

Co-Chairs Lieber and Sanchez, Co-Vice-Chairs Girod, Gomberg, Smith, members of the committee,

For the record, my name is Sky Lockhart. Thank you for the opportunity to testify today. I live in Portland, Oregon.

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.

I am a LICSWA. As a mental health professional, I know it is essential that we create a system that works for all Oregonians and that adequately serves those who have historically been most impacted by structural inequities.

For these reasons, I chose to join the Oregon Heals Coalition "mental health champion co-hort". Together, we developed our 2025 Legislative Agenda, and I am here today to advocate for the pieces of our agenda that will require investment from the Legislature.

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

As a mental health professional, I currently work at an agency that has their own policies in place for the safety of providers, such as alarms and front desk notifications for calling for support. Unfortunately, other mental health providers lack these safety providers because their agency hasn't had the time or funding to instill them. Safety is something that should be standardized and prioritized for all behavioral health workers.

**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.

As a mental health professional, I witness everyday how the barriers to affordable housing, healthcare, and other basic needs is a primary stressor underlying mental health conditions. Every time one of these barriers is removed, my clients' mental health improves. Removing barriers for people to access these things is essential, but particularly for moms of early childhood-aged children, as they face financial barriers higher than most people in the US. It's particularly pertinent that we continue to build policy that protects and builds safety nets for this population. Children's foundational stages of life should be better attended to and invested in.

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 for the opportunity to testify today.**