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BHASC-MHAC Workforce Summit

Let's Talk/Let's Listen Session

The Lane County Behavioral Health Advisory Services Committee and the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee invite you to join our July Meeting to share challenges and solutions to build and sustain the behavioral health workforce in Lane County.

7.14.2021 | 8-9:30 | **There are active links embedded throughout these notes.**

Purpose of Meeting: To gather Lane County behavioral health providers with CCOs, the Lane County MHAC, and others to discuss implications, barriers and strategies related to the improvement and sustainability of the BH workforce in Lane County.

Attendees: Representatives from the following in attendance (gathered from the chat check-in):

Lane County Government: Commissioner Pat Farr; Intergovernmental Relations Manager Alex Cuyler

Lane County CCOs: PacificSource Community Solutions and Trillium Community Health Plan; LaneCare Trillium Care Management; PacificSource Lane County BH Population Team and Care Management Team

Mental Health: Looking Glass, South Lane Mental Health, Older Adult Behavioral Health Initiative, The Child Center, Oregon Community Programs, Options Counseling & Family Services; Center for Community Counseling; Laurel Hill Center; LaneCare CHOICE Program; Center for Family Development

Developmental Disabilities: RISE Inc.; Lane County Developmental Disabilities; Direction Service

Youth & Family Serving: Oregon Family Support Network; Youth Era; Lane County Youth Services; Relief Nursery; Lane County System of Care

Public Health: Lane County Public Health (Suicide Prevention Team, Community Health, Prevention); Oregon Research Institute

Human Services: Lane County Workforce Services; ShelterCare; Lane County Health & Human Services Administration; Eugene Vet Center; Lane County Veterans Service Office

Dental Organization: Capitol Dental Care

NEW LEGISLATIVE INVESTMENTS IN THE BH SYSTEM

Guest: Alex Cuyler Lane County Intergovernmental Relations Manager

Alex will be providing an End of Session Report which will highlight several legislature investments discussed today in more detail.

- A priority issue that the BCC would like to address is the risk exposure community mental health programs face when carrying out services.
- The American Rescue Plan allowed for States and local governments to receive money directly. \$2.6M in Oregon State fiscal recovery funding was received. About 2,000 new state positions were created to help support the programming and route some of the money allocated to local government.
- Representative Janelle Bynum: <https://www.oregonlegislature.gov/bynum> helped get [HB 2949 passed](#). \$60M deposited into newly established BH Incentive subaccount part of the healthcare provider incentive fund; \$20M for OHA to incentivize clinical experience and licensure in BH

fields (OHA will establish a grant program to provide clinical supervised experienced who have education but need supervision to obtain license; \$7M to CMHPs; \$7M to Private Practitioners; and \$6M for OHA administration of the funds).

- [HB5024](#) Relating to the financial administration of the Oregon Health Authority; and declaring an emergency. The budget notes directs OHA to do very specific things.
- Judicial budget has a note to continue working on the intersection of criminal justice and behavioral health.
- [HB5006](#) is a bill to look at—especially the budget notes—as there is a lot of money going many places.

Questions from the group (Alex's response in orange):

- Is there funding available for mobile crisis centers? **There are a couple of bills that will put more resources into this through CMHPs. Crisis services were mentioned in the American Rescue Plan. Money has come through by District to District funding.**
- Is there funding available for stipends to help with licensure supervision? **Funding in 2949 – will provide resources.**
- Is there funding allocated to raise the reimbursement rates so community mental health can pay better salaries to recruit and retain workforce? **Seconded, that private therapist and private practice groups are taking away the therapist that serve the OHP population. Oregon needs to incentivize licensed staff to work with high-risk OHP members, right now incentives are in the opposite direction. Partly, some of this work was done last session. The Parity Bill addresses equality, including bringing up the reimbursement rate for MH providers—could it be the same as primary care providers? Unlikely, but similar funding models could be used.**
- Is any money earmarked for youth? **Yes, Alex will highlight this in the End of Session Report. Money is going to the Youth Authority allocated for treatment.**

What are the workforce challenges you are seeing that you would want the Lane County Commissioners to know?

- Everyone has waitlist with high acuity with no workforce to provide services.
- It is hard to keep staff for a year or longer because training and supervision is invested into these staff, who are then recruited by private practices or other organizations for higher salary, less rigorous paperwork, and more flexible or less acute case loads or administrative positions.
- How is OHA helping the local communities with the funding they have received? What is available to local agencies through OHA?

LANE COUNTY WORKFORCE SERVICES

Guest: *Hillary Moran, Dislocated Worker Liaison* Hillary.Moran@lanecountyor.gov

Programs available that may help increase the mental health workforce:

- [On-the-Job Training](#) for a candidate that may need additional support and training – a \$3,500 grant to help that employer train. The training must be at least 4-weeks and the job must pay at least \$15 per hour and employment must be for 30+ hours per week.
- [Jobs Plus Program](#) (for people on TANF) Reimburses employers minimum wage for the first 6 months. Employees receive on-the-job paid training while receiving support from their Employment Specialist who will help create strategies for success in permanent, long-term employment.

- Partner with the System of Care to build support around utilizing community colleges for helping increase interest in entry level mental health professions. There is an opportunity to include college-bridge mental health courses for high school students. There is a clear pathway to physical health entry level but what is the pathway for mental health?
- Need to strategize support for our community by hiring Traditional Health Workers (people with lived experience) there is a 40-90 hour training requirement which could possibly be a stepping stone into MH fields. PSCS is developing strategies to increase the THW Workforce (including scholarship opportunities for training). Reach out to Iris.Bicksler@pacificsource.com if interested in this effort.
- What is the starting step to get entry level folks who do not have a Master's Degree into the field? The requirements for entry level MH (QMHA/Bachelor's Degree) are intensive and dictated by the State. The gap between being a Peer (requires lived experience) and a QMHA is quite large.

PRIORITIES FROM THE GROUP TO RELAY TO THE LANE COUNTY BOARD OF COMMISSIONERS

- Recruitment and retention funds for experienced and licensed therapist should go to agencies, rather than to private practices.
- CMHP work is least supported and is the most difficult field work also paying the least (considered an entry level job to Taco Bell at over \$15/hr.) for a professional therapist/clinician.
- Serving OHP members means accepting a disproportionately huge level of overhead for agencies.
- CBHC showed 50 open therapist positions across 13 key agencies (all community based agencies) 50 therapist x average caseload would mean serving more than 1,000 more clients in the system if they were all fully staffed.
- Also having a problem hiring Family Peers (most pay cannot compete with Taco Bell).
- With an aging population, the amount of older adults seeking behavioral health resources increases each year. The number of professionals specializing in gero-psychology is low, which creates another workforce crisis.

Action items

1. Next steps on supporting the BH Workforce in Lane County:
 - a. The BHASC will continue to discuss and stay on top of this issue
 - b. The MHAC will develop a report of what was discussed today to send recommendations to the Lane County Board of Commissioners
2. End of Session Report to the attendees from Alex when completed.
3. If your agency would be interested in being a part of a MH employer panel to present to local job seekers contact Hillary.Moran@lanecountyor.gov

Resources Shared

- To learn more about BH investments through the state legislature go to <https://olis.oregonlegislature.gov/>
- Everyone can lobby for change within the legislature. Cheryl Ramirez, Association of Oregon Community Mental Health Programs tells legislatures many of the stories being told today. Senator Kate Wheeler is well verse in and a champion for behavioral health.

Thank you to the speakers and the attendees for their valuable input!