



March 8, 2023

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

My name is Morgan Lyons , I am a member of AFSCME Local 1790-3 which represents the workforce at Outside In. I am a Behavioral Health Provider there, and provide weekly individual and group therapy to a caseload of 20 clients. Many of my clients enter work with me reporting of high rates of suicidal ideation and self-injurious behaviors, and frequent hospitalization. In my role, I provide a variety of evidence-based therapies to help manage life-threatening behaviors and support folks in connecting to meaningful life outcomes such as housing, careers, and relationships.

I would like to express my 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. Ensuring caregivers are well-resourced and have adequate amounts of time to spend on their caregivers is essential to providing the quality of care that our community members deserve access to.

This bill is an important step for the state of behavioral health treatment in Oregon. While I am fortunate enough to have a reasonable caseload, many of my colleagues both inside and outside of my organization do not- I know folks who see as many as 80 clients for on-going treatment. I find this very disturbing. My ability to adequately assess the safety of my clients absolutely depends on an intimate knowledge of my client's behavioral histories and ability to assess what may present as small changes in actions and presentations. Even as an experienced provider with a caseload size that allows for weekly meetings, I can struggle to do this. I can't imagine being able to do so adequately with a larger caseload.

Furthermore, most evidence based practices utilized in community mental health are developed and researched under the conditions of traditional therapy, generally utilizing weekly sessions for 50-60 minutes each. Even if (and it truly is an *if*), providers with large caseload sizes are able to adequately manage life-threatening risk with vulnerable populations, the limitations on frequency of meetings, and inadequate time and resources to plan for client needs or successfully implement interventions drastically impact efficacy in the field.

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.