



AFSCME HB 5024  
Behavioral Health Funding

March 2, 2021

Dear Co-Chairs Lieber and Nosse and Members of the Human Service Subcommittee,

Thank you for this opportunity to provide support for the Oregon Health Authority's budget covering Behavioral Health Services.

Oregon AFSCME Council 75 represents around 24,000 members statewide in a variety of employers both public and private. Our mental health, behavioral health and substance use services members include the nurses and psychiatrists at the Oregon State Hospital, counselors and therapist through county services and corrections and in health care settings, and our largest recent growth has been in behavioral health sector in Oregon's private non-profit behavioral health providers.

I appreciate and echo the sentiments from my SEIU union siblings, Courtney Graham and her members at the State Hospital, we can't continue to take advantage of passion for the work to keep people going. We also can't expect people to be able to provide the highest quality of care when they are not able to rest and heal as well.

As you have heard from a number of others today, if we are able to do the work of first treating behavioral health, mental health and substance use as a medical condition and not a crime, and then make the much needed investments the community based programs to have a quality staff and appropriate level of services, which includes housing, we can address people's needs from an upstream approach. Doing this will greatly reduce the higher cost interventions and supports of emergency department visits, housing people in hospital settings and sending people to the state hospital or our jails and prisons.



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This is not to pit the needs of adequately funding and supporting the people working at and receiving services at the Oregon State Hospital against the needs of services provided in the community but rather to highlight the need to properly invest in and support both areas.

Including the program specific asks of funding counties providing services, the Certified Community Behavioral Health Clinics and the funding services provided through the passage of ballot measure 110, I would like to highlight needs and solutions that frontline workforce have identified or to borrow from a former presidential candidate - we have a plan for that.

The growth of AFSCME's membership in the private non-profit sector started with the collaborative work between represented and non-represented workforce to produce the 2017 report United We Heal. The report highlighted these frontline workforce perspectives:

### **High Rates of Staff Turnover driven by**

- Caseloads of up to 100 clients, which leads to frequent burnout
- Low wages and total compensations
  - For some in the field -particularly people working in peer support and residential facilities pay just above minimum wage

### **The need for recruitment and retention of workforce particularly Black, Brown, Indigenous People and Immigrants who are greatly under-represented in the workforce and over-represented in lack of access to services that meet their needs.**

- Paying people a wage that reflects the training experience and work
- Provide pathways to career growth through culturally responsive and trauma informed training and other supports

### **An Established Training Fund modeled after the program in Philadelphia to:**

- Provide Industry-specific skills training that meets the current needs of the workforce
- Support GED and English Speakers of Other Languages classes - scholarships and tuition
- Funding for supervision and CEUs toward behavioral health



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licenses

- Apprenticeships to fill the gap between entry level roles and those requiring advance degrees and licensure

### **Creating caseload and workload standards**

- Ensure that people receiving services have peer support, case managers, counselors and therapists that have the time and capacity to provide person they see the best possible care and supports.
- Keeps experienced people in clinic settings to continue supporting those who may not be able to easily access services through private practice.

**To address the issues around workforce** AFSCME's plan is to pilot a program that begins an apprenticeship model, where individuals participate in an 'earn as you learn' model, receiving a full week's wages while participating in continuing education in a high demand field. The first phase of this trust will develop a workable pilot program to increase retention, advancement, and equity among behavioral health employees. Over time, the fund will become self-sustaining via collectively bargained contributions from behavioral health employers. The pilot will train and support 48 behavioral health employees, over a two year period, to advance employment into hard-to-fill roles. The 48 employees will be in one of three cohorts:

Level 1, focused on helping Peer Support workers and other entry level workers advance to the role of Addictions Counselor;

Level 2 focused on helping workers in entry level positions with two or more years of experience move into roles as Residential Counselors or Secure Residential Treatment Specialists;

Level 3, supporting bachelor's level employees to complete a Master's degree program and become eligible for QMHP licensure.

The Pilot Program will:



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- Support the training of 36 workers in 12 month or less certification advancement programs;
- Support the training of 12 workers in a two year-long degree program;
- In Year two of the program, participating employers will contribute  $\frac{1}{3}$  of the apprentice stipend payments, without State of Oregon reimbursement. In exchange for participating in the apprenticeship, employees commit to remain with the employer for 12 months after completion of their cohort.

The Level 1 Cohort will assist entry-level employees in moving to the role of Addiction Counselor by becoming a Certified Alcohol and Drug Counselor (CADC) I. In pursuit of equity engagement, Peer Support workers will be prioritized among entry level workers. This will include offering support in accessing AFSCME Free College courses; trainings in compliance with the Mental Health & Addiction Certification Board of Oregon (MHACBO) requirements; access to supervision; a stipend for time spent in training; and assistance completing the MHACBO CADC-I application.

The Level 2 Cohort will assist entry-level employees with two or more years of experience in moving to the roles of Residential Counselor II, Secure Residential Treatment Specialist II, or Addictions Counselor II by completing the MHACBO process to become a Qualified Mental Health Associate (QMHA). Peer Support workers will be prioritized among entry level workers. This will include offering trainings in compliance with the MHACBO requirements; support in accessing United We Heal Trust trainings, and the AFSCME Free College program to earn college credits, up to a bachelor's degree; a stipend for time spent in training; and assistance completing the MHACBO QMHA application.

The Level 3 Cohort will assist bachelor's level employees in moving into licensed counselor positions by completing a Master's degree. Given the dearth of counselors of color, BIPOC



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workers will be prioritized among bachelor's level employees. This will include support navigating admissions and other school systems; financial support for the Master's intern apprenticeship process; support navigating the Public Student Loan Forgiveness program after graduation; and access to supervision towards licensure.

All cohorts will participate in 16 hours of United We Heal trainings on contemporary equity issues in behavioral health delivery systems.

The first year would serve 24 participants - 12 in the one year program and the other 12 in the two year Master's program. The second year would also serve 24 more participants in the one year program.