



AFSCME & United We Heal

Adding Frontline Workforce Voices to Behavioral Health Reforms



2,000 - Oregon AFSCME Council 75 Behavioral & Mental Health Members

Peers - Counselors - Substance Use - Crisis - Marriage Family - Nurses -
Doctors - Social Workers - Support Specialists - Case Managers

- Counties
- State - Department of Corrections & OSH
- OHSU
- Private sector both clinical and residential



In April 2017 AFSCME & SASS (now United We Heal) Released our Report

Overworked

Frequent Burnout

Inconsistent Care

Underpaid

Even with additional funding care had not improved

**Problems like these are why Oregon ranks 51st in the country for mental health outcomes,
behind every other state and Washington DC.**

<https://unitedwehealoregon.com/uwh-report>

As you know - other reports followed and have informed your work

issues -workforce & 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 turnover 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 wage for a family of four - Continue 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 outcomes and metrics and to align with County Financial Assistance 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 apprenticeships 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 appointment of practitioners of color, BIPOC and other historically underserved groups on all 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 credentialing of culturally 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 behavioral residential capacity. With limited options available children end up in foster placements with families who have little training. - Direct care workers have to handle unsafe situation w/ little training. - Direct care workers 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 Oregon with specific breakdowns for funding increases 	<ul style="list-style-type: none"> - In 2019 OHA acknowledge the work force shortages through the state. In response the Behavioral health Division began to develop recruitment 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 	



Frontline worker solutions:

1. **Pay Parity** - joining the calls for this to stabilizing funding for behavioral health services
2. **Training Fund** - a partnership between employers and the union to provide more accessible training opportunities at a reduced cost to employers
3. **Building Caseload Standards** - manageable workloads & caseloads means better care
4. **Appropriate and Accessible Placements** - the right level of care to ensure all are getting adequate & the right level of treatment
5. **Ensuring Workers Have a Voice in their Workplaces** - unionized workplaces have lower turnover there are many reasons for this...



Pay Parity - adding to the voices

Frontline workforce sees this need as:

- Equity for the workforce and for the clients across the state
- Needed to recruit & retain workforce where the need is
- One of steps needed to help reduce turn over
- Parity for substance use treatment services looks a bit different
 - It is the lowest reimbursement level for the employers and therefore the employees
 - Same training for peers as BH but lower pay
 - This is also the area with a higher level of BIPOC frontline providers
 - Lower level of turnover
 - passion to help others
 - for some their criminal histories they are also limited in their career paths



Training Fund

- A partnership of government, employers and the union
 - Takes the expense off individual employers
 - Provides standardized training
 - Common language & Consistency of quality across all employers
 - Cost savings in new hire training
- Provides a clear, affordable & accessible path for professional development for all in the field
 - Gives opportunities to those long left out of educational opportunities disproportionately our BIPOC workforce
 - Can do while continuing to work
 - Provides for the adaptability to grow and change with the workforce & their needs



Caseload Standards:

- A clear step for support people in treatment by supporting the people providing the care
- Ensure that all in the behavioral health field have a floor for a standard of care
- Should apply to peers and counselors, therapists and case managers and acuity of clients should be a factor
- In residential settings we need staffing ratios to give individuals the level of care and attention they need



Appropriate and Accessible Placements for Clients

Everyone has a right to care & to have settings that support healing and recovery they need the appropriate place and supports.

- There needs to be space to move people into the level of care quickly - whether it is to become housed and begin or renew treatment or move across levels of care
 - Not enough housing options generally so wait lists before COVID were 1-2 years
 - People with higher level of support and care need to be in settings that have the staff that have the right training and skill to provide safe care
 - For people secure in their treatment they need to be able to move to settings that keep them on their path of success



Frontline Voices in the Workplace

The frontline workforce

- Know what they need to provide quality services

- See what their clients needs are & as advocates want to be provide the best care

- Where workers have a voice - there is less turnover, and higher quality

- Workers can safely and without fear of retaliation work with their employers to improve services and working conditions.

- Ensuring that employers remain neutral when employees are exploring joining a union ensures that all public funds and investments are going to services and not anti-union campaigns.



Thank you!