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Before the Appropriations Committee

Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Monique Anderson, I've been with DMHAS for 7 years and I am a Mental Health Associate 1 that currently works at ASD. I started in Addictions 5 years ago. When I came to Addictions services I noticed the structure going downhill. Inpatient care has changed over the years, but the number of staff on the units has not increased to reflect the increase in duties.

It started going downhill when we got new administration and new leadership. Our program used to focus on DBT to help the ladies with their addiction, in particular alcohol and opiate use. Administration changed the curriculum for treatment and recovery on my unit, but there was not enough funding to train all of the direct care workers in the new model, so not everyone understands how to implement a new curriculum, and the clients are not getting the treatment they deserve.

At CVH – Merritt hall, the units have been combined. These units used to house 15 patients, but due to funding cuts, DMHAS combined units. Currently we have 5 staff per 30 patients, and because of the building layout, the units have 2 different corridors with patient dorms, comfort rooms, TV rooms, and laundry rooms. One staff person is alone on one side with 15 patients for most of the day. This creates a strain on patient care.

The program shift came at the same time that Administration implemented new safety checks. The same number of staff now has more duties, and there is less structure on the unit both because direct care staff were not adequately trained, and because we run fewer groups for the clients to participate in.

Direct care staff are expected to: do vitals; open and lock laundry & comfort rooms when clients need to use them; we have to check out electronics like headphones and remote controls; we have to line patients up for meds; we have to do 15 minute checks for environmental hazards and 30 minute checks for patient census.

The population we serve in ASD has changed. We see more dual diagnosis these days – patients are more often suffering psychiatric disorder and addiction. Lack of staff prevents us from attending to all patient needs equally, because when a client has behavioral episodes we do not have the staff to de-escalate and at the same time attend to other patients who are also in recovery.

Administration expects us to do admissions and transfers, but you need two staff to do the admissions to check property to make sure nothing illicit comes into the building. We are rarely given enough staff to complete all the duties.

We are expected to do trainings yearly so DMHAS facilities can keep funding, but they don't schedule them in time – they expect us to do computer-based trainings while we're at work on the floor, and often that means we never get to our trainings because patients need care.

To run these units effectively we need 8 staff on 1st and 2nd shift: 3 nurses, and 2 MHAs per side, and 1 MHA in the center. This would allow us to do all the required checks, respond to behavioral emergencies and attend to client care. Currently the hospital staffs 5 people – 2 nurses, 3 MHAs – per unit.

DMHAS needs increased funding to increase staff to patient ratios so we can adequately respond to changed patient populations, increased duties, and the opiate crisis. DMHAS also needs more funding for training ALL staff – including direct care staff – in updated programming and curriculum so our rehab programs remain relevant. It's time we address these issues and fund mental health services so as a State we can deliver more of the care that is needed.