



## Service Employees International Union Local 503

*72,000 public services workers, care providers, and non-profit employees in Oregon.*

**To:** Joint Ways & Means Subcommittee on Human Services

**On:** March 2, 2021

**Re:** House Bill 5024, Oregon Health Authority Budget - Oregon State Hospital

Co-Chairs Lieber and Nosse, members of the Committee,

My name is Courtney Graham, and I am submitting testimony today on behalf of SEIU Local 503. SEIU represents more than 72,000 workers in the state of Oregon, including more than 22,000 state workers such as those at the Oregon Health Authority, Oregon State Hospital (OSH).

The Oregon State Hospital (OSH) mission is “to provide therapeutic, evidence-based, patient-centered treatment focusing on recovery and community reintegration all in a safe environment.” The hardworking staff at OSH affirm and support the Hospital’s mission through the work they do every day but feel like they continue to fall short due to persistent challenges with staffing, training, and safety.

The State Hospital is a critical piece of Oregon’s overall behavioral health system and is one of the few if not the only facility that provides high-level psychiatric care that does not turn patients away. While important and significant investments are being considered in behavioral health around the state, we cannot allow for tradeoffs that prevent investing at the State Hospital that will exacerbate ongoing challenges. OSH needs to be funded and staffed at a level that promotes safety for patients and staff, improves the quality of patient care, and avoids significant legal risks to the state posed by chronic capacity issues.

### **Hospital Staffing**

The Governor’s Budget for OSH reduces position authority from 2,284 allocated in the 2019-221 legislatively adopted budget to 2,272. This is a reduction of twelve positions over last biennium and is 37 positions below current service level. While these reductions may seem minor, when you take them in context with declines in OSH staffing since 2013, they represent a downward trend in staffing despite the patient population remaining largely consistent. In the 2013-2015 biennium, the Legislature approved OSH’s budget with position authority for 2,369 staff. At that time, the average daily population (ADP) was approximately 585 patients; the majority of those patients were there under civil commitment or guilty except for insanity orders, with a smaller proportion being “aid and assist” patients. Today, while the ADP remains nearly the same, the proportion of aid and assist patients has more than doubled to a significant portion of the patient population. So over a period of four budget cycles, OSH staffing has gone down by nearly 100 positions, but the patient population totals remain the same and the acuity of the patient population has significantly increased. A third of those reductions have occurred in the last two years alone, despite no changes in Hospital staffing or patient needs. Some of the reductions proposed in the GRB and taken in the past year have included: eliminating the Patient Incentive Program, restructuring and reducing the Psychology Department, and more.

Further impacting the Hospital’s staff capacity are significant and persistent issues with absences. Pre-COVID, at any given time, numerous staff were out on some form of medical leave, sick leave, or vacation due to stress, exhaustion, or injury or illness. According to OSH’s budget narrative from 2019, an average of 10.6% of direct care staff are absent every day, not including planned absences. The budget narrative for this biennium notes, “On average, about 13.4 percent of the OSH direct-care staff (registered nurses, licensed practical nurses, and mental

health technicians) are absent each day. This does not include planned absences such as vacation or personal business, nor does it reflect the absentee rate since the COVID-19 pandemic began. To meet the staffing plan's minimum staffing requirements, the hospital asks direct-care staff to volunteer for overtime. If not enough people volunteer, the hospital must mandate staff to work overtime. However, even with overtime shifts, the hospital's staffing needs are not always met."

We do have some data about absences under COVID-19, and it is staggering. Between March 11, 2020 and December 6, 2020, the average percentage of daily unplanned absences was 24 percent; at certain times during the pandemic, that daily percentage climbed above 30 percent. This contributes to existing problems with under-staffing, and increases the need for overtime (mandatory or otherwise), which is incredibly costly and taxing for staff. When the trends are this consistent, and continue for this long, one has to ask: "Why?"

When asked about persistent absences, our members report a variety of reasons, including: exhaustion, fear about covid, the need to recover from traumatic experiences at work, low morale, and the list goes on. Some of these things cannot be changed; we are still experiencing a global pandemic and that is an unfortunate reality. However, the Legislature could choose to invest in the Hospital, and increase staffing to a level that would reduce the amount of overtime, allow units to maintain safe staffing levels, and create space for people who are currently working out of class to return to their previous positions.

### **System Capacity**

There is a critical conversation happening this session about investments in behavioral health, including building more community capacity for treatment and working to provide preventative mental health care and interventions. Investments in community behavioral health are critical to reducing the patient population pressures, especially for Aid and Assist, at OSH. However, those investments cannot come in lieu of investments at OSH, at least until the community infrastructure is sufficient to reduce the incoming patient population and to create more placements for patients leaving OSH. As the LFO analysis of this budget says, "While \$7.6 million was invested in community-based services in 2019-21 and Senate Bill 24 (2019) changed how Aid and Assist clients could be assigned to the hospital, these changes have not stemmed the increase in this population." More needs to be done on both sides of the system to ensure OSH has capacity while community resources are scaled up.

On behalf of the hardworking folks that we represent at the State Hospital, I am asking you to reconsider the Governor's Recommended Budget, and make investments in OSH, not cuts.

Thank you for your time and consideration.

Sincerely,

Courtney Graham  
Political Strategist  
SEIU Local 503, OPEU