



Testimony on HB 2949 – Behavioral Workforce Recruitment

March 3, 2021

Dear Chair Sanchez, Co-Chairs Nosse and Moore-Green, Members of the BH Committee,

This testimony is on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), representing CMHPs statewide that serve as the training ground for many LCSW, LMFT and LPC interns, some of whom stay and many of whom leave for higher pay and more regular work hours. We are overjoyed that the Legislature is prioritizing solutions for behavioral health workforce recruitment and retention challenges, which have long been a problem and are even more pronounced during the pandemic, and we expect afterwards.

Our top recommendation for recruiting and retaining behavioral health workers is to fairly compensate them for the hard work they do, both those who are licensed and those who are not licensed. Secondly, we recommend scholarships to help our current workforce of qualified mental health associates and peer support workers, who are more diverse as a group than licensed clinicians, to support their pursuit of appropriate bachelor's or master's level clinical degree programs, with the goal of retaining these 'homegrown' workers, especially in rural and frontier Oregon. For those unlicensed clinicians and peer support specialists who do not pursue advanced degrees, we support scholarships for their certification. Third, we recommend allowing reciprocity with other states and countries to make it easier for licensed clinicians from other states/countries (especially to expand our bicultural/bilingual capacity) to practice in Oregon.

Specific to HB 2949, we support the vision and many of the ideas: A more flexible version of a HRSA loan forgiveness program; a two-year practice requirement at the training agency; Pre-licensed interns (including LCSWs, LMFTs, and LPCs) are able to be reimbursed by all payers under the supervision of a licensed clinician; and, Funding for supervision would be helpful, although the amounts are out of balance considering the disproportionate training responsibilities for CMHPs and other public behavioral health providers.

We also have some concerns: 1) The substantial reduction in post-degree hours will send new clinicians out on their own before they are ready and will cause CMHPs to have to fill vacancies even earlier. 2) As training entities for interns, CMHPs would like to be represented on the Task Force to Expand the Mental Health Workforce. 3) The requirement for the provider to pay all costs for the individual receiving supervision may be an unfunded mandate if the \$5M allocated for this section does not cover these costs statewide.

Thank you for the opportunity to provide comments on this bill and we look forward to working with the Legislature on statewide solutions for recruiting and retaining a BH workforce that reflects the populations they serve.

Sincerely,

Cherryl L. Ramirez
Director, AOCMHP