



AFSCME Local 2746-4 Clatsop Behavioral Health

May 26, 2020

Dear Chair Salinas, Vice Chairs Hayden and Nosse and Members of the House Behavioral Health Committee,

Thank you for the opportunity to provide testimony on behalf of AFSCME Local 2746-4, Clatsop Behavioral Health where we represent residential counselors who provide support in respite residential settings, Recovery Allies who provide outreach services to people in the jails and on the street, the Registered Nurse and others. The information in this letter is compiled from conversations with staff and their AFSCME Council 75 staff representative.

Like other behavioral health and social services, our members at Clatsop Behavioral Health have long dealt with staffing shortages and high turnover. The COVID pandemic and looming economic uncertainty have added to long existing stressors with added feelings of not being properly protected from exposure to COVID and worrying about pending budget cuts.

Personal Protective Equipment has been slow to trickle in and when it did start to arrive, Clatsop Behavioral Health management teams told outlying staff they needed to come pick it up instead of sending it to them. Our members providing direct care, particularly those who are part of the Recovery Allies were working with their own homemade masks or nothing at all. Amy Baker, Clatsop Behavioral Health Executive Director, did reach out to our staff representative to ask for help around PPE, unfortunately, since this seems to be a universal issue we weren't able to point to a source. Our residential counselor members had also have recently been provided those. However, the residents haven't been offered masks.

One location that provides respite housing, has a capacity of 15 residents and currently have 11 residents. There are 9 direct care staff that cover shifts and with management and administrative staff working from home they don't have the staffing backups that usually exist. As the county opens up staff expressed concerns about how shifts will be filled should people get sick or need to quarantine because of potential exposure. They are also concerned how to protect the residents in their care due to the complexity of imposing quarantine on them should someone become ill or a new resident comes in without an unknown COVID status.

Everyone's stress level is so high - people are scared about being exposed to COVID and the potential for budget cuts. Communications are strained with issues that should be, but even in "normal" times not getting resolved easily taking even longer to resolve. When the proposed cuts exercises were announced instead of a real look at what that could mean, we were told that we were facing a 17% budget cut – that would take out 1 in 5 of our staff. People were left to speculate as to what it all means.



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This kind of stress bleeds into the workday and our clients who are already dealing with their own stressors, are picking up on that of the staff as well – especially in residential settings.

An additional example of lack of communication combining with staff fears of being exposed to COVID happened toward the beginning of the Stay at Home order when a staff person displaying symptoms was sent home and instead of notifying others, the administrator on duty opted to leave to work from home. This same administrator continued to do this as others in the house displayed symptoms. Over the shut down there have been 2 employees at this sight that were ordered to quarantine for 2 weeks by their medical providers with no notification to the others whether or not they were exposed.

Staff who are providing direct client care have been receiving a form of hazard pay that was presented as \$3/hour but is paid out in the form similar to billable hours so instead of having a \$3/hour increase on days out in the field seeing clients in public, Recovery Allies are paid a portion of that additional \$3/hour broken down to the minutes that they are face to face with a client. The risks of being out in the community to meet with clients are there throughout a shift and not isolated to only meeting one on one with them.

Staffing and high turnover will continue to be a growing problem. The work is complex and the pay is low. With pending budget cuts, there are already talks of needing to take clients with higher behavioral acuity levels. Not only is appropriate placement key for individuals' success, staff that are appropriately trained in the proper supports and intervention during elevated behavioral incidents are crucial. With social distancing in place, trainings with much needed physical components of safely responding are not happening. The potential combination residents with these increased behavioral support needs and decrease in skilled staff will only lead to residents with lower level of needs not getting the treatment they need and the potential of injury to all in the setting. We must figure out how to stabilize the existing workforce, and to provide for the full level of training for all new staff.

AFSCME Local 2746-4, the other behavioral and mental health members represented under Council 75 and our staff look forward to working with all of you to quickly come up with solutions to all of these issues to ensure that we have a stable, well trained workforce and the people we work with have the kinds of therapies and supports that will help them succeed in their treatments.

Respectfully,

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