

OCBH is comprised of over 40 private and non-profit providers of Behavioral Health Services in the state of Oregon. Our members provide the full spectrum of best practice informed Substance use Disorder, Mental Health care, supported housing and social services from prevention early intervention through residential setting for our most vulnerable citizens. Our organization members are mission driven from their leadership, administration, care providers, through numerous volunteers. We exist to support the improved health of individuals, families and our local communities. Our statewide membership represents a combined annual budget of \$500,000,000.00, employs over 8,000 citizens, are supported by hundreds of volunteers and donors, and most significantly serve tens of thousands of Oregonians annually on their journey to recovery, independence and health. Our services connect us to our partners in government, commercial markets and local business. Our Boards and leadership are a cross section from our communities including, local business leaders, attorneys, educators, veterans, researchers, fellow concerned citizens and persons with lived experience to name but a few.



# ACCESS TO BEHAVIORAL HEALTH TREATMENT

The other three-legged stool

- Medical Necessity
- Funding
  - Infrastructure
  - Data collection
  - Workforce wages/benefits
  - Stability of services
- Workforce
  - Availability of providers to meet patient needs



## INVESTMENT AFFECTS WORKFORCE

- Budgets for private and non-profit Health Care providers are prospective and fluctuate daily based on utilization and employee capacity.
- Budgets are not static or guaranteed.
- Behavioral Healthcare providers compete in the broader healthcare market for resources, employees, technology, investment, and infrastructure.
- Unfilled and churning positions cripple growth and access, undermining program sustainability.



## MEDICAL NECESSITY AFFECTS INVESTMENT

Parity and Addiction Equity Act: the mechanism envisioned to support increased access both the federal and state levels.

Current standards of parity focus on:

- Timeliness of payment
- Authorization process
- Quantitative limits
- Qualitative requirements

#### Behavioral Health Workforce

- SUD & MH Peers = Lived experience & coursework
- SUD Counselors = College course work(typically 2 or 4 yr level) + Credential
- QMHA = 3 years experience and often a BA
- QMHP = Masters Degree in approved program
- Lisc. Masters level Therapists = Master + License Req.
- Phd = Doctorate + License Req
- Psychiatrist = Doctorate + License Req.
- Physical health integrated staff PA, Nurses, MD's

Required Education

#### Experience & Investment

- Prevention through Residential, Recovery and Social Determinate services including;
- SUD
- Mental Health
- Housing
- Supported employment
- Integrated Care
- Behavioral Health Homes and CCBHC's

- <u>Leave field</u>; Examples factors include burnout &/or seeking better pay or other benefits provided in non-Behavioral Health work.
- Remain in field, but leave position:
- Private practice
- Hospitals clinical and admin
- Employee Assistance Providers
- Research and consulting firms
- Higher Education
- County Positions both clinical and administrative
- State or national level policy and administrative positions

Competition



