



From: Leslie Conlee

Date: 2/6/2024

RE: HB 4045 Public Safety Workforce Stabilization Act of 2024

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

My name is Leslie Conlee and I am writing in support of HB 4045-1 Public Safety Workforce Stabilization to retain and recruit workers at the Oregon State Hospital (OSH) and 911 telecommunicators.

I am a resident of Keizer, OR and House District 21 and 22/Senate District 11. I began my career at Oregon State Hospital as a Transition Assistant and later worked as a Treatment Care Plan Specialist.

My job today entails working directly with patients daily regarding treatment care plans, grievances, staff/patient concerns, interdisciplinary treatment team meetings, meetings and treatment mall activities within the secure perimeter of the campus. On any given day, I work with 4 to 29 patients or clients. I work regularly within the secure perimeter.

The secure perimeter has multiple double doors with badge readers, accessing the secure perimeter by scanning badges and ID checks through Sally Ports that are operated by Security staff in Access Control. I work mostly on a Secure Residential Treatment Unit that is different from the Hospital Level of Care Units, however, I provide frequent coverage of other units throughout the hospital that are classified as Hospital Level of Care. My unit differs as it is mainly made up of Guilty Except for Insanity (GEI) patients working towards their release back into the community under supervision of the Psychiatric Review Board (PSRB).

However, my unit also admits patients under the Aid and Assist jurisdiction that are deemed appropriate for SRTF level of care based on charges. My unit is viewed as a SRTF and it means that patients have more freedoms, more access to food, microwaves, dishes, utensils, silverware, cutlery, coffee pots, and hot water that are not behind lock and key. The physical makeup of the unit is different than other units as there is no "hub or bubble" for safety of staff and patients, the patient rooms are smaller, as are the hallways and activity rooms. The unit is made up of 30 patient beds with primarily shared rooms and six single rooms.

A code green is a patient behavioral emergency anywhere in the hospital and the code is called to illicit response from multiple staff to ensure patient/staff safety. My role is typically milieu management, retrieving the gear (ie: striker stretcher, blue bag that has restraints, etc).

My role as a Treatment Care Plan Specialist supports other roles as I am a member of the Interdisciplinary Treatment Team, I am message conduit from staff to IDT, IDT to staff, liaison to upper management as needed and directed. I support staff on the unit during staffing needs by transporting patients to and from meals/meals, appointments, outings, etc. I answer phones and patient questions, I provide mail, treatment care plans, grievance review. I meet alone with patients daily to address their needs, their concerns, grievance, treatment care plans and offer individual support to patients that are struggling with their emotions.

Unfortunately, despite the investments the Oregon Legislature has made in mental and behavioral health services, more needs to be done. The underfunding of services and critical staffing needs impacts the safety of the workforce and the quality of care for patients. This leads to workplace injuries and illnesses for state hospital workers, making the state's psychiatric institute the most dangerous place to work.

I believe HB 4045 would improve the recruitment and retention issues at Oregon State hospital. In my experience, lack of adequate funding, training, recruitment and retention efforts fall short which in turns leads to staff burn out, multiple call outs, staffing crises, injuries and illnesses due to burnout, due to mandates, due to high risk/dangerous situations.

The reality is that many of my colleagues don't live long after retirement or carry with them an immense amount of physical and psychological trauma. With a lower retirement age and enhanced benefits, I would like to be able to travel, see the world, remain healthy and happy long after retirement.

Due to the compromises in the bill, I know that I will not see the full extent of the benefits. My hope is that this will lead to me being happy and fulfilled with my job at Oregon State Hospital. I would hope that it would lead to lower burnout, lower staff callouts, higher retention efforts and better care for patient and STAFF.

I believe this bill will lead to better recruitment as more people would want to work for an agency that offers better retirement benefits, that recognizes the dangers of this job, including physical and psychiatric. I think that this bill would encourage current staff to stick around and see this out versus seeking employment elsewhere. This would help with retentions efforts as more would see this as a career instead of a stepping stone to bigger and better jobs with LESS STRESS, less injuries and less trauma.

OSH workers on the secure campus, like me, deserve improved retirement benefits that recognize the dignity and value of our 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.

I ask members of the committee to fully support HB 4045. This bill will immensely help the state's psychiatric and nursing workforce in the secure psychiatric facility. We need the Legislature to support the workers at OSH so we can continue to do our jobs: serving patients.

Thank you for your time and consideration,

Leslie Conlee