

1199 MEETING WITH DMHAS COMMISSIONER

Summary

July 17, 2024

DMHAS Managers in Attendance: Commissioner Navarretta, Celeste Cremin-Endes, DMHAS Police Chief, Shannon Wegele, OLR Manager Sarah Cook, DMHAS-OLR Steve Beaupre

DMHAS Delegates in Attendance: Alex Leon, Andrea Thompson, Anna Lee, Artivia Drake, Corey Young, Damien Nuzzo, Dan Gribko, Dan Taylor, Danielle Klezckowski, Darion Young, Dasha Spell, David Fournier, Dominique Cole, Eric Elliott, Ernest Henderson, Eugene Morton, Geraldine Jean-Louis, Germaine Smith, Harvey Gemme, Henry Burksill, Ivelise Alicea, Joanne Comstock, Jose Villafuerte, Joseph Montanez, Joshua Mitchell, Julio Reyes, Karsten Olsen, Kevin Kasbarian, Kurt Seurattan, Lavaughn Sanderson, Lisa Avery, Lori Orend, Michele Daniels, Michele Sutcliffe, Michele Veilleux, Monique J. Pelletier, Nesila Lame, Rajai Leggett, Robert Browning, Rosa Guzman, Ryan Shukis, Sarah Jacob, Selvedina Muhic, Shannon Klock, Sharon White, ShaQuana Webb, Sharla Roy, Sheanetta James, Sonja Morton, Stacey Cartier, Tamika James, Thalia Peeler, Torrence Adams, Ty Oldham-King Jr, Veronica Gaston

Overview of the Meeting Becky, Avery

- DMHAS has a legal, contractual, and ethical obligation to provide a safe working environment and quality patient care. DMHAS is failing this obligation.
- The combination of CSS Policies and DMHAS Work Rules is creating a hazardous environment. Staff are forced into a no-win situation. This deliberate ambiguity is exploitative and unacceptable.
- DMHAS patients and staff are being used as ways to save money. DMHAS is failing to staff the agencies safely and provide quality patient care in order to save money. We are the wealthiest state in the country. We have billions in surplus. There is no excuse for attempting to save money off the backs of the most vulnerable people in our state and the people who care for them.
- For years, our members have raised valid concerns about safety and staffing—concerns that DMHAS has persistently dismissed. This inaction is no longer acceptable.

Presentation of petition – over 1,700 signatures from DMHAS staff Michele - CMHC, Dan - WFH





- We have gathered over 1,700 signatures from our members—over 75% of the total DMHAS membership of 2,258.
- This petition is not a request; it’s a mandate. The sheer number of signatures reflects the depth of our anger and the urgency of our demands.

Our Demands: Safety and Staffing Anna - WFH

These demands are not optional. They are essential to prevent further injury and ensure safety. Failure to act immediately will only exacerbate the crisis.

1. **Amend CSS Techniques:** We need immediate changes to CSS techniques. Include individual physical safety intervention for emergency situations using existing evidence-based practices. Staff must be trained and equipped to handle emergencies safely, even when a full complement of responders is not immediately available. This is non-negotiable.
2. **Amend DMHAS Work Rules:** We demand a clear separation between violations related to abuse/neglect and those related to CSS technique. The current system is punitive, unjust, and disproportionately targets our Black and brown members.
3. **Thorough Debriefs:** Require staff responders to review video in all debriefs for all restraints. This is crucial for accountability and learning.
4. **Fill Over 600 Vacancies:** The staffing crisis must be addressed immediately. Fill all vacancies without delay.
5. **Increase staffing minimums:** staffing must reflect the increased acuity to ensure patient and worker safety. Expand the implementation of Public Act 23-204 in DMHAS to include committees for all nursing titles.
6. **Stop violating staffing minimums:** Cease all attempts to reduce staffing levels to save money. This is endangering lives and must stop now.

A Lose-Lose Situation: CSS Policies and DMHAS Work Rules Create a Dangerous and Punitive Environment Damien – CMHC, Eugene – Blue Hills

These policies subject staff and patients to irreparable harm. These incidents are not isolated; they are symptoms of a systemic failure.

- **Member receives 10-day suspension for saving another member’s life Dan - WFH**
 - Dan Gribko intervened when a patient assaulted a fellow member. He saved her life. He received a 10-day suspension.
- **Two patients fight for 5 minutes -- not enough staff to interveneDarion - WFH**





- Two patients fought in the bathroom for a total of 5 minutes before enough staff became available to intervene. This delay is unacceptable.

- **Members are sustaining life-changing injuries.....Tamika - WFH**
 - The number of people that are out on comp plus the number of people who have had life changing injuries (spinal surgeries, shoulder surgeries) makes staff more risk averse and more worried about responding, creating scenarios that put other responding staff in danger.

Work rule violations unsubstantiated & contradictory.....Ryan - WFH

These policies are so backwards that they are actively contradicted within the agency and other state agencies can't uphold DMHAS policies

- **Peter Maylor pending arbitrationRyan - WFH**
- **Current litigation example.....Brian - CVH**
- **Member saves RN violently assaulted by patientAlex - WFH**
- **New Hires report Christine Bouey contradicts DMHAS in orientation Darion - WFH**
- **Safe single person interventions existRyan - WFH**

DMHAS must increase staffing minimums to reflect the increase in acuity of the patients. DMHAS must stop violating staffing minimums to cut costs. Brian - CVH

- **When acuity increases, the staffing minimums increase. But management is refusing to staff to the minimum levels. Stacy - CVH**
 - Within the last week, Stacey sent an email to them telling them that she came to work and said given what we have for acuity – you need to mandate people, and they refused because of staffing. Then staffing was inadequate.
 - Staffing minimums are low to begin with. Doesn't reflect the level of acuity. There is a first sit and that is absorbed into the existing compliment. Then once another patient needs to go on a sit there is nothing for them.
- **DMHAS' refusal to staff to minimums is injuring staff..... Stacy - CVH, Andrea SWCMHS**
 - Management is making decision to not staff the facility despite the need. They are trying dangerous conditions. Staffing levels are dictating clinical decisions. Patient ended up injuring 7 people. The previous weekend they





had requested a higher level of supervision and management said no because of staffing.

- **DMHAS is failing in its legal obligation to provide mobile crisis . Lisa - SMHA, Stacey - CMHC, Brenda - WCMHN, Michele - CMHC**
 - The agency is failing to meet the legislative requirements because they are refusing to do what it takes to recruit and retain the staff to ensure minimum staffing levels.
 - At Western mobile crisis staff are going out alone on 3rd shift because they don't have enough staff.

DMHAS must increase staffing levels to provide safe patient care

- **Return YAS activity staffing ratios to previous levels ... Geraldine - SWCMHS**
 - YAS Bridgeport – used to have all staff go to activities, now there are only 2 staff that go. If a client has a behavioral episode they are not equipped to respond because they would need more than 2 staff to respond. Kids are not going out on activities.
- **Increase LMHA staffing from its current dangerous levels Karsten - CMHC**
 - LMHAs are staffed at such levels they cannot respond to emergencies. At CMHC they have 4 staff at minimum, but they need 5 staff at least to respond to an emergency.

Conclusion and Next Steps Eugene - BHH

- We expect concrete commitments from DMHAS to address these issues at our next meeting. Failure to act will only escalate the crisis.





Attn: Nancy Navaretta, DMHAS Commissioner

We, the undersigned, demand immediate and decisive action from the Department of Mental Health and Addiction Services (DMHAS) to fulfill its contractual and legal obligations to ensure a safe environment for both patients and workers. Management has repeatedly ignored relentless appeals from members spanning many years, blatantly neglecting critical safety concerns. This negligence has resulted in severe and life-changing injuries for both staff and patients.

The current policies of CSS and DMHAS work rules are grossly inadequate, failing to provide any safe single-person interventions during emergency situations. Staff receive minimal training, without proper debriefs, leaving them ill-prepared and vulnerable. The over 600 vacant positions in DMHAS exacerbate the crisis, directly endangering lives due to chronic understaffing. Management is deliberately lowering staffing levels to save money, causing staff to be regularly injured while responding to emergencies due to inadequate staffing, improper training, and artificially lowered unit acuity.

These hazardous policies, coupled with insufficient staffing and training, disproportionately target Black and Brown staff with unjust disciplinary actions, deepening racial disparities within DMHAS and leading to many unfounded accusations of abuse and neglect against our dedicated staff members. **This systemic failure must end now.**

- At WFH, a member who intervened alone to stop a patient's assault on a doctor was put on Administrative Leave and suspended.
- At CVH, staff are regularly injured while responding to emergencies due to inadequate staffing, improper training, and artificially lowered unit acuity. When staffing levels are low on weekends, management reduces the level of observation for patients requiring constant observation, further risking patient safety.
- At SWCMHS, units are regularly so short staffed that staff on shift cannot leave the patients to respond to clinical emergencies, staff are regularly doubling up on constant observations, which is a safety risk to the patients. Short staffing means patient needs go unmet.
- At LMHAs, 24/7 units regularly have insufficient staff to safely respond to clinical or medical emergencies. Outpatient staff do not have adequate training and/or resources to respond to emergencies in the community.



We, the undersigned 1199 members, demand the implementation of the following changes to prioritize patient safety and staff welfare:

1. **Amend CSS Techniques:** Include individual physical safety intervention for emergency situations using existing evidence-based practices. Equip staff with the tools to safely respond when a full complement of responders is not immediately available.
2. **Amend DMHAS Work Rules:** Separate abuse and neglect work rule violations from improper CSS technique violations.
3. **Thorough Debriefs:** Require staff responders to review video in all debriefs for all restraints.
4. **Fill Over 600 Vacancies:** Immediately fill all vacancies and cease reducing staffing levels to cut costs. Staffing must reflect the increased acuity and ensure patient safety.

We additionally demand that you, Commissioner Navaretta, **meet with members and advocates on July 30 in person to discuss the implementation of the above changes.** Our patients and staff deserve nothing less than immediate action to rectify these dangerous practices.