



March 8, 2023

Dear Chair Nosse and members of the Behavioral Health and Health Care Committee,

My name is Meg Miranda, I am a member of AFSCME Local 1790-3 which represents the workforce at Outside In. I am a Medication Assisted Treatment Clinician, which is another way of saying “drug and alcohol counselor.” In my role, I provide a variety of evidence-based therapies and harm reduction strategies to people who use drugs, in an attempt to help them achieve goals related to safer consumption, decreased use, or long term sobriety.

I appreciate the opportunity to provide testimony in support of HB 2235 -1, to provide a workgroup that includes frontline workforce to discuss caseload standards for the certified and licensed behavioral health professionals in Oregon. This bill is an important step in ensuring that we budget for adequate pay and reasonable caseloads that will support quality care and services while supporting access to the services. It is unreasonable to pit quality of care -consistent care, from well compensated caregivers with reasonable levels of work- against access to care, especially when talking about some of our most vulnerable community members.

This bill is an important step for the work I do because under current regulations, which are limited for my credentials, I see approximately 75 clients for on-going treatment. Traditional therapy utilizes weekly sessions for 50-60 minutes each. Simple math shows us that even if I worked 60 hours a week I still would not be able to provide the much needed therapy to all 75 people on my caseload, not to mention the crucial documentation which allows us to bill insurance and maintain our funding. Instead, clients are required to rapidly step down to bi-weekly or even monthly therapy sessions to “make space” for new clients coming in. As a therapist, this is devastating, as it puts people who are seeking recovery in vulnerable positions before they are ready. The alternative, however, would leave people seeking recovery on long waitlists while trying to receive care. In both situations, my clients are at risk of death because fentanyl-laced “blues” are being sold on every corner in my city and clients cannot be expected to maintain recovery goals without access to care with the therapists trained to support them through this.

I believe that passing HB 2235-1 would allow for caseload limits and increase the number of available providers in our area, protecting some of our most vulnerable populations.

Please pass HB 2235-1 and help ensure that caseload standards are always part of the equation in our budgeting processes for ensuring consistent quality care in community behavioral health.