



19 March 2023

Chair Grayber, Vice-chairs Lewis and Tran, and members of the Committee on Emergency Management, General Government, and Veterans,

My name is Rjork Leonard Halverson, and I work as a Mental Health Registered Nurse at Oregon State Hospital, in Salem, Oregon. I've worked in this setting for 12 years. The lives and well being of our most vulnerable citizens is very important to me. This was the driving focus behind my career choice, as a psychiatric Registered Nurse, so many years ago. Time and again, with each and every patient encounter, I am reminded that the need for dedicated and knowledgeable support and medical staff is crucial in achieving the Oregon Health Authority's mission of providing care and legal restoration/competency to those who need it most.

Patient care is adversely impacted when organizations face high turnover rates. This is especially true in the marked world of healthcare in the post COVID realm. The Oregon Health Authority, and its role in maintaining operations at the Oregon State Hospital, has seen the consequences of staff departures; departures that often force the patients at OSH to rebuild and start anew - a therapeutic relationship with a new hospital professional. This takes time and is generally regarded as a stressful moment for many patients. This is but one reason why the State of Oregon needs to invest in the long-term stability of employees and their mission at Oregon State Hospital. House Bill 2701 would go far in addressing staff retention.

A typical day for me, as a Mental Health Registered Nurse, is marked with the numerous rewards of positive patient encounters, coupled with the uncertainty of behavioral aggressions. Oregon State Hospital employees work diligently toward peaceful resolutions in moments of unpredictable patient behavior - either toward other patients, staff members or themselves. OSH staff are trained in using the latest techniques in de-escalation and collaborative problem solving. Yet, all too often, unpredictable, and sometimes violent events do occur.

For myself, I do not hesitate to do what the team may ask of me. From timely and concise communication with medical doctors and treatment staff to the floor staff -the Mental Health Therapy Technicians- I engage with all my expertise and knowledge in achieving the best possible outcome for each one of our patients. This also includes the infamous Code Green, called on our overhead paging system, that alerts and mobilizes staff to respond to a behavioral emergency involving one or more patients.

Since the pandemic, low staff numbers and ever increasing and unpredictable patient violence, on the units, has made for an ever-increasing stress load. I see my colleagues leaving for "greener pastures" in the private sector. An often mentioned supporting reason, in addition to safer work environment, is better retirement. I also frequently have seen my staff go out on medical leaves of absences that sometimes amount to more than a year – these leaves of absences occurring as the direct result of patient assaults and unpredictable physical aggression. The absence of these staff members, who are on



medical leave, also contribute to the struggle of our staffing office to provide enough personnel, to each unit, for every shift, to operate in a safe and productive manner.

I know, firsthand, the stress of not being able to work due to a patient related injury: my encounter had me away from work for two months. Many staff members are out of work far longer, owing to severe and sometimes life threatening, or life altering, injuries.

Added to this is the impact this high stress working environment has upon staff families and social support networks. I have heard many stories of family discord, sometimes resulting in divorce, from post-traumatic stress issues that many staff carry forward, in their working lives, here at Oregon State Hospital.

As mentioned before, I routinely see my colleagues moving away from Oregon State Hospital and into other organizations that provide better incentives for longevity. I've even known an individual who went active-duty military, due to a retirement offer. The mounting effects of burnout take a toll upon my mental condition, every day.

Although I try to maintain a positive outlook in my life and strive to achieve a sustainable work/life balance, I am fatigued, to put it mildly. Support from my state legislature, in the form of the passage of HB 2701, would go far in addressing and rejuvenating sustainable retention, not only for myself, but for the many hundreds who care deeply about Oregon's most vulnerable, housed at Oregon State Hospital. I believe that the most significant contribution that the passage of HB 2701 would be increased continuity of staff and employee retention. This dynamic would play out, in ever increasing dividends for our patients, in the coming years. When staff can feel satisfied that their career choice is one worth remaining at a particular facility such as OSH, the patient benefits are innumerable. Extrapolate that dynamic effect over time ... and it is infinite.

HB 2701 would create a new "high risk/high stress" category in PERS for OSH employees and 911 operators, allowing them to retire earlier with full benefits, as well as receive an increase in their final average salary. It also lowers the age for OSH workers and 911 operators related to when Oregon Public Service Retirement Plan (OPSRP workers) can retire with full benefits from 65 to the later of either 60 years old or 5 years of service.

I believe that adding the staff, who work hard on the front lines at Oregon State Hospital, to the State of Oregon's Public Employees Retirement System (as outlined in the language of HB 2701), would go far in making Oregon State Hospital even more successful in achieving positive patient outcomes and safer employee working conditions through improved staff retention rates.

Thank you for allowing me to testify on this bill and I hope you vote yes on HB 2701.

Rjork Leonard Halverson, RN

Mount Angel, Oregon 97362