

- To: House Committee On Emergency Management, General Government, and Veterans

From:

Date: March 30, 2023

RE: HB 2701 High Risk, High Stress

Dear Chair Grayber, Vice Chair Lewis, Vice Chair Thuy, and members of the committee,

I am testifying in support of HB 2701 High Risk, High Stress to retain and recruit workers at the Oregon State Hospital (OSH). I am a member of SEIU Local 503 here on my own time.

My name is Tammi Blake and I live in Dallas, Oregon. I have worked at the Oregon State Hospital for 17 years. 9 of those years have been working as a Mental Health Therapist 2 on the forensic units at OSH. Up until this last year with the influx of .370 patients the majority of my experience was working with the GEI (Guilty Except for Insanity) or patients placed under the Psychiatric Security Review Board. The units that I have worked on house up to 24 patients and for the most part those units are usually at their capacity. Currently I am on a job rotation working in the Safety Department at OSH as a Compliance Specialist doing investigations on workplace assaults and injuries. Having worked at the hospital for 17 years I have seen our staff doing this important job under the most stressful conditions. Working with dangerous, unpredictable, and highly assaultive patients daily, being assaulted and dealing with the injury itself along with the long-lasting trauma that follows, watching your coworkers get assaulted and the trauma that follows, intervening in patient-on-patient violence, verbal assaults, sexual assaults, being mandated to work another shift day after day to make up for the shortfall of inadequate staffing, and inadequate self-defense resources and training.

My job as an MHT2 entails case management for mentally, emotionally, or behaviorally impaired patients. Establish positive, therapeutic rapport using a patient centered, individualized treatment approach. Facilitate treatment groups, teach, evaluate, and chart. Community reintegration outings. Facilitate visitation with family, friends, clergy, lawyers etc. Therapeutically intervene in crisis situations using trauma informed care and active listening, Collaborative Problem Solving, and verbal de-escalation. Work collaboratively with the treatment team to develop Treatment Care Plans. Shift lead, creating daily functional, assigning duties to staff, and making changes as necessary, maintaining safety and security, responding to self-harming patients, recommending enhanced supervision to lead RN, monitoring patient and charting while on behavioral and/or suicide precautions. Responding to physically aggressive and/or assaultive patients, initiating going hands on for the safety of all patients and staff following Oregon State Hospital Safe Together protocol, assisting in physically and manually restraining

behavioral patients. Continually monitoring, documenting, and reporting any changes, progress, or emergencies to lead RN during a Seclusion and Restraint event. Transporting patients to treatment mall, activities, vocational services, and meals. Daily charting on patient activities, unit interactions, behaviors. Environmental checks for contraband and property management. Orienting and training new employees. On any given day I work with 20+ patients. My job is rewarding when I feel safe and supported.

Unfortunately, despite the investments the Legislature has made in mental and behavioral health services and workforce, more needs to be done. The underfunding of services and critical staffing needs not only impacts the workforce but the quality of care for patients, further exacerbating the mental health crisis in Oregon. This leads to workplace injuries and illnesses for state hospital workers. OSH currently has the highest incidence of occupational injuries and illnesses of any industry in Oregon, making it the most stressful workplace in the state. We need the Legislature to support the workers at OSH so we can continue to do our jobs: serving patients.

Working in direct patient care at Oregon State Hospital is dangerous, stressful, and emotionally draining. Recently I watched on the news they were showing one of our local jails where a dangerous mentally ill inmate was in one of the holding cells. The holding cell remained filthy because the Sheriffs determined that it would take six of them to handle that inmate to be able to maintain their safety. That same inmate would be transported to Oregon State Hospital and after admission they are no longer considered a dangerous inmate, but they become patient. That very same “inmate” that it would take six officers to handle to maintain their safety is now a “patient” housed on a unit with 20+ other patients. They will be walking around freely on the unit. This patient will now be cared for by nursing staff who’s only defense is the limited, inadequate hands-on training that the hospital provides, and a personal monitoring device to call for help. The staffing shortages at the hospital effect all of the units and at times units are told they need to run below base numbers. That leaves the units short staffed and also limits the number of staff that will respond in an emergency.

In 2017 I was personally involved in an incident in which a “patient” was attempting to strangle one of his peers to death with a shoelace. There was minimal staff on the unit at that time. My coworker and I were alerted to the incident. There was a patient laying on the floor, their skin blue in color because they were nearly dead and another patient standing over him with a shoelace wrapped around his neck strangling him. My coworker and I pulled the patient off and contained him until help arrived. We don’t have pepper spray, or batons, or guns. We have our hands and a button to push for additional help which may or may not show up. By the grace of God the victim in this survived. But for me, I am left with permanent emotional trauma and this vision imprinted in my mind forever. That situation changed me. The “patient” was taken to jail and became an “inmate” for a short period of time. That “inmate” is now a “patient” once again wandering around the halls of the units freely. This is just one example of the many incidents similar to this that we deal with at OSH on a regular basis. We do the work of police only with no tools to protect us.

OSH workers deserve improved retirement benefits that recognize the dignity and value of their years of service. These benefits are vital for the well-being of OSH workers who must often retire early due to the immense physical, emotional, and mental toll of their jobs.

For too long, OSH workers have been an unrecognized and undervalued part of Oregon's healthcare system. Adequate staffing and secure retirement benefits would begin to provide the minimum recognition of their work.

Thank you for your time and consideration,

Tammi J. Blake

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