

Trent Green
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Hi Trent.

We read with concern and disappointment the February OSHA investigation of Unity Center. Together, we're certain your staff is preparing a statement to be widely distributed to the patient, clinical, and media communities to respond to the investigation and to assure the community that Legacy and Unity have taken action to make Unity as safe as possible for staff members and patients. We hope your statement can help us understand what happened by including answers to the following questions in your prepared statement.

We understand there is ongoing litigation between former staff members and Unity, but you must weigh that with public concern about the safety of Unity for people needing assistance for mental illness. Without clear answers to basic questions we cannot accept that Unity remains a sanctuary for people who have thought and mood disorders.

- Please describe what the Unity Assault Log means by "assault."
- What is the breakdown of assaults on security staff compared to assaults on floor/clinical staff?
- Are assaults distributed evenly over time or is there a pattern?
- Are assaults attributed to specific individuals with high acuity needs?
- Are there also corresponding assaults by patients against other patients?
- Did assaults result generally in increased medication, or seclusion, or restraint being used with patients?
- We see more and more people exhibiting psychosis caused by methamphetamine use. Were some or many of the assaults done by people in detoxification?
- What interventions have you implemented to reduce assaults?
- During the past year (since Unity opened), how often have staff call police called to investigate assaults?
- Have police arrested Legacy patients for assaulting staff members?
- How many, if any, former patients has Unity barred from returning to Unity?
- What steps if any has Unity already taken to reduce patient - on - staff assault?
- Will Unity be making changes to it's Psychiatric Emergency Services room?
- How is Unity addressing vicarious trauma of staff and patients from witnessing such events?
- How many of the assaults occurred in the PES as compared to the inpatient units?
- Has Unity considered implementing Collaborative Problem Solving (CPS) with the staff and patients? CPS has been effective at Oregon State Hospital in reducing patient aggression, seclusion/restraint episodes.

Thanks Trent for taking the time to read this letter and review these questions. We'd offer to meet and discuss these questions and answers privately, but think it's very important that the community know the answers and not a handful of advocates.

Jason Renaud
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