



Oregon AFSCME
Support for HB 2949

March 3, 2021

Dear Chair Sanchez, Vice-Chairs Moore-Green and Nosse and Members of the Committee,

Thank you for the opportunity to provide support for HB 2949 - an incredibly important bill that focuses on diversifying our behavioral health care workforce.

Oregon AFSCME Council 75 represents a growing number of members in Oregon's non-profit behavioral health and substance use treatment and services providers. This growth was jump started by the collaboration between represented and non-represented workforce on the United We Heal Report that identified needs in the behavioral health system from a frontline workforce perspective. Since the publication we have had a number of trainings and events connecting our members and others in the field to continue the conversations on what is needed.

In December one of these events was our legislative forum where we invited our "United We Heal" Community to provide perspectives on issue areas. One of our members from Local 88 - Multnomah County - responded and asked if they could speak in support of the training fund. I had assumed that he was in the behavioral health field with the county and asked how he would see this program helping him grow in his career. He quickly responded that he worked in public health not behavioral health and wanted to speak to the need for supporting efforts to diversify our behavioral health workforce because he had struggled to find a provider that had shared experiences. He had been suffering with depression and it had been compounded by his status as an immigrant and the racism he had been encountering. He found that while the white providers he saw were very caring and tried to help, the lack of shared cultural perspectives and experiences created a gap in what he really needed in helping him address how he was feeling. He wanted to help make sure that others in the hopefully near future would not face the same struggles that he had in finding a therapist.

Our members have clearly identified, as Rep Bynum and the many people who provided testimony in support of HB 2949 that the need stems from lack of available supports such as



Oregon AFSCME
Support for HB 2949

scholarships, and stipends and the ability to build up the needed hours for licensure or certification while they work. We know that people who are Black, Brown, Latinx, Immigrants and others who have likely experienced generational poverty can't afford taking on a high level of debt for a career that doesn't pay well. Over the last few years, Claire Richmond with Oregon AFSCME has been studying paths to build a training fund that could support people in "earn as you learn" apprenticeships much like the building trades have for behavioral health. She has based what we know about the needs of our members and the broader community along with looking at the model an AFSCME affiliate in Philadelphia, PA built to create a proposal for a pilot project. The goal of this pilot is to build an apprenticeship model, where individuals participate would receive full week's wages while participating in continuing education in a high demand field.

The Pilot will engage BIPOC trainers in creating a learning environment that focuses on supporting career advancement among Black, indigenous and people of color behavioral health workers.

The first phase 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.



Oregon AFSCME
Support for HB 2949

The Pilot Program will:

- 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.



Oregon AFSCME
Support for HB 2949

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 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.

We know the need is real and hope to be a partner with the state in providing supported career building opportunities.

I look forward to the continued conversations.

Respectfully,

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