

March 2, 2021

Dear Co-Chairs Senator Lieber and Representative Nosse, Members of the Joint Subcommittee on Human Services,

As evidenced by this legislative session, there has been a historic number of policy recommendations and budget proposals related to behavioral health. We see this as a strong commitment to addressing the demand for behavioral health. We appreciate the recognition that behavioral health is very important and that there is a lot of need.

However, without an adequate workforce, we cannot meet the goals of the legislature. There are two real areas of concern as the demand for behavioral health services continues to grow:

- 1.) Professional counseling is the third worst paying profession of those that requiring a master's degree. Even a master's degree in Museum studies makes on average 1K more per year than community mental health according to Monster.com. I have had several master's level positions open for six months to over a year now that we have not been able to fill because pay is a real issue.
- 2.) Community mental health and substance abuse employees are constantly leaving the field because of the administrative burden associated with the job. They leave for jobs in hospitals, private practice, primary care. No other setting in healthcare holds a candle to the administrative burden that comes with the publicly funded behavioral health system. This is not a Ways and Means issue but your compatriots in the legislature need to push on this issue at OHA to ensure that the investments in workforce come to fruition.
- 3.) The state general fund we receive is great but it's not enough. Clatsop Behavioral Healthcare receives about a third of the funding that we would need to run a viable crisis response system that doesn't rely on law enforcement and emergency departments. Commercial insurance and medicare don't cover any portion of the cost of what it takes to run a behavioral health crisis system. Our CCO covers about 1/3rd. Can you imagine payors just deciding not to cover the cost of the ambulance service or emergency departments?

Investments in these areas could help:

- 4.) Scholarship for homegrown workers who are committed to the region, particularly in rural communities would be help. If we would increase the diversity of our workforce and the commitment to remain in the area.
- 5.) Licensing reciprocity with other states.
- 6.) Payment parity between physical health and behavioral health. Social workers typically earn 20k a year less than nurses even though the educational requirements are higher.