

Sarah Satter

Regarding House Bill 4126

2/7/2022

Dear Chair Holvey and members of the House Committee on Business and Labor,

My name is Sarah Satter, I am a member of AFSCME Local 1790 which represents the employees of Cascadia Behavioral Healthcare. June will mark my fifteenth year working in community mental health. I am a social worker and mental health crisis clinician at Cascadia's Urgent Walk-in Clinic (UWIC), working with an incredible team to provide care to anyone in Multnomah County who is experiencing a mental health crisis.

Unfortunately, at the 81st Oregon Legislative Assembly, we ran out of time today before I could give a verbal testimony. I am writing this with the intent of supporting the verbal testimony given by my colleagues and to have the opportunity to share with you why I believe HB 4126 is so important.

The COVID19 Pandemic has illuminated how important it is to be unionized in community mental health. We were wrapping up our first Union contract around the start of the pandemic. Cascadia is one of the largest mental health providers in Multnomah County, overseeing a patchwork of mental health services under one umbrella. Having an organized workforce generated an outlet where direct care staff could voice our experience and concerns in an uncertain and frequently changing environment. This helped to buffer the impact of the pandemic, help staff access the resources needed to stay healthy and keep essential services running.

To me, it seems that Cascadia's administration has come to value having organized labor. This is not how it started out. Our initial attempts to organize were met with strong resistance. At this time I was working in outpatient services. My co-workers and I juggled between 60 and a 150 clients each. Schedules were booked solid from morning until the end of the day. I was frequently working ten hours a day, five days a week. Coming in on weekends to catch up on documentation. The stress was taking a toll on most of us, and client care was suffering. After organizing began to gain footing, we were asked to sit through meetings focused on union busting. These were originally facilitated by outside experts in this field who were not familiar with mental health services. These experts were quickly dropped when it became apparent that they did not share the core values of the company. The job of union busting was then delegated to program administrators, creating a rift, a loss of trust, and disruption to providing public funded services. For me, being asked to sit through union-busting meetings was insulting. It was a waste of money and it interfered with providing client care. My hope is that this practice does not continue.

I have never been so hopeful about the future of community mental health. My fellow direct care staff and I are grateful for the ongoing investments and discussions around improving behavioral health and substance use services. Passing House Bill 4126 will help give agency to direct care staff, give power to our voices and help us continue doing essential work.