

issues -worforce & access to quality services	United We Heal	Multnomah County Report	September Task Force Report	SoS Audit on BH
staff turnover	<ul style="list-style-type: none">- Care provider tunrover rate 40 %- Clients juggle caseloads of 100 clients, which leads to frequent burnout- Care providers are underpaid	<ul style="list-style-type: none">- Low reimbursement rates result in low-wage jobs, particularly for the direct support workforce - According to data from the Bureau of Labor statistics, 27% of community and social service positions in the Portland Metro area had median hourly wages below the living wafe for a fmily of four - Coutinue to support Health Share to correct compensation gaps through a review of reimbursement rates.	<ul style="list-style-type: none">- Work force shortages- To address workforce shortages OHA agrees to revise the contracts to set clearer expectation for outcmes and metrics and to align with County Financial Assitance Agreements- Strain on the system can create trauma for people in treatment, especially for vulnerable children and youth	<ul style="list-style-type: none">- High turnover for direct care supervisors due to lack of training within the first six months to a year– High turnover results in consumers having to start with new providers- OHA does not have a comprehensive strategic plan, nor does the Behavioral Health Division– Leadership turnover in the previous decade has been high leading to a lack of a guiding strategy.- Workforce shortages and high turnover through the mental health treatment system adds to system strain and also may result in further traumatization
training	<ul style="list-style-type: none">- United We Heal Training Fund will allow behavioral health and treatment workers to access:- Industry-specific skills training- Support GED and ESOL classes - scholarships and tuition- Funding for supervision and CEUs toward behavioral health licenses- Pathway for registers appreticeships to fill the gap between entry level roles and those requiring advance degrees and licensure	<ul style="list-style-type: none">- Stakeholder noted that there are not enough providers with training and qualification to provide co-occurring treatment services- There needs to be increased training for officers and specialized units to respond to mental health related calls- Need for culturally specific peer support services and training– Inadequate training on trauma informed work- Training and profession development for peer support	<ul style="list-style-type: none">- Establish as standard practice the appoint of practitioners of color, BIPOC and other historically underserved groups on al licensing boards and public bodies- Build on OR's work towards Health Equity by increasing diversity in and providing training for the workforce, pipeline and credentialling of culturaly and linguistically specific, trauma-informed behavioral health providers	<ul style="list-style-type: none">- 2018 audit of the Oregon foster care system found the impact of the reductions in DHS behavoiiral residential capacity. With limited options aviable children end up in foster placements with families who have little training.- Direct care works have to handle unsafe situation w/ little training. Direct care works have not felt enough support from supervisory staff.
recruitment	<ul style="list-style-type: none">- Typical caseload: 100+ clients- Wait time for appointments: 4-6 weeks- Oregon ranks in the country for mental health outcomes--behind every other state and Washington D.C.	<ul style="list-style-type: none">- Challenges with recruitment, positions descriptions/ role clarity, adequate supervision and support, and flexible workspaces	<ul style="list-style-type: none">- Increase funding for Latino/as/x and other historically under-resourced behavioral health services in Oreogn with specific breakdowns for funding increases	<ul style="list-style-type: none">- In 2019 OHA acknowledge the work force shortages through the state. In reponse the Behavoiral health Division began to development recuritment and retention strategies
lack of improvements to care	<ul style="list-style-type: none">- Six largest behavioral health agencies in Multnomah County have seen a 30% increase in funding in the past five years, but this increase in revenue has not resulted in better care.		<ul style="list-style-type: none">- Oregon Behavioral Health System has been chronically underfunded- Resources for behavioral healthcare have been based on available funding	
proposed solutions in general		High priority recommendations	High priority recommendations	
creating a caseload standard		1. Engage in ongooin dialogue with service users and their families and other stakeholders to ensure shared and actionable vision for the mental health system.	<ul style="list-style-type: none">- Focusing strategic plans- Working toward consisten definitions- Better Data collection and analysis- Improving partnerships and outreach- Addressing workforce- Funding Mechanisms- Strengthening oversight and accoutability	
pay parity for insurance (to pay staff better)		2. Establish a director-level lived experience leadership positions		
ensuring workforce has a voice in the workplace		3. Integrate and analyze data on funding and services to support system improvements.		
training fund				
expungement to allow people with criminal histories to advance in careers				

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