

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.