

Co-Chairs Lieber and Sanchez, Co-Vice-Chairs Girod, Gomberg, and Smith, and Members of the Committee,

My name is Cynthia Ramirez and I am a Policy Associate at PCUN, Oregon's Farmworker Union. I am writing testimony in support of SB 691, HB 2203, and HB 2024.

Oregon's behavioral health needs have worsened dramatically since the start of COVID-19 and were already in crisis well before then. Our current system is not adequately serving our communities, especially Black, Indigenous, and other people of color (BIPOC), who often experience the most stigma when trying to access care and the greatest barriers to receiving it. In a report done by the Oregon Commission on Hispanic Affairs, they reported that most of Oregon's Latinx population is located in rural and urban (and not frontier) counties. Between 15% and 36% of the population in Oregon's rural counties is Latinx, and between 13% and 27% of Oregon urban counties' population is Latinx.¹ Along with the lack of health care providers in rural areas and language barriers, our Latinx community is being left behind.

People of color struggle to find care that meets their needs and understands their experiences. Our Latinx community members are less likely to seek mental health services compared to other groups due to a multitude of reasons. This includes the lack of access to care, fear and stigma, too few multilingual, bicultural mental health providers, and a lack of culturally specific and responsive services are among the most significant obstacles reported.² This highlights the urgent need for culturally specific trained behavioral health workers to provide the best service to our communities. To ensure our communities have access to quality care, we need to start with protecting our behavioral health workforce to build a stable foundation.

We identified HB 2203 and HB 2024 as key priorities because they seek to stabilize the workforce that is at the heart of this system. Behavioral health workers face innumerable obstacles that all lead to high turnover rates. Student loan debt, low wages, high and complex caseloads, lack of support at their facilities, unsafe working conditions, and much more.

HB 2203 takes much-needed steps to improve workplace safety for behavioral health workers—many of whom are BIPOC providers delivering culturally specific and trauma-informed care. This bill requires safety plans, risk assessments, and expanded training to protect workers from harm. It also offers grants to conduct risk assessments

¹ <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/PublicTestimonyDocument/13839>

² <https://orlhc.org/latinx-emotional-health-collaborative/>

and invest in safety improvements in community-based behavioral health facilities, which often operate with limited resources.

HB 2024 seeks to stabilize the workforce by making investments that will keep providers in the field, and over time, lessen workforce shortages. Specifically, those investments are:

- \$20 million for a behavioral health care provider recruitment and retention grant program.
- \$20 million to develop and implement an incentive payment to allow eligible entities to increase employee wages or to add to existing revenue streams for eligible entities
- \$5 million for the United We Heal Medicaid Payment Program.

Oregon's growing demand for behavioral health care cannot be met without addressing the health, safety, and sustainability of the workforce that provides it. Supporting and protecting this workforce will create a stable foundation to better serve our most impacted communities and strengthen Oregon's mental health system overall.

Our final priority that requires investment is SB 691, which seeks to expand integrated prenatal medical care, substance use disorder treatment, and housing-based supports through programs like Project Nurture or Nurture Oregon - attempting to address the disparities that BIPOC communities face in accessing health care, housing, and culturally responsive treatment options. SB 691 calls for a \$6.5 Million investment to be distributed to existing programs that provide perinatal care and substance use disorder treatment for parents of infants or those that are pregnant.

Please join me in supporting equitable, community-driven legislation that will support BIPOC Oregonians in need of mental health care and substance use disorder while also supporting the BIPOC behavioral health workforce. I strongly urge the Legislature to fully fund SB 691, HB 2203, and HB 2024.

Thank you,

Cynthia Ramirez
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PCUN