

MDH Administration Budget_AFSCME3_UNF.pdf

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Patrick Moran - President

Testimony MDH Administration Budget

AFSCME Council 3 represents 30,000 state and higher education employees, including those who work in the 12 MDH facilities statewide. In these facilities, our members work as housekeepers, electricians, cooks, office secretaries, nursing assistants, licensed practical nurses, as well as social workers and psychologists. Our members have been on the frontline of this pandemic daily, many have fallen ill, and several have tragically died from COVID-19. When the pandemic started, managers were disciplining nursing staff for wearing facemasks on the units, but AFSCME members never relented in their continued advocacy for safer facilities and are proud that the MDH facilities have performed much better overall than comparable facilities in the private sector at mitigating the spread of the virus and containing outbreaks.

Facility Master Plan Proposes to Drastically Cut Bed Capacity and Puts Profits over Patients

The facility master plan released by the administration in September 2021, proposes to privatize roughly half of the existing facilities under MDH. The first phase of this plan proposes privatizing the two chronic hospitals which have been in operation in Hagerstown and Salisbury for over 60 years. These long-term care facilities treat and house Marylanders with chronic conditions who require 24/7 care but cannot afford this high level of care in the private sector. They treat veterans with traumatic brain injuries, seniors and young adults with chronic kidney or respiratory illnesses, patients recovering and rehabilitating from severe car accidents, and provide nursing home level care to patients who can't live on their own. If the plan prevails, Maryland will still need to subsidize this care in the private sector and the only savings achieved will be from using a cheaper workforce. The administration has been intentionally suppressing admissions for several years and has failed to invest to do the necessary capital improvements to properly maintain these facilities. These facilities provide unique services to their communities and this lack of investment will have consequences on the public health in the region. Community stakeholders in 2017 presented a vision for the continued operation of the chronic hospitals during a workgroup that studied how the state can rebuild WMHC. With investment, these facilities can do even more and provide important in-patient capacity as we continue to battle the public health crises of addiction, mental health, and long-term COVID. Rather than closing and privatizing these services, MDH should instead provide a capital investment and keep them open.

MDH is not meeting required the Security Attendant-to-Patient Ratios Required under Chapter 576

Security attendants have specialized training in the prevention and management of aggressive behavior, and they have correctional training.

Every AFSCME Maryland State and University contract guarantees a right to union representation.
An employee has the right to a union representative if requested by the employee.
800.492.1996

This is useful in the forensic facilities where patients are committed by the courts after having been declared a “danger to themselves or others.” Patients can come in with gang affiliations or with serious criminal charges. Our state psychiatric hospitals are therapeutic environments, in which nursing and clinical employees dominate the staffing on the units. As such, they are often left vulnerable when patients become aggressive towards other patients or staff. In some instances, patients have even rioted. Because of the vulnerability of this patient population, it is critical that we have professionally trained security personnel who know how to deescalate aggressive behavior stationed on the units for added safety and security since incidents can often pop off quickly. Security attendants also play a vital role in controlling contraband from getting into the facilities. Chapter 576 requires a security attendant-to-patient ratio of 1:12 in minimum security facilities and 1:3 in maximum security facilities, however no facility is meeting these ratios. By our estimate, MDH needs fill and add between 130-160 security attendant positions across the state to meet the required ratios. Additional, full-time security attendants would help with overall staff retention as well as safety concerns are still a large contributing factor for why staff are quitting.

Unfilled Vacancies and Retention Across All Classifications Impact Patient Care

Four years ago, Springfield Hospital had almost 20 psychologists or enough for one psychologist to be assigned to every unit to do individual and group therapy. Today, they are down to only 4 psychologists. As workers quit, their PINs either go unfilled or there’s constant turnover. Patient care, and the ability for our state hospitals to do the great work of restoring individuals into being able to safely return to our communities again is suffering as a result. MDH should put more effort into recruiting and developing a pipeline for employment into the state hospitals. MDH should expand the Direct Care Trainee program and Psychologist Intern programs as a start. They also do virtually no recruitment in the community, outside of a “we’re hiring” sign if you drive by one of the facilities. More effort and resources must also be invested in retaining employee. Simply put, more can and should be done.