

Behavioral Health and Mental Health Workforce Development

Problem – Our community mental health, behavioral health, and substance use disorder providers are struggling to meet the needs of the number of people seeking treatment. Largely, this is due to high turn-over in the workforce who are struggling with burn-out due to high caseloads –with many clients with high intensity needs, low pay and a lack of a career growth and supports. The system is largely cobbled together and under-funded and this impacts up stream services in health care, other human services and public safety.

Solution – build a better infrastructure that helps recruit and retain a well-trained workforce that has established caseloads/workloads, with greater access to community based education options statewide, and clear standards for what a good professional development program looks like to build toward better pay that reflects the work, educational degrees, and continued education that frontline practitioners hold.

The first step is to establish caseloads for counselors and social workers in these fields. These caseloads should take into consideration the intensity of needs in the case types and specialties in addressing these needs. Additionally, support staff and people not directly supporting individual clients should have established workloads that reflect the time it takes in processing paperwork, connecting clients to other services and all other support duties.

There are numerous studies that point to the need for establishing caseloads, but there is currently no established caseload standard. However, we can pull together, front line workforce and management to look at what is needed based on guidelines provided in studies and by professional organizations. ([See attached sheet with links.](#))

The second step is to build a professional development and education ladder that is affordable and accessible statewide. To do this we need input from direct care providers - frontline and management to hear what is needed. There are models both in state (like child care/early learning professional development through the [Oregon Registry Online](#)) and out of state like the model used in Philadelphia (see attached) that can be looked to build both community and academic based education to support the needs of those currently practicing and those who are just getting started. A full examination of what makes a good licensing program should be part of this discussion.

Finally, we need to establish adequate pay for the people working in the field. Compared to other fields that require Bachelors or higher degrees [in Oregon, mental health and addictions providers are woefully underpaid](#). The increase in provider rates in the 2019 legislative session, while appreciated wasn't enough to cover the true need for raising the wages to stabilize this workforce.

Additional funding will be provided in the next biennium after the work has been done to establish the caseloads, professional development and an adequate wage floor. The funding will come from the first 6 months of the tobacco tax out of the OHA portion of the dedicated revenue to meet the inclusion of paying for mental health.