



Good Morning. My name is Becky Simonsen. I am a Vice President at SEIU District 1199 New England. Our union represents 26,000 health care workers across the public and private sectors in Connecticut, including about 500 mental health professionals at Whiting Forensic Hospital. Today I will focus on the three main areas of concern that 1199 members have identified as requiring the immediate attention and intervention of the department and oversight committees: 1) the department faces systemic staffing and service shortages; 2) of the department lacks adequate staff training; and 3) Whiting management enforces a punitive, rather than corrective, disciplinary culture. 1199 members recognize that these issues are the direct result of the DMHAS administration's decisions to cut budgets for staff, services, and training and limit the voices of healthcare professionals. These decisions conflicted with the stated mission of the hospital and interfered with our members' mission to provide the highest quality patient care. I will conclude by summarizing our recommendations to address these concerns and improve patient services at Whiting so 1199 members can provide the services that Connecticut deserves.

First, repeated and systemic disinvestment in mental health services have led to staffing shortages, with serious consequences for people's lives. Even before the pandemic, years of budget cuts in DMHAS led to a staffing shortage of over 500 positions across DMHAS, 46 of those at Whiting. This has often meant that staff ratios and policies—including the number of nurses on a shift or the number of rehabilitative services available to patients—have been determined by the bottom line rather than patient care. In 2019, for example, management initially drew down nurse staffing ratios in Whiting by refusing to book two nurses per unit on the first and second shifts. Since then, 1199 members have demanded 2 nurses per unit to improve patient care – but management remains strictly opposed. Furthermore, Whiting is currently running a shortage of rehab staff, which severely limits the rehab activities available to patients. Management has struggled to recruit and retain nurses in Dutcher, and nurses more frequently work with only one license on the unit, which poses problems for patient care and retention of quality staff to allow for continuity of care.

These decisions directly result in staff burnout, diminished morale, and reduced services to patients. 1199 members frequently communicate to management that short staffing causes serious disruption to patient routines: shifting mealtimes and breaktimes or rescheduling appointments pose destabilizing obstacles to patient's treatment and progress. Although Management has officially stated that workers should use vacation time to rest and recover, our members continue to work tirelessly through the coronavirus crisis while watching Management repeatedly deny their prime time vacation due to the staffing shortage.

Second, direct care members and clinical staff have raised concerns about the lack of trainings and the resulting impact on patient care. Instead of emphasizing a culture of training and corrective supervision, Management relies on punitive disciplinary measures. For example, in an instance when a staff member employs a restraint, they are not invited to review the security camera footage of the restraint with a trainer for real-time education about how to improve technique and

outcomes for the patient, as is the policy in other state agencies. Instead, more often than not Management investigates the staff member, during which time they cannot work. Staff have repeatedly requested more thorough in-person trainings on verbal de-escalation techniques, verbal engagement strategies and other non-restraint interventions for patients. The current computer-based training system is inadequate and ultimately comes at the cost of patient care.

Third, staffing shortages and lack of training are combined with an overall punitive disciplinary culture at Whiting. 1199 members have repeatedly raised to Management that this disciplinary culture causes staff burnout and compromises patient care. I'll describe two instructive examples in which members with no disciplinary history have been formally disciplined for leaving the hospital due to illness after being mandated to work. In one case, a nurse needed to go home during a mandated shift to get insulin to treat her diabetes. Management disciplined this nurse even after receiving her doctor's note substantiating her condition. In another example, an MHA accepted the mandated shift but received a call an hour into his shift that his two daughters, ill with pneumonia and the flu, did not have childcare. He followed proper procedure to notify his supervisors, left using Sick Family time, and received a discipline for leaving, even after producing the doctor's notes for his two young daughters.

I'll conclude by summarizing our recommendations to address these issues. First, Whiting must take urgent action to immediately fill the 46 outstanding direct care and clinical staff vacancies (breakdown by position in table below). DMHAS and Whiting should expand funding for staff trainings on verbal de-escalation, verbal engagement strategies and other clinical interventions, and an updated safety techniques program. Finally, Whiting needs immediate and sustained oversight to reverse its damaging, punitive culture. That starts with treating staff and patients with the respect they deserve: listening to staff when they request pro-active training and supervision, granting the time off they need to rest and recover, and treating staff as experts when they raise concerns and proposals about improvements to patient care. Now more than ever we must invest in the critical mental health services that our state needs.

1199 Recommendations to WFH Task Force

1. Immediately fill staff vacancies

Position	Number of vacancies at Whiting and Dutcher
Forensic Nurse	26
Forensic Treatment Specialist	18
Rehab Therapy	2

2. Invest in expanding staff trainings

- Verbal de-escalation
- Verbal engagement strategies
- Other clinical interventions
- Updated safety techniques program (CSS is insufficient for Whiting's clientele and 1199 has a long documented history of pushing DMHAS for changes to CSS.)

3. Reverse punitive disciplinary culture and respect staff

- Discontinue use of Room 711, currently utilized as "penalty box" for staff under investigation – costs state money, lowers morale, exacerbates staffing issues in building when members sit for months awaiting investigation results but are not utilized on the units.
- grant vacation time per contract
- implement more pro-active training/review/supervision for staff in building as opposed to punitive strategies for correcting mistake

4. Improve diversity on clinical teams and PSRB panel