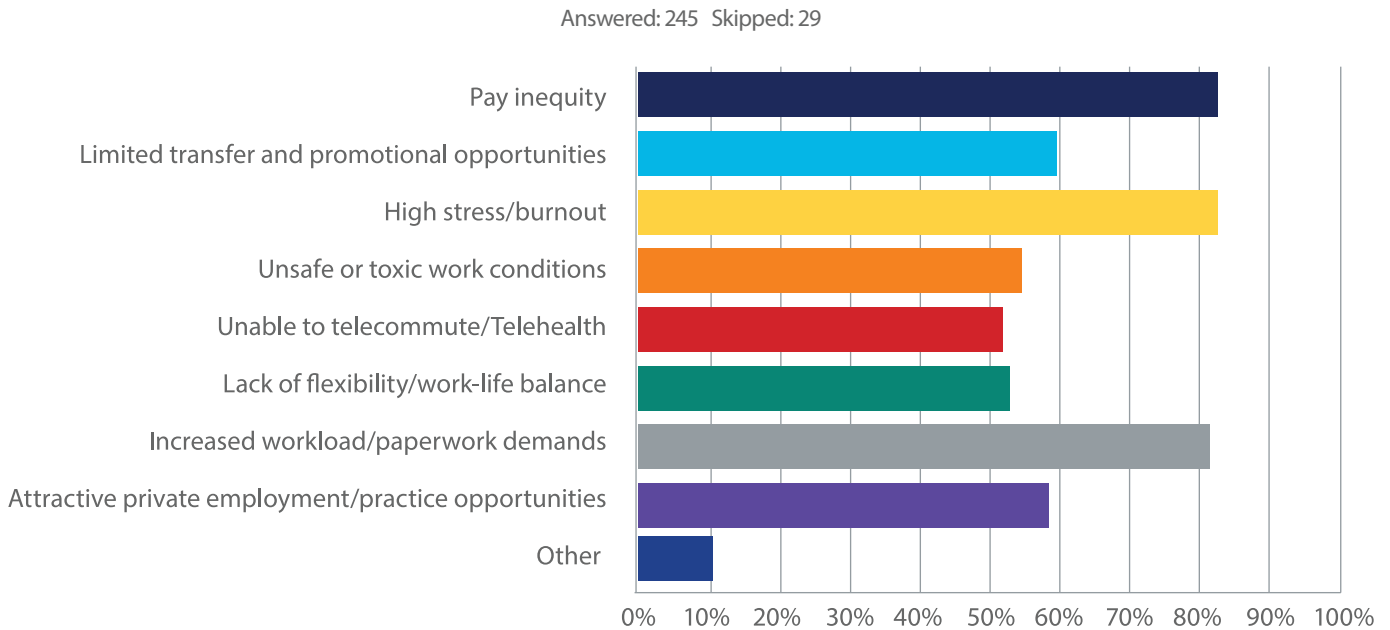


Figure 11: If you answered yes to the question above, what are the contributing factors?  
Check all that apply.



Specifically, regarding the compensation of social workers in New York State government, the last reallocation occurred in 2007, more than 15 years ago, even though titles with less educational and experience requirements are regularly allocated to higher grades – this is contrary to the New York State policy of Equal Pay for Equal Work as outlined in Section 15 of the Civil Service Law. (See Appendix A for a comparison of minimum qualifications of similar State titles.) Compensating New York State employees with greater credentials less than other New York State employees with minimal and/or no credentials, exacerbates the disparity between occupations and devalues those who chose certain clinical job paths over those who move between positions in the non-technical administrative ranks.

PEF’s survey of social workers highlighted how New York State agencies, over the course of decades, have increased paperwork, reporting, and oversight requirements due to various legislative and policy changes, without additional compensation for the employees doing the extra work. These changes have forced social workers to manage the day-to-day operations of their units, in addition to litigation, reporting, and case management responsibilities, while functioning in an environment that is perpetually understaffed and where there is increased pressure to discharge ill-prepared clients into the community. Social work positions in the private sector do not have the extensive requirements New York State places on government-employed social workers. Not only do New York State social workers have more requirements, they also work with some of the most severely ill individuals with the most complex needs. Our members have seen the occupation change drastically in recent years as they treat an ever increasing forensic, criminal, and violent population. These individuals have multiple diagnoses with increased prevalence of suicidal tendencies and substance use, among other mental health and medical needs.

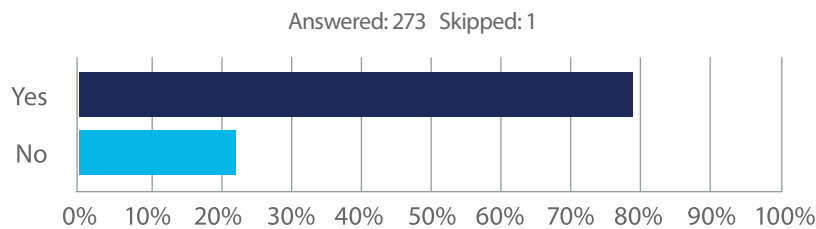
Mental health, as an overarching category, has been and continues to be an expanding area impacting all clientele in addition to all direct care professionals. A CNN and Kaiser Family Foundation National Mental Health Survey conducted from July through August 2022 found that 90% of American adults believe there is a mental health crisis in the United States today.<sup>5</sup> Approximately 50% of respondents identified mental health issues among children and teenagers as a crisis, 50% of respondents identified severe mental illness in adults as a crisis, 55% of respondents find it extremely problematic that there aren’t enough mental health care providers, and 60% who reported their own mental health as fair, or poor, have not been able to access needed care.

The National Council for Mental Wellbeing released the results of a poll conducted by Morning Consult in September 2021.<sup>6</sup> This study found three-quarters of mental health and substance use treatment organizations have experienced an increased demand for services. There was an 83% increase in requests for mental health treatment, a 78% increase for crisis services, a 76% increase for social support services, and a 69% increase in substance use treatment. Yet 97% of the organizations reported the recruitment and retainment of employees was a primary barrier to providing services, and 78% identified staffing issues as “very difficult.” The National Council for Mental Wellbeing President and CEO Chuck Ingoglia found that profound shortcomings in our nation’s funding for mental health and substance use treatment are to blame.

New York State government is no exception to the increased pressures impacting the mental wellbeing of direct care staff. In fact, specific to New York State government social workers, continued vacancies are resulting in higher caseloads and less one-on-one interaction and holistic treatment of individuals served. These perpetual shortages force supervisors to cover line-staff duties, which takes away from clinical training, the oversight required for employees to maintain their certifications, and appropriate clinical supervision of patient care and discharge planning. The consequences of continued vacancies lead many of our social workers to consider leaving State service altogether (Figure 10).

The PEF survey also found that 86% of New York State’s LMSWs who took the survey have considered leaving their positions for promotional opportunities such as Intensive Case Manager (ICM), which as a Salary Grade 22, pays more despite requiring less education and credentialing. (Figure 12). ICMs have comparable duties to the lower-grade LMSW-2 title, who have higher education and credentialing requirements. This is a structural problem with the New York State Title and Salary Plan.

**Figure 12: Have you considered transferring from your Social Worker position to a different title series for more promotional opportunities?**



A May 2022 survey conducted by the New York State Department of Labor, Business Council, Empire State Development, and the Regional Economic Development Council found that social work jobs ranked the fourth most difficult to fill among the healthcare workforce and 10th overall among all sectors.<sup>7</sup> The survey’s sample size was considerable -- 3,700 businesses statewide that employ nearly 540,000 workers. Eighty-four (84) percent of respondents reported compensation was a major factor in filling these positions, followed by lack of qualified candidates at 46%, nature of work 17%, and a competitive job market 16%.

Multiple studies have also found oppressive professional demands and the complexity of challenges combine with inadequate compensation to fuel higher attrition rates for social workers. This dire situation is also impacted by the ongoing retirement of baby boomers and the lack of young people interested in a profession characterized by high educational requirements and infamously low wages. One-hundred-and-sixty-three (163) colleges offer a Masters degree in New York, but only 25 offer a Masters in Social Work. An advanced degree in social work incurs a median debt of \$115,000. But average earnings for social workers were just \$51,760 in 2020. In contrast, median yearly earnings for employees with a Masters degree were \$80,340 that year. Graduate school might not be worth the cost for students pursuing social work master’s degrees, presumably leading to fewer schools offering the degree.<sup>8</sup> Master level social workers (60%) are the leading providers of mental health treatment in the United States, earning far less than their psychologists and psychiatric nurse counterparts. (See Appendix B for a comparison of similar State titles.)

Additionally, the NASW notes that social workers are bearing the brunt of the shortage in the mental health profession, which directly leads to caseload growth and faster employee burnout. PEF has been made aware that candidates for vacancies cite salary and shift schedules as reasons why they don’t accept social work job offers. Some candidates are non-responsive to interview outreach. Other candidates report that the benefits and paid time off offered by New York State are comparable but not better than their current employer. Others report the rigidity of the work schedule as part of their reason for not taking a job. Private companies pay more, are safer, and more flexible.



## IV. QUALITATIVE ANALYSIS

The DCS Classification and Compensation Division office analyzes titles based on seven (7) distinct factors and their objective characteristics. These characteristics include duties, responsibilities, and minimum qualifications. DCS compares them against other benchmark positions in New York State service to assign a grade allocation. When there is evidence that a class (e.g., a group of positions) is undervalued in relation to similar positions based on these factors, and changes to these classification factors are determined to be substantive and long-term, a grade reallocation is warranted.

Our analysis shows that in all seven (7) recognized and benchmarked New York State classification factors (Responsibility, Oral & Written Communication, Complexity, Job Demands, Supervision, Management Activities, and Education & Experience), social workers have experienced substantive and long-term changes. Some factors have been combined for contextual purposes.

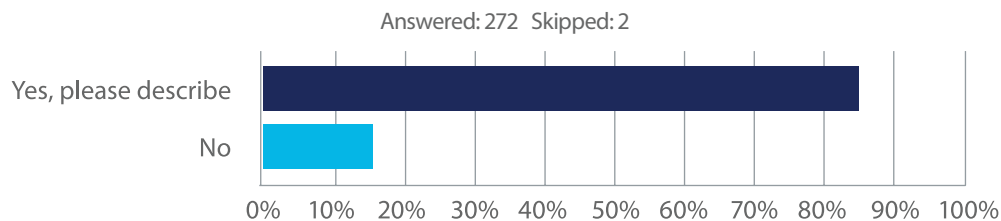
### Responsibility and Written & Oral Communication

Responsibility measures the impact of work performed by the class on people, an organization, and an organization's resources. New York State government social workers have seen a drastic change in their responsibilities related to communication of all kinds, but specifically written. As mentioned in part III, the amount of regulatory and oversight paperwork required by New York State agencies, due to legislative and policy changes, has significantly increased. Our members report that "The amount of paperwork due makes it so we treat the chart not the patient."

The Office of Mental Health (OMH) now requires frequent revisions to paperwork, to include more detail and capture more information about a patient's past, present, and future diagnosis, treatment, intervention, and projected course of treatment. Paperwork responsibilities have changed to include the social worker's obligation to have up-to-date, 100% compliance. When there is an issue, it is the social worker who is investigated and reviewed for responsible timely paperwork. The review of paperwork standards has taken precedence over the measurement of engagement and relationship — the cornerstone of any therapeutic relationship that produces positive outcomes. Policies have changed which require more work by therapists to chase clients down (i.e., OMH sustained engagement policy). PEF members surveyed report that paperwork has doubled.

Increased paperwork responsibilities are leading to frequent frustration on the part of social workers, by inhibiting their ability to treat patients in an effective and efficient way, resulting in a backlog of cases and individuals not receiving the immediate care they need (Figure 13).

Figure 13: Have your duties/caseloads substantially increased from the time you began state service until now?



### Complexity

Complexity covers the nature and variety of tasks, steps, processes, methods, and activities in the work performed; and the degree to which an employee must vary the work, discern interrelationships and deviations, or develop new techniques, criteria, or information. Thus, PEF argues the patient population being admitted to New York State-run facilities are individuals that private facilities are refusing to treat due to complexity and poor outcomes. Because these individuals present more complex cases, treating them increases the complexity of duties and responsibilities social workers manage daily. State-run facilities are filled with individuals exhibiting acute suicidal tendencies, aggression, violence, substance use/abuse, trauma, and cooccurring-diagnoses.

PEF social workers are also seeing an increase in the admittance of children exhibiting severe mental illness, with the condition being exacerbated by their access to unhealthy and toxic social media. There is also an argument to be made about how the pandemic has impacted mental health, whether it is due to isolation, stress or depression. State-run facilities are seeing a profound increase in individuals needing care for acute and complex conditions.

Further, New York State-run facilities are experiencing an influx of patients on forensic holds, with previous incarcerations, including for sex offenses, who have a history of criminal and/or violent behavior, and patients who are undocumented. Mental health hospitals have become a catch-all for formerly incarcerated individuals being released, due to criminal justice reform and prison closures throughout the State. PEF members describe that "Assessing an individual to identify their needs... [whether] mental health, physical, or medical" has become more complex. That "Admissions have become a lot more complicated as we have individuals struggling with severe behavioral issues which may be tied to their mental health diagnosis, TBI (traumatic brain injury), or even DD (developmental disability) diagnosis. We are seeing a lot more individuals transitioning from jails...".

In addition to presenting with increased complexities, these individuals are increasingly aggressive and being treated in units with inadequate, and undertrained staff. These conditions have led to increased injuries to New York State social workers. The increased demands on social workers include managing symptoms and addressing these new complexities in treatment. State social workers are often planning treatment with minimal or outdated resources, such as being asked to reuse failed interventions or interventions that cannot possibly be fully executed while expecting a positive outcome.

Furthermore, the implementation of new health and safety protocols resulting from the COVID-19 pandemic have compounded the daily increased pressures and job complexities placed on New York State government social workers.

### **Job Demands**

Job demands are defined by how an employee deals with work pace and the nature and impact of time constraints on decision making and the conduct of work, and how they relate to task repetitiveness, physical demands, and environmental conditions encountered. This is otherwise known as the physical, psychological, social, or organizational aspects of the job, which require sustained physical and/or psychological effort or skills. These are associated with certain physiological and/or psychological costs (i.e., work pressure, emotional demands, etc.).

PEF argues that employee performance is no longer measured in successful outcomes, but by successfully documenting each of the additional job responsibilities. The work has shifted from caring for people to documenting. One member in our survey stated, "The focus is on litigation issues, meetings, trackers. So much data collection and additional info requests that make it beyond [what we are] able to maintain."

Many PEF members discussed the lack of beds for in-patient stays and not enough community housing options. Due to facility and bed closures, individuals with high-risk issues are placed in settings that are inadequate to meet their supervision and treatment needs, consequently making facilities unsafe for both treated individuals and staff. Social workers are limited in discharge options. This is in part because of the influx in patients with sex offender status or parolees with legal limitations on where they can live. Another factor is the changing policies regarding certified residences and adult and nursing home placements. These have limited the social worker's ability to discharge individuals to an appropriate, supportive environment.

Premature discharges from area hospitals due to the lack of stable and readily accessible resources has led to an increase in acute events that include ideation, attempted, and completed suicides in both the adult and child populations. Converting the Intensive Case Management model to a health home model has limited the supports available. This has led to a lack of resources that puts more demands on the social worker for follow up and case management-type job duties, leaving less time for therapy, negatively impacting care, treatment planning and outcomes.

The immense pressures and demands of working in unsafe, understaffed, and inadequate environments have led to increased social worker stress, burnout, and fear for their professional and personal safety.

### **Supervision & Management Activities**

Supervision and management addresses both supervision exercised, and supervision received, by being responsible for the performance of an activity or job, and to manage the efforts of people to accomplish goals and objectives using available resources efficiently and effectively including the ability to plan, organize, address staffing needs, lead and/or direct, and control situations.

Some of the duties that social workers are responsible for including managing eligibility and screening teams and mental health programs, such as Mobile Integration Teams (MIT), which includes staffing and coverage-related issues, scheduling time off requests and triaging referrals and case assignments functioning as forensic liaisons, assisting individuals with enrolling in government benefit programs (e.g., Social Security, Veterans Affairs and Medicaid), arranging family visitation, coordinating intensive case management, and performing crisis intervention.

PEF argues that these duties carry the responsibility of not only managing and supervising patient care, but also performing oversight of program operations and staff.

### **Education & Experience**

This factor entails the amount of relevant job experience and the academic preparation required at the entry level of the class by evaluating the level of knowledge and skills necessary to successfully perform the major duties of the class, which is essential to setting the allocation. Hence, a job that requires a greater level of education and experience will be allocated at a higher grade than one with less stringent requirements.

The aforementioned "Pay Equity Study in New York State and Local Government"<sup>2</sup> identified a correlation between job titles that are devalued and those that are historically dominated by women or minorities. The findings found a significant salary devaluation in both the Licensed Master

Social Worker 1 and 2 titles within New York State government. These findings are particularly disturbing because New York State, as an employer, would appear to be in violation of the following State and Federal statutes prohibiting discrimination and providing for equal compensation between men and women for performing the same or similar work: Equal Pay Act of 1964; Title VII of the Civil Rights Act of 1964; New York State Civil Service Law Section 115; and New York State Labor Law, Section 194.

The historic structure of the New York State classification system and how it values work between credentialed and non-credentialed titles and occupations has glaring discrepancies in grade allocation between title series. For example, Psychologist 1, SG-21, and Psychologist 2, SG-23 require only a Master's degree and supervised work experience in a mental health setting. An Intensive Case Manager, SG-22, and a Coordinator of Intensive Case Management Services, SG-25, require only a Bachelor's degree and work experience in a mental health setting.

Further, most administrative titles with salary grades of 18, 23, 25 or 27 can be filled by the Public Administration Traineeship Transition Program (PATT) examination. The PATT is designed to provide qualified clerical, secretarial, and administrative paraprofessional employees an opportunity to compete for a variety of positions, the majority of which are two-year administrative traineeships leading to a Grade 18 position working in administrative operations, fiscal operations, human resources, or program implementation, of which many do not require any degree. Licensed Master Social Workers (LMSW) 1 & 2, SG-18 and SG-20 respectively, require a master's degree, licensure, registration, and applicable years of experience. Notably, it is often an LMSW 2 who is responsible for providing oversight and supervision to the Psychologist 1, SG-21, who is later promoted to Psychologist 2, SG-23. For further information related to minimum qualification comparisons amongst other State Classified titles see Appendix B.

Based on the above information, PEF provides strong evidence that New York State social workers are severely undervalued in relation to similar positions in State service, therefore warranting a reallocation. Each of the seven (7) New York State classification factors (i.e., Responsibility, Oral & Written Communication, Complexity, Job Demands, Supervision, Management Activities, and Education & Experience) have all undergone substantive and long-term changes since the title series was last reallocated, nearly 15 years ago. Additionally, we have shown that the minimum qualifications required to be an LMSW align closely with title series that are allocated to higher grades.

New York State's inability to recruit, hire and retain social workers with the necessary experience to meet the needs of the evolving and increasingly complex patient population makes it abundantly clear that a review and reallocation of the social worker title series is necessary.

## V. SURVEY STUDY AND ANALYSIS

While the focus of a DCS reclassification may be on the seven (7) distinct factors and their objective characteristics (including job duties, responsibilities, minimum qualifications, etc.), to determine value in relation to similar positions, other factors in addition to pay, such as safety and security and occupational stress, must be considered as well.

A qualitative review of respondent comments in PEF's survey indicates there are significant concerns with occupational health and safety issues as seen in the following five (5) common categories, or themes, which are repeated throughout the survey.

### Safety and Security

PEF social workers, overall, do not feel safe at work. There were multiple responses expressing concern over an increased risk of injury due to factors including: changes in the patient population such as an increase in substance abuse, dual diagnosis cases, and more violent individuals; increased workplace violence incidents by patients on workers and on each other; more use of force needed to respond to violent patients; less accountability by individuals served due to changes in employer policy, or State, or federal law; and heavier workloads combined with lower staffing. Lack of housing and facility crowding, short staffing, extended work hours/days, and individuals working alone or in isolation increase the risk of workplace violence and injury.

#### ***In their own words:***

"When I started, individuals were re-hospitalized when symptomatic or violent. Programs were adequately staffed and patients were given therapeutic and productive things to do. Wards and housing were based on client needs, such as age, substance use, high risk etc. Now dangerous patients terrorize staff and the nonviolent individuals. Outpatients have little support. It's frustrating."

"The recent HALT (Humane Alternatives to Long-Term Solitary Confinement) legislation has made clinical treatment more difficult as this is a major change and for them navigating the system is more difficult and scarier, which increases the overall feeling of unrest in the facilities. That makes the clinician's work harder as the risk is higher for harm to self or others."

"With violence comes fear, which means higher risk of committing suicide - the need for Security Staff is paramount, and there just aren't enough. The ones working now are being over worked, the violence against staff has increased, and as a result fewer people want to become a Corrections Officer, which in turn effects the incarcerated individuals as well as the integrity of the facility."

## Complexity of work and workload

Over 80% of survey respondents reported that their work had become more complex and more strenuous. Respondents are not just reporting heavier workloads, they are describing changes in the complexity of their work in part due to the higher acuity individuals in their care. Respondents reported an increase in the number of individuals with dual diagnosis, high-risk behaviors, suicidal tendencies, forensic designations, sex offenders, homicidal ideation, and violent behaviors (to staff and others). More individuals are coming from the prison system or parole and need additional security and supervised programming. Staff do not feel adequately prepared to deal with the changed population. Eighty-two (82) percent of respondents cited workload as a reason they were considering leaving State service.

### ***In their own words:***

"I am currently filling two social work positions and therefore, I'm split between two fulltime programs. I have to manage groups for both, while maintaining documentation. The workload has impacted my quality of work and the time given to the incarcerated population. When you're rushed, your work shows it. And that is upsetting."

"I am now the only SW (social worker) on the unit. The second SW unit position is chronically vacant. The paperwork has increased substantially for each task and we must now apply for green cards, NY state ID cards, Social Security cards, birth certificates, etc."

## Salary, recognition, and support

Survey respondents expressed frustration with a lack of fair pay, recognition, and appreciation for their work. Many reported considering leaving State service due to pay inequity, limited transfer or promotional opportunities, and disparity in pay for different types of advanced degrees, certificates, and work experience. As the indicated intent to leave State service increases, the likelihood that some of these professionals will leave increases too. Occupational stress increases the eventual turnover rate of an organization.

### ***In their own words:***

"Ten years ago my interns wanted to become full time employees after graduation. Now it is rare for an intern to inquire about full-time employment post-graduation. Staff are retiring and there is no one to replace them."

"Duties are so overwhelming that individuals are often working extended hours to ensure that all tasks are performed. No overtime is granted. However, staff are scolded by management/supervisors when work is not completed, but there isn't enough time in the shift to complete. Extra tasks are consistently placed on SWs, and we are often informed 'your job description states additional tasks as needed.'"

## Tools

Respondents did not feel supported or prepared for the challenges they face. They noted a negative impact on their work lives from a lack of staff, housing for patients, and skills training. They were also concerned by a lack of accountability for violent behavior by individuals. When asked how New York State agencies could increase social worker job satisfaction and improve recruitment and retention, in addition to pay parity and increased staffing, a number expressed the need for more training and better organizational support.

### ***In their own words:***

"I am supervised by administrative staff, not clinical staff, and I am not becoming a better clinician in this job, my skills are stagnating."

"(We need) training in self-care. Training on how to prevent burnout. Additional social work staff."

## Stress/burnout issues

The National Institute for Occupational Safety and Health (NIOSH) defines occupational stress as stemming from the negative physiological and psychological responses workers have when their job requirements exceed their capabilities or available resources.<sup>9</sup> In other words, occupational stress occurs when the stressors of the workplace exceed the employee's ability to have some control over their situation or to cope in other ways. Workers with higher job demand (e.g., workload, work pace) and lower control (e.g., decision-making authority, job control) will experience more job strain.<sup>10</sup>

### ***In their own words:***

"The paperwork is increasingly demanding while the case load gets bigger. I have less time to dedicate for clinical care as the paperwork becomes more complex."

"(I am) always stressed, always trying to keep up, unavailable, unable to see clients as often, paperwork clients ask me to complete takes much longer."

"Admissions have become a lot more complicated as we have individuals struggling with severe behavioral issues which may be tied to their mental health diagnoses, TBI (Traumatic Brain Injury) or even their DD (Developmental Disability) diagnosis."

Due to the nature of their work, social workers may be susceptible to increased risk of occupational injuries and illnesses due to stress, strain and burnout. Prolonged stress can lead to short-term and long-term health issues. Constant rigorous patient interaction can take a toll on social workers as they also struggle to keep up with higher reporting and paperwork demands while still providing direct care to individuals. Such demands sustained over long periods of time may lead to emotional and physical fatigue in healthcare workers.<sup>11</sup> Many of the PEF survey respondents cited similar contributors to their job strain as noted by NIOSH,<sup>9</sup> including increased workloads, extended work hours, workplace violence, and complex diagnosis as real problems in their work lives.

## Workers Compensation Costs

Increased job demands, more complex cases, higher acuity patients, and more staff vacancies have led to an increase in stress and strain, both physical and emotional, for staff. These conditions also put them at a higher risk for injuries and illnesses and workplace violence than ever before, leading to even more absences and fewer staff on duty. According to the Department of Civil Service Annual Report of NYS Government Employees' Workers Compensation Claims for Fiscal Year 2021-2022, the four State agencies who consistently have the highest rates of injuries, illnesses and workers compensation costs include OMH, Department of Corrections and Community Supervision (DOCCS), Office for People With Developmental Disabilities (OPWDD), and The Office of Children and Family Services (OCFS).<sup>12</sup> Incidents within these agencies account for 81% of the total incidents for all New York State agencies. Social workers in those agencies have a much higher risk of being injured on the job.

## What changes are needed for recruitment and retention?

Policy changes must be made to address the pay issues. Pay inequity has a tremendous negative effect on a workforce and the organization. Psycho-social supports at work are crucial, including fair pay for work, support from management, and co-worker support.

Changes need to be made at the organizational level to have a significant impact on lessening occupational stress and job strain. Strategies may include the union and affected members engaging in a joint process to identify occupational stressors and develop interventions that will reduce stress. This can be done through joint health and safety and labor/management committees, project advisory groups, and training and education programs to provide skills training such as working with the changed population.

Strategies may also include involving workers in job and workplace design, having input on shift schedules, and/or developing a workplace violence prevention policy or program.

In addition to the Employee Assistance Programs (EAP), the State should provide workers with training and education to build resiliency for stress management and reduction.

EAP is a passive system, requiring workers to seek it out, and it is not always available or easily accessible. Additionally, as an intervention it focuses on the individual and does not address organizational issues.

*In their own words:*

“Social workers have no ladder to move up unless they want to get out of their title. We spent a great deal of time and money on our education. ... Majority of our agency has a high school diploma and makes more money.”

“Increase base salary and consider pay increases for earning LCSW or LCSW-R. There is no incentive to earn advanced licensure in the current structure. Streamline the paperwork, which is often clunky, redundant and extremely time-consuming, limiting social worker’s ability to meet with and work with patients.”

## VI. RECOMMENDATIONS

It is clear from our survey respondents that a majority of PEF social workers work in dangerous environments with chronic vacancies and staff shortages, performing unmanageable workloads with an influx of severely mentally ill patients who have complex medical needs. For all those reasons, stress and burnout are at an all-time high in the social work profession.

PEF social workers request the following:

1. Address salary inequity within the New York State Classification System of this female-dominated profession by reallocating the entire social worker title series upward to be on par with Psychologists based on the comparable duties, responsibilities, and required minimum qualifications of these titles.
2. A review of the applicability of a Geographic Pay differential for the social worker title series based on chronic recruitment and retention difficulties.
3. Continuous Department of Civil Service (DCS) recruitment examinations year-round, instead of just February and August.
4. Form partnerships with applicable State agencies where social worker titles exist (OMH, OPWDD, DOCCS, DOH, OCFS, OASAS, Workers’ Compensation Board) to provide training and oversight opportunities for Social Workers to receive their Clinical designation.
5. Form partnerships with these same State agencies, the Office of Employee Relations, and the DCS to provide healthy and safe working environments for employees in a more complex post-COVID-19 workplace. Available pathways include: joint health and safety and labor-management committees, project advisory groups, and training and education programs. The goal should be to provide skills training, in addition to allowing for work schedule flexibility, such as remote telehealth options, overall safer work environments by addressing occupational stress and burnout, and the assignment of manageable caseload sizes.
6. Work with these same State agencies and the New York State Department of Civil Service to partner with the State University of New York and City University of New York to incentivize social workers entering public service through student internships and financial aid.

Addressing these six (6) recommendations will ensure that New York State once again provides quality and effective services to our most vulnerable and underserved communities by effectively recruiting and retaining qualified social workers.

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## Appendix A: Minimum Qualification Comparison

These examples compare both open-competitive and promotional minimum qualifications.

It should be noted that the Public Administration Traineeship Transition Program (PATT) can be used to fill administrative titles. PATT was designed to provide qualified clerical, secretarial, and administrative paraprofessional employees an opportunity to compete for a variety of positions, the majority of which are two-year administrative traineeships leading to a Grade 18 position working in administrative operations, fiscal operations, human resources, or program implementation, many not requiring a degree.

Last held in 2018, below is a listing of the titles eligible to take the examination, and a list of titles eligible to be filled from the PATT.

<https://www.cs.ny.gov/examannouncements/announcements/00437filled.cfm>

<https://www.cs.ny.gov/examannouncements/announcements/00437qualifying.cfm>

### Licensed Master Social Worker Series (MASTER'S DEGREE, LICENSED & REGISTRATION):

Title Series	Grade	Minimum Qualifications
Licensed Master Social Worker 1	SG-18	Possession of a license and current registration as LMSW in NYS.
Licensed Master Social Worker 2	SG-20	Possession of a license and current registration as LMSW in NYS AND 1-year post-licensure social work experience.
Social Worker Supervisor 1	SG-23	Possession of a license and current registration as a LMSW in NYS AND 1-year of service as a LMSW 2.
Social Worker Supervisor 1 (LCSW)	SG-23	Possession of a license and current registration as a LCSW in NYS AND 1-year of service as a LMSW 2.
Social Worker Supervisor 2	SG-27	Possession of a license and current registration as a LMSW in NYS AND 1-year of service a Social Work Supervisor 1.
Social Worker Supervisor 2 (LCSW)	SG-27	Possession of a license and current registration as a LCSW in NYS AND 1-year of service a Social Work Supervisor 1 (LCSW).

### Psychologist Series (UNLICENSED & UNREGISTERED):

Title Series	Grade	Minimum Qualifications
Psychology Assistant 3	SG-16	Master's Degree in Psychology.
Psychologist 1	SG-21	Master's Degree in Psychology AND completion of a 2-year traineeship; OR 2-years of supervised, post-degree psychology experience in a clinical forensic, community mental health, or school setting.
Psychologist 2	SG-23	Master's Degree in Psychology AND 3-years of supervised, post-degree Psychology experience in a clinical, forensic, community mental health, or school setting OR 1-year of service as a Psychologist 1.
Associate Psychologist	SG-23	A Doctorial Degree in Psychology AND 1-year of experience under the supervision of a licensed Psychologist in a clinical setting.

### Psychologist Series (DOCTORIAL DEGREE, LICENSED & REGISTRATION):

Title Series	Grade	Minimum Qualifications
Licensed Psychologist	SG-25	Possession of a license AND current registration to practice Psychology in NYS.
Principal Psychologist	SG-27	Possession of a license and current registration to practice Psychology in NYS AND 1-year of service as a Licensed Psychologist.
Chief Psychologist	M-4	Possession of a license and current registration to practice Psychology in NYS AND 1-year of service as a Principal Psychologist.



**Health Systems Specialist Series (some SG-20 parentheses require a MASTER'S DEGREE, however the SG-23 and SG-25 only require a BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Health Systems Specialist 1	SG-18	Bachelor's Degree AND 2-years of professional administrative or professional clinical experience in designated areas. SUBSTITUTE Master's Degree in healthcare administration, hospital administration, or healthcare finance for 1 year of experience.
Health Systems Specialist 2 (Social Work)	SG-20	Possession of a NYS license and current registration as a LMSW, or LCSW; AND 2-years of post-LMSW experience providing clinical services in a licensed healthcare facility or program or utilizing clinical knowledge in the review and oversight of clinical services for quality assurance or reimbursement purposes.
Health Systems Specialist 2 (Nutrition)	SG-20	Current registration with the Commission on Dietetic Registration (requires Bachelor's Degree) AND 2-years of experience in one or more specified areas.
Health Systems Specialist 2 (Physical Therapy)	SG-20	Possession of NYS license AND current registration as a Physical Therapist (requires Master's Degree), AND 2-years of experience in specified areas.
Health Systems Specialist 3	SG-23	1-year of permanent competitive service as a Health Systems Specialist 1, OR Health Systems Specialist 2. (Only Bachelor's required)
Health Systems Specialist 4	SG-25	1-year of permanent competitive service as a Health Systems Specialist 3. (Only Bachelor's required)

*\*For all levels, candidates MAY be required to pass a federal Surveyor Minimum Qualifications Test after appointment*

**Mental Health Program Specialist Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Mental Health Program Specialist 1	SG-18	Bachelor's Degree in health & human services area or closely related field AND completion of a 2-year traineeship.
Mental Health Program Specialist 2	SG-23	1-year of service as a Mental Health Program Specialist 1 OR a Bachelor's Degree as described above for Mental Health Program Specialist 1 AND 3-years of professional clinical or administrative experience in a mental health program.
Mental Health Program Specialist 2 (Clinical)	SG-23	Bachelor's Degree in a health or human services area AND 3-years of professional clinical experience in a mental health program.
Mental Health Program Specialist 3	SG-25	1-year of service as a Mental Health Program Specialist 2.
Mental Health Program Specialist 3 (Clinical)	SG-25	1-year of service as a Mental Health Program Specialist 2 (Clinical) OR Bachelor's Degree as described above for Mental Health Program Specialist 2 (Clinical); AND 4-years of professional clinical experience in a mental health program, 1-year of which MUST have been at a supervisory level.
Mental Health Program Specialist 4	M-2	1-year of service as a Mental Health Program Specialist 3 or Mental Health Program Specialist 3 (Clinical).
Mental Health Program Specialist 5	M-3	1-year of service as a Mental Health Program Specialist 4.

**Health Program Administrator Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Health Program Administrator	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Health Program Administrator 1	SG-23	1-year of permanent service in a DOH position at or above an SG-18.
Health Program Administrator 2	SG-25	1-year of permanent service in a DOH position at or above an SG-18.
Health Program Administrator 3	SG-27	1-year of permanent service in a DOH position at or above an SG-22.
Health Program Administrator 4	SG-29	1-year of permanent service in a DOH position at or above an SG-24.
Health Program Administrator 5	M-4	1-year of permanent service in a DOH position at or above an SG-27.

**Health Program Administrator Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Health Program Administrator	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Health Program Administrator 1	SG-23	1-year of permanent service in a DOH position at or above an SG-18.
Health Program Administrator 2	SG-25	1-year of permanent service in a DOH position at or above an SG-18.
Health Program Administrator 3	SG-27	1-year of permanent service in a DOH position at or above an SG-22.
Health Program Administrator 4	SG-29	1-year of permanent service in a DOH position at or above an SG-24.
Health Program Administrator 5	M-4	1-year of permanent service in a DOH position at or above an SG-27.

**Human Resources Specialist Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Human Resources Specialist 1	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Human Resources Specialist 1 (Labor Relations)	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Human Resources Specialist 2	SG-23	1-year of service as a Human Resources Specialist 1.
Human Resources Specialist 2 (Labor Relations)	SG-23	1-year of service as a Human Resources Specialist 1 (Labor Relations).
Human Resources Specialist 3 (Labor Relations)	M-1	1-year of service as a Human Resources Specialist 2 (Labor Relations).

**Budget Examiner Series (No Degree Listed):**

Title Series	Grade	Minimum Qualifications
Budget Examiner	SG-18	Satisfactory completion of a 2-year traineeship as a Budget Examiner.
Senior Budget Examiner	SG-23	Positions of Senior Budget Examiner are normally filled by promotion of those having at least 1-year of permanent service as Budget Examiner.
Associate Budget Examiner	M-2	1-year of permanent service in a budget examining or research position allocated to Grade 23 or higher.
Principal Budget Examiner	M-4	1-year in a budgeting, examining or research position allocated at SG-27 or above.
Assistant Chief Budget Examiner	M-5	N/A
Chief Budget Examiner	M-8	N/A

**Budget Analyst Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Senior Budgeting Analyst	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Associate Budgeting Analyst	SG-23	1-year of permanent service as a Senior Budgeting Analyst.
Supervising Budgeting Analyst	M-1	1-year of permanent service as an Associate Budgeting Analyst.
Chief Budgeting Analyst	M-2	1-year of permanent service as a Supervising Budgeting Analyst OR 2-years as an Associate Budgeting Analyst.

**Payroll Analyst Series (BACHELOR'S DEGREE):**

Title Series	Grade	Minimum Qualifications
Payroll Analyst 1	SG-18	Bachelor's Degree AND completion of a 2-year traineeship.
Payroll Analyst 2	SG-23	1-year of service as a Payroll Analyst 1.
Payroll Analyst 3	M-5	1-year of service as a Payroll Analyst 2.
Payroll Analyst 4	M-5	1-year of service as a Payroll Analyst 3.
Payroll Analyst 5	M-5	1-year of service as a Payroll Analyst 4.
Assistant Director State Payroll Services	M-5	1-year of service as a Payroll Analyst 5.
Director State Payroll Services	NS	Exempt/No minimum qualifications.

## Appendix B: Social Worker Salaries & Requirements

	Social Work	Rehab	ICM	Psychology
<b>BACHELOR'S Title</b>	<b>Social Work Assistant 3</b>	<b>Rehabilitation Counselor 1</b>	<b>Intensive Case Manager</b>	<b>No Bachelors level Jobs</b>
<b>Grade/Salary</b>	<b>G17 \$57984 to \$73813</b>	<b>G17 \$57984 to \$73813</b>	<b>G22 \$75340 to \$95392</b>	
<b>Requirements</b>	<p>1.3 years as a Social Work Assistant 2 Or</p> <p>2.a bachelor's or higher in a human service area* and a.1 year as a Social Work Assistant 2 Or b.2 years of post-bachelor's social work experience Or</p> <p>3.a bachelor's in social work and 1 year of social work experience Or a master's in social work</p>	<p>1.3 years as a Rehabilitation Assistant 2 Or</p> <p>2.a bachelor's or higher in a human service area* and 2 years post bachelors qualifying experience including as a Social Work Assistant, Occupational Therapy Assistant 2, or Physical Therapy Assistant 2 Or</p> <p>3.NYS licensure as a Registered Nurse Or</p> <p>4.a master's in a human service field and 1 year post masters qualifying experience; including as a Rehabilitation Assistant 2, Occupational Therapy Assistant 2, or Physical Therapy Assistant 2</p> <p>5.a master's degree in rehabilitation counseling.</p>	<p>A bachelor's degree in social work, psychology, nursing, rehabilitation, education, occupational, physical, or recreation therapy, counseling, community mental health, child and family studies, sociology, or speech and hearing or education with a NYS teacher's certificate And 4 years experience providing direct services OR Linkage to a broad range of services essential to successfully living in a community setting to clients at least 50% of who are diagnosed with mental disabilities ONLY REQUIRES A BACHELOR'S &amp; 4 YEARS EXPERIENCE</p>	
<b>ENTRY LEVEL MASTER'S Title</b>	<b>Licensed Master Social Worker 1</b>	<b>Bachelors -Rehabilitation Counselor 2 &amp; Masters - Vocational Rehabilitation Counselor</b>	<b>Licensed Mental Health Counselor</b>	<b>Psychology Trainee 1</b>
<b>Grade/Salary</b>	<b>G18 \$61270 to \$77912</b>	<b>G19 \$64589 to \$82036</b>	<b>G19 \$64589 to \$82036</b>	<b>G18 \$61270 to \$77912</b>
<b>Requirements either:</b>	<p>Licensed by New York State as a Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW).</p>	<p>1. A bachelor's degree in a human service field* AND a.1 year as a Rehabilitation Counselor 1 Or b.3 years post-bachelor's qualifying experience; Or c.NYS licensure as a Registered Nurse Or</p> <p>2.a master's in a human service field* AND 2 years post-bachelor's qualifying experience; Or</p> <p>3.a master's in rehab counseling AND a.1 year post-bachelor's qualifying experience. Or b.A CRCC certificate; Or c.a supervised internship Or</p> <p>4.a notice of eligibility to sit for the CRCC exam.</p> <p><b>A GRADE ABOVE LMSW1 &amp; ONLY REQUIRES a BA &amp; 1 more year experience than a Social Work Assistant 3 (who has no such upward path unless they leave for this Rehab Title)</b></p>	<p>Candidates who meet the minimum qualifications for Licensed Mental Health Counselor may submit an Application</p> <p><b>NEW DEGREE WITH FEWER REQUIREMENTS STARTS A GRADE ABOVE LMSW1</b></p>	<p>ONLY REQUIRES a Master's degree in psychology. No internship, experience or license needed. After one year as a Psychology Trainee 1, under the supervision of a doctoral level or licensed psychologist, licensed physician, licensed psychiatrist, psychiatric nurse practitioner, or licensed clinical social worker</p> <p><b>incumbents automatically advance to Grade 19 \$64589 to \$82036 Annually after 1 year</b></p>

	Social Work	Rehab	ICM	Psychology
<b>EXPERIENCED MASTER'S</b>	Licensed Master Social Worker 2	Vocational Rehabilitation Counselor	Bachelors Level Intensive Case Manager	Psychology Trainee 2 Psychologist 1
<b>Grade/Salary</b>	G20 \$67897 to \$86140	Maxes at G19 \$64589 to \$82036	G22 \$75340 to \$95392	G19 \$64589 to \$82036 G21 \$ 70,094 to \$88,877
<b>Requirements either:</b>	Licensed by New York State as a Licensed Master Social Worker (LMSW) AND 1 year of post NYS licensure professional social work experience		<b>ONLY REQUIRES A BACHELOR'S &amp; 4 YEARS EXPERIENCE but PAYS MORE THAN A LICENSED CLINICAL SOCIAL WORKER (LCSW) WITH A 2 YEAR MASTERS, 3000 INTERNSHIP HOURS AND 3 YEARS SUPERVISED CLINICAL PRACTICE with ADDITIONAL CERTIFICATION</b>	After the second year as a Psychology Trainee or 2 years of supervised post-master's experience in any clinical, forensic, community mental health, or school setting under the supervision of a doctoral level psychologist, licensed psychologist, physician, psychiatrist, psychiatric nurse practitioner, or licensed clinical social worker incumbents automatically advance to Psychologist 1  <b>MASTER's, NO LICENSE &amp; 2 YRS EXP being SUPERVISED by LCSW &amp; STARTS ONE (1) GRADE ABOVE a SWER 2</b>

<b>ADDITIONAL EXPERIENCE / CREDENTIALS</b>	Maxes at Licensed Master Social Worker 2 even with CSW and R credential		Bachelors Level Intensive Case Manager	Psychologist 2
<b>Grade/Salary</b>	G20 \$67897 to \$86140		G22 \$75340 to \$95392	G23 \$79325 to \$100342
<b>Requirements either:</b>	CSW AFTER 3 YEARS SUPERVISED CLINICAL PRACTICE and ADDITIONAL CERTIFICATION INCREASES REIMBURSEMENT FOR THE STATE, BUT THERE IS NO MONETARY INCENTIVE.		<b>ONLY REQUIRES A BACHELOR'S &amp; 4 YEARS EXPERIENCE but PAYS MORE THAN A LICENSED CLINICAL SOCIAL WORKER (LCSW) WITH A 2 YEAR MASTERS, 3000 INTERNSHIP HOURS AND 3 YEARS SUPERVISED CLINICAL PRACTICE with ADDITIONAL CERTIFICATION</b>	1 year as a Psychologist 1 or Or 3 years of supervised post-master's experience as noted above.  <b>NO LICENSE REQUIRED, NOT INSURANCE REIMBURSABLE BUT AFTER 3 YRS EXP being SUPERVISED by a Grade 20 LCSW THEY ARE PAID THREE (3) GRADES ABOVE a SWER 2</b>

JOB RESPONSIBILITIES			
Licensed Master Social Worker 2	Intensive Case Manager	Psychologist 2	Licensed Psychologist
G20 \$67897 to \$86140	G22 \$75340 to \$95392	G23 \$79325 to \$100342	G25 + BONUS
ACT Team Social Workers do the exact same job as ICMs with the additional responsibility of providing and billing for therapy			



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