

## WASHINGTON COUNTY OREGON

Good Afternoon Chair Nosse, Vice-Chairs Nelson and Goodwin and Members of the Committee:

My name is Nick Ocón, I use He/Him Pronouns and I am the Behavioral Health Division Manager and Community Mental Health Program Director for Washington County. I appreciate you taking the time to hold this hearing and am here today to testify in support of House Bills 2651, 2977 and 2652.

The last three years have presented a profound challenge for the behavioral health, and health and human services fields. The COVID-19 pandemic increased the need for behavioral health services in Oregon and Nationwide, and at the same time it heightened behavioral health workforce needs and challenges that these bills hope to address. These challenges were decades in the making due to the significant underfunding of the behavioral health system, and they were exacerbated during the pandemic as millions of professionals weighed taking care of family and other personal needs against remaining in the workforce.

## What this means for our community and our state is that we are 10's of thousands of behavioral health workforce members short of what we need to support our community's needs.

Washington County felt this workforce crisis in a profound way when we needed to temporarily close our Mental Health Urgent Care Facility to walk-in clients. This was due to not having enough staff to both see walk-in clients and respond to mobile crisis calls in the community. Hawthorn Walk-In Center has re-opened to walk-ins but continues to operate at reduced hours due to an inability to hire the clinicians needed to offer the availability we had prior to the pandemic.

Our behavioral health system and health system in general simply has not had enough peers and professionals to meet the needs of the community, and a short-term, long term and immediate term strategy is needed to meet our state's workforce needs. This shortage exists in all areas of the behavioral health field, and it is particularly pronounced in our residential services, our crisis services, and our services for community members with behavioral health needs who are interacting with the criminal justice system. Simply put when our community members have the highest needs for behavioral health care, they often experience the most difficult time finding the right supports.

This includes our community members who are unable to Aid in Assist in their own defense due to behavioral health needs. Our workforce challenges have impacted both these community members' ability to access care prior to their interaction with the legal system and has also impacted their timely access to care when they are re-entering the community.

House Bill 2651 provides a short-term strategy to meet our behavioral health workforce needs by making an investment in incentives to recruit and retain our needed workforce, and by directing these funds to the counties to ensure that the funding gets to our organizations who need it the most. This will help stabilize the current workforce, and hopefully attract workforce members who entered other fields during the pandemic to return to behavioral health.

House Bill 2977 provides our long-term strategy of increasing our behavioral health workforce pipeline by preparing students for entry into the field and promoting higher education institution's ability to increase the number of students that they can train on an annual basis. It has become clear that it will take several years for our state to meet the current workforce needs, and this bill focuses on investing in our local community and creating pathways to enter the field.

Finally, House Bill 2652 provides our immediate term solution by calling our workforce situation what it is, a crisis. This bill will provide all our Health and Human Services fields in any county experiencing a crisis the tools to help support our current workforce and our students who are training to be our next generation of professionals. It eliminates barriers to offering incentives to support our workers and ensures that available funds can be distributed directly our behavioral health clinicians, our nurses, our in-home caregivers, our childcare workers and our veterinary technicians who need them the most.

I appreciate this panel's time and encourage you to support these critical bills. Thank you.

Submitted by,

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