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Terri Lee Walker, Social Worker,
CT Mental Health Center
Before the Appropriations Committee

Good Evening Chairs Osten, Walker, and members of the Committee. My name is Terri Lee Waller. I'm a social worker and I've been a DMHAS employee since 1988. I currently work at Connecticut Mental Health Center in New Haven and I am concerned with the way we fund and deliver mental health services in Connecticut. Too often, we look to save a buck instead of understanding that investment in programs, services and the workers that care for Connecticut's mentally ill population translates into savings in the long run.

I am deeply disturbed by CMHC's expectation of how many very ill clients one single clinician can be assigned for a 35 hour work week. I'm blessed to do the type of work I feel called to do and distressed to have a job which makes providing good clinical care impossible. We are so short staffed that clients greet me with a list of all their previous clinicians while stating their reluctance to start over again with someone who's going to leave soon anyway. Just recently a new nurse was hired but we still have a social worker vacancy. Healthcare professionals make more in the private sector and our benefits aren't good enough to attract and retain them anymore. It is likely more staff will leave before a new person is hired since the staff turnover in this setting is so high.

The numbers of clients assigned to stays between 50 and 60 and has gone even higher. Group therapy does not capture our very high risk and unstable clients. Many clients have been and should be on ACT and CSP teams which have a fixed, low client to staff ratio. Once those teams are full, then I'm expected to manage my own mini ACT team complete with mobile crisis visits, probate hearings, and care coordination meeting at various programs around the state. In addition, in any given week, I'm obligated to attend at least 4 administrative and educational hour long meetings.

The expectations placed upon the primary clinicians are limitless. Our team has no case manager so those tasks become social work tasks. I'm expected to do outreach and engagement for high risk clients and provide case management for clients who cannot meet fidelity criteria for the skill builders on the CSP team.

Many open treatment cases have charts that have lengthy gaps in documents so it's clear that my predecessors faced the same dilemma of providing the clinical services or proper documentation and billing when there is never time to do both. My work is frequently limited to the highest priority and the biggest crisis while knowing I'm still held accountable for incredible amounts of paperwork. Instead of being able to treat clients proactively, I have to spend my time prioritizing which crisis needs my time the most urgently.

It is shameful how we care for our mental health population in Connecticut. Imagine what we would be able to do with more funding?

Thank you for your time.