



AFSCME

Behavioral & Mental Health Workforce Needs

Access to PPE - Testing - and other critical issues that we are seeing



AFSCME Council 75 Mental and Behavioral Health Locals

We have members in behavioral health, mental health and substance use treatment in our county locals, at OHSU, Volunteers of America and within the Department of Corrections

Today's presentation includes information shared from members of:

Oregon State Hospital
Nurses - Local 3295
Doctors - Local 3327

Cascadia Behavioral Health
Local 1790-4

Clatsop Behavioral Health
Local 2746-002



Is your employer providing PPE, implementing protocols to keep all safe and allowing for time off when people are ill Oregon State Hospital Nurses Local 3295

OSH Nurses largely report that the screening upon entering the facility and temperature checks throughout shifts are working well. One expressed concern that the screen should include other symptom checks as well, but largely positive responses.

They also reported that the availability of masks has improved and remarked on these issues:

- Being provided only one paper mask for a 10 hour shift
- Increased difficulty of working with patients due to muffled voices or the patients' need for fully seeing people's faces due to past trauma and/or their illnesses
- One person believed intake isolation was one week and not two and expressed concerns around that
- Concerns around increased intakes, increasing risk especially with the state beginning re-opening

The main safety concern reported was around the restructuring of the units and moving higher acuity - particularly patients with higher needs around behavioral supports and staffing ratios moving into units with lower acuity patients.



Protocols for new admissions & Other Challenges OSH

OSH - has a clear protocol and has set up units for bringing in new patients.

All are treated as positive until test results prove they are negative

- Concern is more about mixing the higher acuity patients with lower acuity
 - Decreased one to one time for treatment and assessments due to higher acuity taking more focus
 - Decreased availability of treatment mall activities and classes
- Increased risk of bringing in the virus as the people who have been held in jails and communities come in
- Impact on patients of not being able to have in person visits with friends and family who had come to visit
- Availability of well trained staff should COVID hit the State Hospital
- Overall impact of outside stressors of staff and patients due to COVID
 - For staff it is harder and harder to leave home worries behind
 - For patients the feelings of isolation and picking up on staff stress is increasing



Protocols for new admissions & Other Challenges Clatsop BH

At Clatsop Behavioral Health - the employer has done what they can to help get PPE and cleaning supplies including reaching out to AFSCME for assistance but staff who work in residential care settings are using homemade masks.

- Temperature checks are done at the beginning and throughout shifts but no further screening is done
- Testing and options for time off have not been given
- COVID/Hazard pay broken down into portion of the hour where “direct care” is given instead of a straight \$3/hr
- Unclear on quarantining for clients - not equipped to provide high level medical care & complexities of keeping people dealing with high levels of need for their illnesses
- Residents stressed because of reduced outings & visits from family and reduced outings
- Communications even more strained than previously due to management not working at facility
- Staffing levels - always an issue - more concerning if people need to call out, especially with management working from home and unavailable to cover staff shortages
- Potential for higher acuity clients being transferred in due to other facilities closing
 - Proper placements key to all in for effective treatment
 - Staffing levels already low - higher acuity residents need more staffing support



Protocols for new admissions & Other Challenges Cascadia BH

Cascadia Residential and Walk-in clinics

- protocols to take temperatures of the staff prior to entering the building
- filling out a questionnaire if you have experienced additional symptoms
 - If have elevated temp or answered yes on any question sent home until symptom free for 72 hour
- Staff exposed may opt to quarantine for 14 days but if start displaying symptoms at end of that quarantine they must then use own PTO
- In residential settings staffing is an issue and they are running on “new minimums”
- They continue to take in new residents, for those who test positive are treated on site
- Walk -in clinic unable to practice distancing due to limited space
- Staff not able to have access to testing
- Increasing need for services as stress of pandemic and declining economic stability



The Questions with common responses

1. *Do you feel safe in the community?*
 - a. *Worry more about increased risk as counties begin reopening*
 - b. *Mention of how new people - whether staff that floats between multiple locations (excluding OSH) or residents or patients coming in invariably increases risk*
 - c. *worry over lack of mask usage in public and other indicators that this is not being taken seriously*
2. *What are some challenges your workers are facing?*
 - a. *It is harder to leave the stress of home at home - trouble finding child care, home schooling, loved ones with underlying conditions*
 - b. *Worry about looming budget cuts and impacts on selves, staffing and programs that help the people they work with*
 - c. *Increased patient acuity due to lack of visitors, activities, the stuff that help them engage in their treatment and provide routine and of course because they too feel the stress*



The Questions with common responses

1. *What would they like to see improved upon now to improve their work experience and the patient experience?*
 - a. *The need for continued access to training for all staff including management particularly in Crisis Prevention and Intervention, conflict resolution and others to ensure all know how to safely interact when someone is experiencing an elevated behavior that is putting others at risk, as well as how to communicate effectively even while we're working in multiple locations*
 - b. *More ways to engage patients in their treatment - when they have something(s) to look forward to their treatments go better and work is better*
2. *If there is something that wasn't working to begin with but has been magnified because of the pandemic please let us know what that is too.*
 - a. *Increased difficulty communicating and resolving issues with management and admin working offsite*
 - b. *Staffing, staffing, staffing - adequate staffing levels with adequately trained people were already an issue... the potential for so many people to be out sick for so long, combined with budget cuts*
3. *The potential impact of budget cuts on your workforce and people you work with?*
 - a. *Staffing and how that impacts treatment*
 - b. *Less meaningful treatment*
 - c. *More inappropriate placements*



The Questions with common responses

1. *Are there new protocols or guidelines that have been put into place that your workers would like to see continue, post-COVID?*
 - a. *FREQUENT HANDWASHING! FOR EVERYONE!*
 - b. *Better cleaning protocols!*
 - c. *Continued screening of employees to reduce spread of our common communicable diseases - colds & flu*
 - d. *Continued access to and encouraged use of paid sick time (and longer leave when needed) so that people can stay home, get well, care for sick loved ones, reduce spread of illnesses and not worry how they will pay their bills*



Thank You!

Happy to take questions.

You can also find more detailed responses in the submitted written testimony.

Respectfully submitted by Eva Rippeteau - Political Coordinator - Oregon AFSCME Council 75