



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

My name is Sasha Yocom-Peckaham, and I work as a Mental Health Registered Nurse at the Oregon State Hospital. I've worked here for 7 years. I chose to work in mental health to serve and underserved, not well understood, and often discriminated against population. Mental health has always been a passion of mine and working with this population has been extremely satisfying.

My day to day at work looks like me clocking in 10 minutes before the start of my shift (within the time frame), in order to get to my unit in time to create a functional and do viability with the off going RN so that they do not have to stay late. Once I complete viability, I receive reports, count narcotics, and check medical equipment, as well as checking charts for new orders that may need to be signed or processed. I assist patients with any needs, complaints, or concerns, and I'm there if they just need to talk. At midnight I do paperwork, like verifying the census, calibrating the glucometer, and doing restrictive events. While I am doing all of this, I am having to monitor the milieu for any patients that may be awake, and I have to listen to hear if we can hear anything coming from a patient's room. The entire shift my staff and I are on edge, with there only being 3 of us staff on the unit at a time. If someone is on break or off the unit getting the newspaper, we are left with 2 staff. This includes Registered Nurses (RNs) and Mental Health Technicians (MHTs). Three people is not even enough to do a proper assist to the floor if there was a psychiatric emergency.

During the pandemic there appeared to be an increase in callouts, staff and patients all afraid of what was to come. I, personally, had to miss several days of work do to not having anyone to watch my disabled son. Some long-term effects we are seeing are patients becoming irritated about wearing masks, becoming upset with staff enforcing guidelines, and making it more difficult to maintain report. It has also been brought to my attention by some patients that they are less trusting of us because they can not see our full facial features, this is a lasting effect because it determines how well we can build a trusting relationship with that person.

Working at the Oregon State Hospital has made me develop PTSD (diagnosed by a professional) from seeing violent attacks on others, and serious self-harm attempts. I enjoy my job, but at times I have too much anxiety to even make it to work because of how stressful the job can be. Outside of work, I can no longer tolerate yelling, doors slamming, and loud abrupt noises- they cause me distress as at this job, those are indicators that something bad may be happening. I am sure being hypervigilant at all times has led me to have a lower frustration tolerance, causes me to be ready to be in "fight or flight" mode at all times. I have had many panic attacks from the anticipation of something going wrong.

I brought home that decrease in frustration tolerance, the anxiety, the panic attacks, the nightmares, and the flashbacks. This has caused me to be out of work on disability multiple times due to my mental health. This job has also taken its toll on my body as well. I have sprained my entire thoracic back and cervical spine area three times now. I am more withdrawn, struggle with insomnia, and have been less communicative with my family and friends, as I do not want them to constantly worry about me. The



thing is, they do have to worry. Even in one of our Secure Residential Treatment Facility (SRTF) units, a patient took a piece of wood from the wood shop, brought it to the unit, and used it as a weapon, injuring one security personnel. We can only imagine what could have happened if this happened at night when there are three staff, or if the security team did not bring in a shield. This has very much affected my family life, I have had less time to spend with my son, as I am having to come down from the stress of this job before being with him. I am also getting a divorce in part because of the stress of this job and the things that trigger my PTSD symptoms.

The incentive is just one small step in helping us recover and maintain staff, so that we feel like we can take days off, or we don't have to always be worrying if we are going to be mandated, which can be very unsafe- due to staff retention. This job is very physically and mentally demanding, it can be life changing. One great example is one of my MHTs was involved in a restrictive event. They were injured so badly that 18% of them is 100% disabled and is never allowed to work the floor with patients again, because they can not be involved in a restrictive event ever again. This bill would also help the staff that have been at the hospital since the 1990s and before. This year, one of our staff that is over the age of 60, was involved in a restrictive event and was hit in the head by the patient.

I started this position when I was 25 years old, under the current conditions I will have to have worked here 40 years before I can retire with my full benefits. Passing this will be one added benefit of working such a high risk and very high stress job, in gaining and maintaining employees.

HB 2701 would create a new "high risk/high stress" category in PERS for OSH employees and 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.

Passage of this bill is important to me because it provides me more incentive to stay working at the Oregon State Hospital as well as others. No one over the age of 60 years old should have to be in such a high-risk situation where they can be severely injured by a patient, or to an environmental injury. My occupation should be added to PERS because our job at the hospital is extremely stressful, we see a lot of violence, we see our co-workers become injured, some permanently, and we work with a population that many would not work with.

Thank you for allowing me to testify on this bill and I hope you vote yes on HB 2701 with the -3 amendment.

Sasha Yocom-Peckham