



March 14, 2023

Members of the Joint Committee On Ways and Means  
Subcommittee On Human Services  
900 Court Street NE  
Salem, Oregon 97301

Re: In Support of HB 5525 – Appropriation to the Oregon Health Authority and enhanced investments in the behavioral health sector

Co-Chairs Campos and Valderama, Members of the Committee:

My name is Julie Ibrahim and I'm the CEO for New Narrative, a 45-year-old 501(c)(3) non-profit, integrative mental health provider focused on the social determinants of health operating in Washington and Multnomah counties, within the greater Portland Metro area. NN operates nearly 40 sites, which include comprehensive outpatient and residential mental health treatment, peer support programs, and a housing continuum that ranges from residential treatment to supported and independent housing. Our mission is to provide resources so people seeking mental health care can develop the "tools to thrive, not just survive." Serving over 3,000 people annually, and with over 300 employees, we envision a future where everyone seeking mental health care can live the life they choose.

New Narrative urges you to support SB 5525, the appropriation to the Oregon Health Authority, particularly for enhanced investments in the behavioral health sector.

I am a member of the behavioral health provider community upon which the state relies to provide care for Oregonians with complex mental health and housing needs. First, I want to thank you for your unprecedented investment last session to begin expanding access to behavioral health for Oregonians. It helped tremendously with workforce retention and helped us to keep our residential treatment facilities open. It is important to note that the large figures you may have heard about previous investments were calculated to include the federal match drawn down by state dollars and include existing resources that were redirected to behavioral health, including Measure 110 funds. Only a portion of that investment contained new general fund allocations to the behavioral health sector.

New investments in behavioral health should be focused on facility expansion, and workforce recruitment. These investments are the only long-term solution to the state hospital crisis and to our addiction crisis. We must have the capacity and staff available to serve folks at the right place and the right time.

OHA assesses an additional 282 mental health beds are needed along the continuum which would require \$178 million to build or purchase. OHSU assesses an additional 311 substance use disorder beds are needed along the continuum, including withdrawal management, which would require \$93.3 million to build.



And OHA assesses an additional 943 supportive housing beds are needed, which would require \$235.8 million to build or purchase.

These types of investments will only work if the legislature also acknowledges the increasing costs of retaining and growing a workforce. Providers need to know that rates will be adjusted on a continual basis so when we apply to expand our facilities, we have the resources to attract new staff at a competitive professional wage.

Last session's investments helped us to raise front-line residential and clinical pay and retain many of our existing employees for now. But we also lost many talented clinicians to organizations like Kaiser and Providence who can pay as much as 50% more in salaries. We recently lost a talented licensed therapist who had been with us for 5 years because he was offered \$30K more per year from Kaiser. And we lose front line residential workers to delivery and warehouse jobs that increasingly pay \$22-\$25/hr and are not as emotionally taxing. We can only afford \$19/hr.

In terms of attracting new employees, about 10-15% of our front-line positions, both clinical and residential, are open at any point in time due to not only low starting wages, but there's just not enough clinicians in the pipeline that want to go into community mental health. The work is hard, and the pay is low. They'd rather go into private practice, government, or health care systems such as Kaiser. The state needs to invest in creating the pipeline and increasing rates so that community mental health is an attractive field to enter and to stay. That will mean things like continuing to provide loan forgiveness, hiring and retention bonuses, and raising residential and clinical rates so we can pay a competitive professional wage.

Last year we took advantage of infrastructure investment and purchased 3 more residential treatment facilities which we're opening by July 1. That will bring our organization to a total of 122 beds. But as stated before, an additional 282 beds are needed within the State. New Narrative would like to add another 24 beds if more infrastructure money becomes available. At the same time, as we expand it is critical that we be able to pay front-line staff equitable and living wages to be able to keep our current facilities open and to open new programs.

Thank you for the opportunity to submit this testimony.

In partnership,

*Julie Ibrahim*

Julie Ibrahim, CEO