



03/21/2023

Good morning Co-chairs Valderrama, Campos, and members of the Joint Subcommittee On Human Services,

For the record, my name is Stephanie Dearing and I am a member of AFSCME local 3295. I am a Mental Health RN who has worked at Oregon State Hospital for 21 years. We provide care to an often underserved and overlooked population. The profound change in condition the patients have from admission to discharge is often staggering. People regain not just their health but their entire sense of self. Thank you for the opportunity to provide testimony today on the budget for the Oregon State Hospital. I support HB 5525 as written and also want to share some of my own experiences working at the State Hospital.

Staff working at the hospital are exposed to uniquely challenging and violent conditions. In just my unit, in just the last 60 days, due to patients behavioral issues that can become violent: Staff around me have had concussions, fractures, and some are even missing teeth due to these unintended behavioral incidents. My unit has 2 vacant LPN positions we have been unable to fill for the last 2 years, an RN position has remained open for over a year, and my night shift MHTs have been completely changed in the last year. The pay incentive has helped the hospital fill many vacant positions, with good staff who consistently come to work and are trained to provide quality care. Developing rapport with the patients is crucial to helping mitigate violence in our hospital.

Many of the new and older staff have told me if the incentive goes away, they will likely need to leave the hospital or get a second job to pay their bills. Finding new people who can thrive in this working environment is a difficult task. The Oregon State Hospital is much different than other hospitals in terms of the high security, psychiatric patient needs and staff injuries. OSH also is not offering the hiring bonuses, student loan forgiveness or many other incentives that we see in our recruitment emails day after day. This contributes to the current 25% Registered Nurse vacancy rate. Staff need to be well rested and have proper downtime to maintain their situational awareness and emotional regulation, to help create a safe environment for everyone around them.

Having overworked or absent staff exponentially increases safety issues. Before the incentive pay my unit was staffed by a skeleton crew, whereas we don't have enough staff to safely care for our patients. This shift was mostly temporary, highly paid, travel nurses and float staff. The permanent injuries I observed were staggering. Before the hospital announced the incentive, I had reached my breaking point. After working at the hospital for almost 20 years, I had begun to interview for other positions outside of the hospital. After the incentive, we were able to get to a



stable staffing on my shift and the new Mental Health Technicians, nurses or other positions have been essential to stabilizing the unit. If staffing returns to the way it was prior to the incentive I may no longer be able to remain at the hospital. I have no desire to leave the hospital. I love the challenge and rewards of working with our patient population but if staffing reverts, I may be unable to stay for my own mental health, safety, and professional ethics.

Please support us by finding a sustainable solution to the staffing crisis so that we can keep our patients and staff safe.