



TO: The House Behavioral Health Care Committee
FROM: Larry Conner MA, LPC, COPACT President
DATE: May 26, 2020
SUBJECT: Workforce and Access to Care Issues

Chair Salinas, and Members of the Committee:

My name is Larry Conner. I am a Licensed Professional Counselor and President of COPACT which advocates for the 6000 Licensed Professional Counselors (LPCs), Marriage Family Therapists (LMFTs) and Registered Interns who provide clinical mental health diagnosis and treatment to over 100,000 Oregonians each week through their work in agencies, universities, corrections, health clinics, rehabilitation and private psychotherapy practices. Thank you for this opportunity to speak with you about the complex issues of access to mental health care for persons and providers of color.

As Rep Bynum has pointed out in her letter to the Governor, there is a shortage of therapists of color and thus there are problems with persons of color accessing culturally appropriate mental health care. Oregon needs more mental health providers, especially those from our minority populations.

A brief overview of what it takes to get a LPC or LMFT license:

- Undergraduate degree in psychology or social science. Applicants with other degrees typically have to take some prerequisite coursework before applying to graduate school.
- Completion of a three-year graduate degree in either counseling or marriage and family therapy.
- Internship requirement of 2400 hours over three years of supervised experience post-graduation. Most often this is completed in agency work such as community mental health. Some attempt to complete their internships in private practice.
- After passing a national licensure exam, they become licensed with the Board of Licensed Professional Counselors and Therapists.

At the end of their graduate training, interns will likely be facing \$150,000 in school loans which will be in addition to whatever loans they carry from their undergraduate training. How can they expect to pay off those loans when they can anticipate making the lowest income on average of all the masters level health professions, especially considering in their three years of internship, they can expect to make significantly less than the already low average? As important as we believe it is to support having more minorities in graduate school, the problem of access to culturally appropriate care for minorities will not be resolved without addressing working conditions and low pay in both the public and private sectors.

Problems in the public sector, including community mental health agencies (Medicaid).

- In the public sector, enormous caseloads up to 140 clients are typical, leading to provider burnout and their leaving community mental health, resulting in a shortage of all providers.
- Salaries paid to public sector clinicians is low, further contributing to burnout and clinicians leaving the public sector. This is compounded by agencies often not providing supervision, requiring Interns to pay for it out-of-pocket.
- The implementation of Health Care Reform in the public sector has been more focused on cost containment than the quality of and access to care.

Problems in Private Practice:

- Insurers are contracting with fewer providers than are needed and with inadequate breadth of specialties, diversity, and cultural competency.
- Contracted reimbursement rates are typically so low that many therapists avoid becoming in-network providers. Reimbursement rates have been dropping for 20 years, causing many providers to work only out-of-network.

COPACT's suggestions:

- An increase in academic funding for persons of color to increase access to graduate education in mental health fields. We support an initial strategy such as HB 4160 from 2020.
- Increased funding for the public sector focused on increasing pay and decreasing caseloads for clinicians in community mental health, which would attract more persons of color to the profession and help them remain in the field.
- Strengthening Oregon's Mental Health Parity Law to encourage insurance coverage that leads to better access to mental health through better benefit design and better reimbursement rates.
- Requiring insurers to contract with an adequate number and diversity of providers.
- Limiting waiting periods for access to care for both public and private sectors.
- Requiring that agencies with Interns must provide supervision or pay for it.
- Ensure reciprocity between neighboring states for telehealth.
- Open the door for OHP clients to increase access to private practitioners.

Thank you for this opportunity to speak with you about this complex situation. COPACT supports any attempts to increase minority representation in the mental health field and to increase access to care for all Oregonians.