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Stephen Bobb, DMHAS
Mental Health Assistant 1
SEIU 1199NE

Before the Appropriations Committee

Good Afternoon Senator Osten, Representative Walker, and members of the Committee. My name is Stephan Bobb and I have worked for DMHAS for 13.5 years. I started in 2008 and currently I am a Mental Health Assistant 1. I was hired in a class of 50, but only 12 of us remain. Many of my cohort left CVH due to staffing shortages, risk of injury & no opportunities for upward mobility. That is why I am here today to tell you that without increased investment in DMHAS funding, we will be unable to staff our DMHAS facilities to the level that they should be staffed to deliver the best care that we can give.

I work in Woodward Hall in the General Psychiatry Division at CVH. Originally Woodward was designed as geriatric unit for elderly folks who couldn't be in long term care or community nursing homes. Over time, we started bringing in other types of patients – such as Traumatic Brain Injury (TBI) and eating disorders. So now, we have total-care geriatric patients and on the same floor we are treating patients with TBI who are often younger, more ambulatory and who present more aggressive behaviors.

When I started here, the base level of staff for first and second shift was 8 people per shift. Over the years, base ratios have been reduced so we currently work with 5 staff on the unit. The staffing shortages mean we're mandating folks every day so staff are burnt out, and patients don't get the individual attention they deserve.

Working in Woodward means working with geriatric patients with psychiatric diagnoses. We have 15 patients per unit, and many of our patients need total care. Staff on the floor are needed to monitor meals, because most of our patients are at risk of choking, have gastronomy tubes in their bellies or catheters, or a combination. In addition, many of our patients are on special diets. Bathing is another major staffing demand. Our patients are total care, and we have increasing numbers of non-ambulatory obese patients who require adaptive equipment to get proper hygiene care. We need a minimum of two people to bathe, or monitor meals.

Most days, we have multiple patients on constant observation which requires at least 1 staff to monitor the patient to ensure he or she is safe. If 3 of our patients are on constant observation, we have 3 staff assigned to monitor those patients, and only 2 more staff available for bathing, feeding and engaging with patients.

Additional funding to DMHAS to fund positions is crucial for providing adequate care for the patients. When we aren't available to engage with the patients, patients get antsy and aggressive. Lack of staff has meant that we can't build rapport with these patients, and patient assaults on patients and patient assaults on staff are increasing. DMHAS needs increased funding to hire more staff, and provide us with adequate training, so we can provide the necessary care to these folks. Thank you for your time.