We appreciate the opportunity today to talk with you about the BH Wage Study, and to discuss the recent investments that the Oregon Legislature has made in the BH system.
The Wage Study comes from Section 7 of HB 2086 (2021).
Final report was submitted to the Legislature in February 2022.

Where we are today:

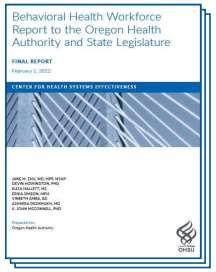
- Large gap between the need for services and the capacity of the behavioral health system to deliver services.
    - Historically, Oregon has had high needs for both mental health and substance use disorder services.
    - Oregon has high rates of illicit drug use, for both adults and youth.
- More need from the pandemic, for example as indicated by the increase in overdose deaths.
- And, the behavioral health workforce was impacted by the pandemic, including people choosing to leave the field.
- There is a crisis in Oregon's behavioral health system with not enough practitioners and high workforce turnover – this has real implications for populations needing access to treatment and services.

People need providers who understand their community

It is important that we have providers who are members of, and understand the strengths and challenges faced by the communities they serve

- OHA adopted an aspirational goal of eliminating health inequities in the next 10 years. This work includes valuing the voices of lived experience, and authentically engaging community.
- Currently, people of color are underrepresented among all types of behavioral health providers.
- People also need providers who can relate to their lived experience.
    - Thus, the focus on peer support providers in this study.
- Populations harmed by health inequities have long struggled to obtain access to culturally responsive and linguistically appropriate providers, such as communities of color, LGBTQ+ community, linguistically diverse populations and intersections among rural communities with these and other populations harmed by inequities.

Behavioral Health Wage Study



Center for Health System Effectiveness

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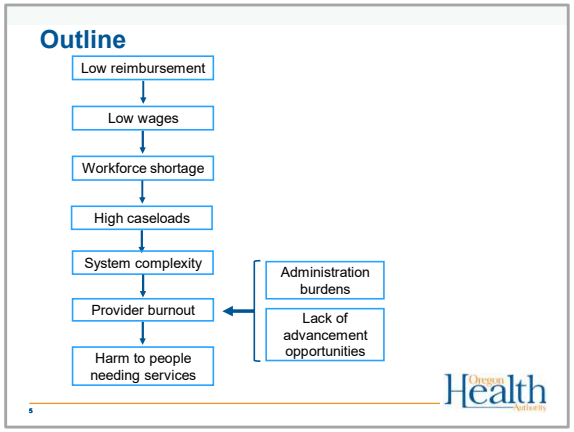
Find it online at:
https://www.oregon.gov/oha/ERD/Pages/Government-Relations.aspx

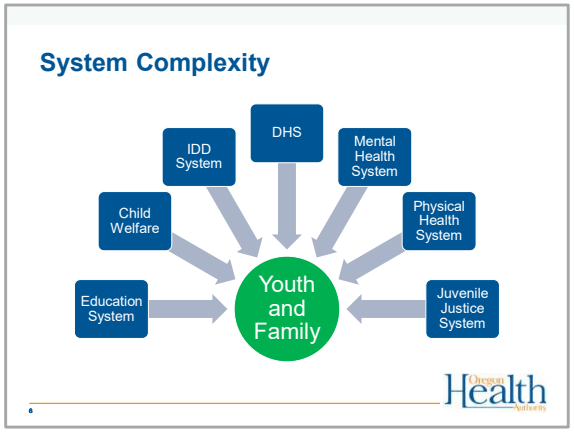
The Behavioral Health Wage Study

- House Bill 2086 required a study with recommendations for how to increase wages for the behavioral health workforce.
- Oregon Health Authority contracted with Center for Health System Effectiveness at OHSU, and they had a great team working on this.
- Also want to acknowledge important assistance we received from OHA staff - Brandy Hemsley, Daniel Garcia, Shelley Das, among others.
- This, Behavioral Health Workforce Report to the OHA and State Legislature was released February 1.



Outline of the presentation:

- Wages are low for behavioral health practitioners.
- A main reason wages are low is that reimbursement rates are low for addiction and mental health services.
- Low wages lead to workforce shortages as it is difficult to retain providers, and it is difficult to recruit a new workforce into an under-paid professions.
- The workforce shortage leads to high provider caseloads.
- The high caseloads lead to provider burnout, and there is also provider burnout from:
  - Administrative burdens
  - Lack of advancement opportunities
- Provider burnout leads to an even worsening workforce shortage.
- Bottom line: These workforce challenges mean that people needing help cannot get the care they need.
- We will start with that bottom line, and then provide more details on the workforce challenges outlined here.



System complexity

System of care is confusing for providers working within it, and every system functions differently. Youth and Families are often left to navigate on their own.

This graph doesn't capture everything impacting families – consider also:

- Other types of healthcare
- Adoption, foster care
- Funding and insurance
- Factors that impact families: Neighborhood, employment, housing, food insecurity, other social determinants of health

The report is centered on equity, with a focus on communities of color and valuing lived experience

- Study gathered input from those with lived experience – behavioral health service users and providers
    - 2 focus groups of behavioral health service users; one conducted in Spanish
    - 3 focus groups of behavioral health practitioners, including one group consisting of providers of color
    - Meetings with 7 organizations (e.g., Latino Emotional Health Collaborative)
    - 24 key informant interviews, with approximately half identifying as people of color

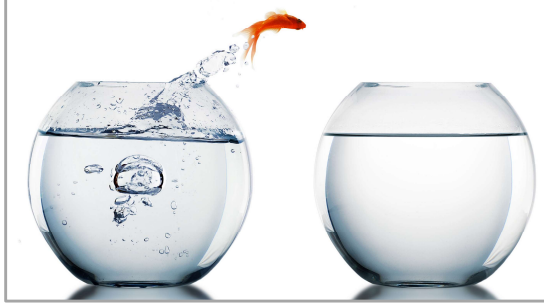
The workforce crisis makes the system harder to navigate

- Lack of providers and workforce turnover harms those needing services
- Wait times are very long, and worse for those in need of bilingual or culturally specific services
- Impacts of workforce turnover:
  - Re-establishing rapport and reliving traumas to familiarize new providers
  - Care coordination, insurance billing, transferring health records
  - Challenges with finding a new provider, especially when needing culturally specific services

Lack of providers and workforce turnover harms those needing services

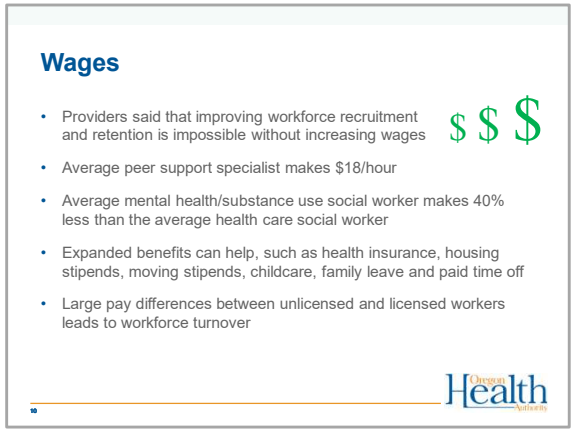
- People needing behavioral health services had difficulties finding available providers.
- Wait times can be very long, and this is worse for those in need of bilingual or culturally specific services.
- With workforce turnover, people expressed frustrations with re-establishing rapport with new providers and reliving traumas.
- Provider turnover adds other burdens around care coordination, insurance billing, and challenges with finding a new provider, especially when needing culturally specific services.

The workforce crisis leaves people vulnerable during transitions



Under-resourced components of the behavioral health system make it more difficult for people to transition between levels of care

- We know that people are very vulnerable in that immediate time around the transition (e.g., residential treatment, incarceration).
- And sometimes there is not enough resources in that new care setting (i.e., no availability for the person to transition into the more appropriate care setting).
    - People cannot be discharged from residential settings because of inadequate availability of community-based services.
    - Then, people who need residential treatment cannot be admitted.
    - These problems are even more acute in the system that serves children with behavioral health needs.
- System complexity makes it difficult for providers to follow clients between levels of care
- Other issues around workforce turnover:
    - Increased recruitment of providers by national telehealth companies offering the prospect of working from home for higher wages.
    - Practitioners leaving the community behavioral health field for primary care, school settings, and hospital employment due to better work environments and more robust compensation packages.
    - Licensed clinicians leaving the community mental health for private practice



Providers said that improving workforce recruitment and retention is impossible without increasing wages

- Average Peer Support Specialist makes $18/hour, this is not a living wage, this is not a professional wages commensurate with the value they bring to their profession.
- Average Social Worker in mental health/substance abuse makes 40% less than the average Social Worker in health care.
- Let's say a BH social worker has a Monday thru Friday schedule. A social worker in medical care only has to work through Wednesday to make the same salary.
- There is significant wage variation across regions in Oregon; this could be a result of housing costs and quality of life differences.
- Expanded benefits can help, such as health insurance, housing stipends, moving stipends, childcare, family leave and paid time off.
- Large wage differences between unlicensed and licensed workers leads to workforce turnover:
    - Workers leave their current employer when they obtain licensure to earn higher wages in a different setting.
    - This creates scenarios where providers with least amount of training care for people with greatest needs.
    - We are seeing that now with the crisis in residential care.

Caroline Owczarzak's story of advocacy

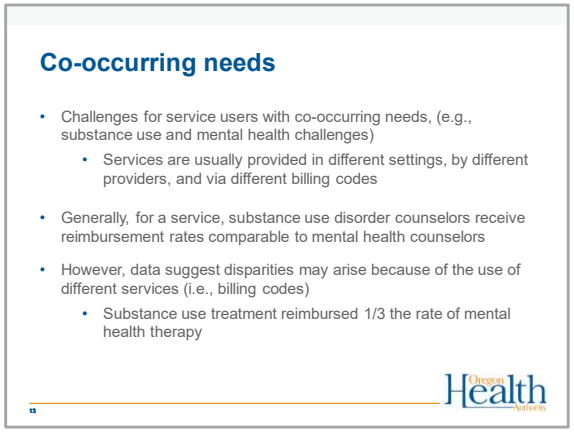
- Re-told with permission from Caroline Owczarzak.
- Caroline enjoys her work as a Peer Support Specialist, and she enjoys traveling and taking photos.
- Caroline Owczarzak began working as a peer support specialist at Deschutes County Behavioral Health in 2014, when the starting wage was $11.25/hour.
- She brings to her profession the experience of a trauma-induced eating disorder and alcohol use disorder.
- Working through these challenges and then being able to process her trauma, Caroline chose to become a peer support specialist in both addictions and mental health.
- In this position, she uses the knowledge gained from her lived experience to work with and advocate for people using behavioral health services.
- Caroline: "Part of what peers do is advocate. It's appropriate and crucial that we advocate as strongly and passionately for ourselves as we do for the consumers we partner with."
- During recent contract negotiations, Caroline worked with her union to advocate for all peers: she highlighted job descriptions of what peers do that were part of other positions that were paid significantly more.
- Now, the new contract includes wage increases of over 20% for peer support specialists, with a wage range of $21 to $28 per hour.
- Her lessons learned are, "Be relentless and respectful. Be aware of misconceptions about peers that need clarification or exploration. And, appreciate your allies – you probably have more than you realize."

Low reimbursement rates and other issues:

- Low reimbursement rates that are not always commensurate with a behavioral health practitioner's lived experience, education, and skills that they bring to their profession.
- Medicaid generally has lower reimbursement rates than Medicare or commercial insurance.
    - Medicaid often covers more behavioral health services than other insurers.
- Without increases in reimbursement rates, it will be difficult to create significant, sustained increases in wages.

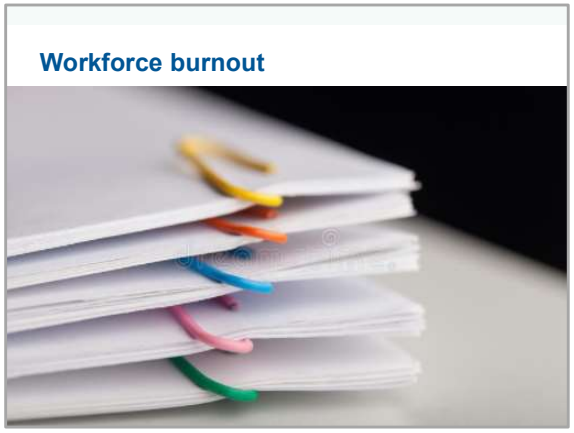
Other issues related to reimbursement include:

- Most insurance plans do not currently allow direct billing by the mostly lower-wage workforce that does not have licensure.
- So, expanding the types of practitioners and services that can be reimbursed can lead to increased provider wages.
- There are practitioners within agencies who provide help to people, but that help is not reimbursed, such as care coordination.
- And additional burdens of uncompensated care are borne by providers who serve communities of color.
- For example, Health Care Interpreter services that are not reimbursed; interpreter services cannot be billed when there is not a billable behavioral health service.



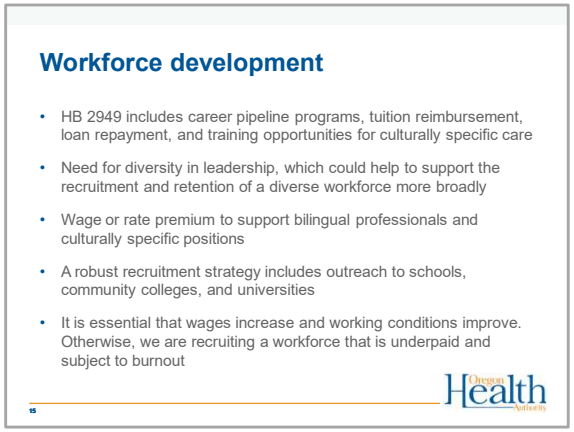
Co-occurring needs

- Challenges for service users with co-occurring needs (e.g., substance use and mental health challenges):
  - These services are usually provided in different settings, by different providers, and via different billing codes.
  - These differences create barriers to effective, coordinated care.
  - HB 2086 (2021) include provisions to address co-occurring needs.
- There appear to be disparities in reimbursement for substance use treatment vs. mental health treatment.
  - Reimbursement for most common service of 60 minutes of substance use treatment is ~$45, or about 1/3 of the reimbursement of 60 minutes of psychotherapy for mental health care.



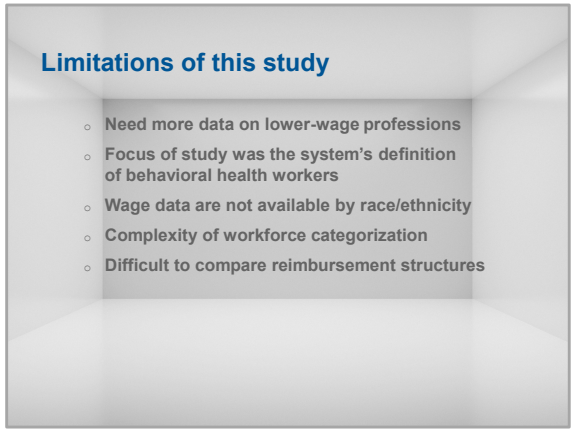
Provider burnout and turnover are also fueled by the work environment

- Providers are expected to carry large caseloads with high administrative burdens while supporting people who often have very intensive needs.
- Providers struggle with administrative burdens.
    - There is paperwork needed for every person you help; there are these consistent administrative requirements, as you treat each service user who is different, with different needs.
    - Thus, there is a need to continue efforts to reduce administrative burdens, such as those initiated during the COVID-19 pandemic.
- Delays or denials in payments cause additional stress and financial risk to providers.
- Burdens of Inflexible schedules, being on-call for crisis services, and insufficient supervisory support negatively impact job satisfaction.
    - Leaders of community-based agencies are not always familiar with of the demands put on the agency's behavioral health practitioners.
- Improving provider recruitment and retention would be helped by creating clearer pathways for salary increases and career advancement.



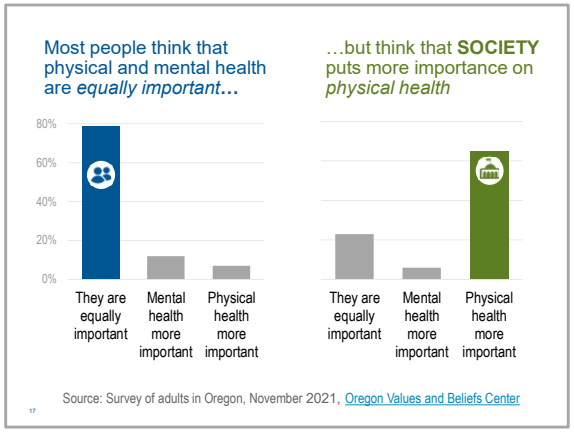
Improving workforce development

- Oregon House Bill 2949 includes $80 million to recruit and retain providers who are "…people of color, tribal members, or residents of rural areas in this state and who can provide culturally responsive behavioral health services."
- This bill can fund career pipeline programs, tuition reimbursement, loan repayment, and training opportunities focused on culturally specific care.
- There is a need for diversity in agency leadership, which could help to support the recruitment and retention of a diverse workforce more broadly.
- Wage or rate premiums could support bilingual professionals and culturally specific positions; For example, Multnomah County includes culturally specific Knowledge, Skills, and Abilities (KSAs) in job descriptions that allow for increased pay for employees who can provide bilingual and bicultural services.
    - There is cost savings if the provider is bilingual and therefore a Health Care Interpreter is not needed.
- A robust recruitment strategy includes outreach to schools, community colleges, and universities.
- It is essential that wages increase and working conditions improve because otherwise, people of color, tribal members, and residents of rural areas will be recruited into a behavioral health workforce that is under paid and subject to burnout, thus perpetuating inequities in these communities.



We are boxed in by the limitations of this study:

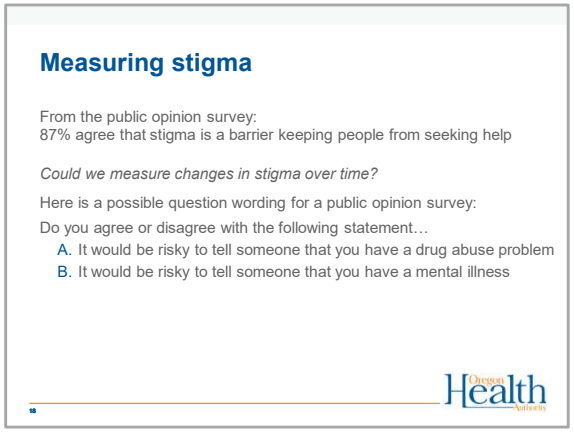
- Lack of good data on the lower-wage professions, though MHACBO survey and OHA's recent Traditional Health Worker survey are very helpful.
- Focus of the study was the system's definition of behavioral health worker.
  - In community-based agencies, there are staff who provide behavioral health services, but who do not have a behavioral health job classification.
  - Lack of focus on primary prevention.
  - Many people seek help for behavioral health issues in other ways, outside the traditional behavioral health system.
  - See, recently the Coalition of Communities of Color report on Investing In Culturally and Linguistically Responsive Behavioral Health Care in Oregon.
- Wage data are not available by race/ethnicity.
  - Need to expand data collection with OHA's REALD (Race, Ethnicity, Language, Disability) and SOGI (Sexual Orientation/Gender Identity) standards.
- Complexity of workforce categorization – there are more than 20 types of behavioral health practitioners.
- Comparisons of reimbursement structures are very difficult.



The importance of behavioral health, and stigma around addictions and mental health

Public opinion survey of Oregon adults from November 2021 (https://oregonvbc.org/mental-health/).

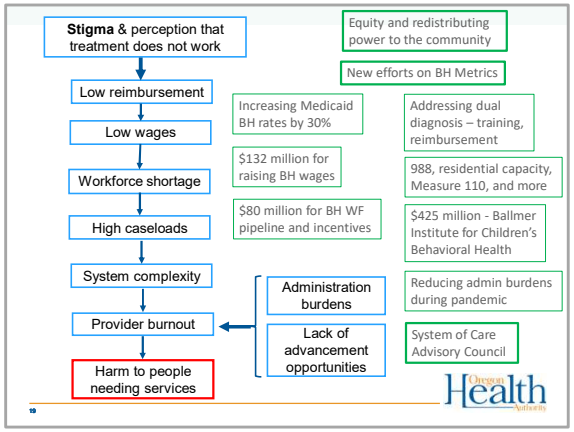
- Most people think that physical health and mental health are equally important (79%).
- But, most people think that SOCIETY puts more importance on physical health.



Measuring stigma

- The public opinion survey showed that 87% of Oregon adults agree that stigma is a barrier keeping people from seeking help.
- From survey respondents::
  - "The stigmatizing of mental health problems is easing but there is still a lot of ground to cover."
  - "It definitely needs to become less stigmatized, and I think it's getting there, but the stigma is still a major barrier."
- Could we measure changes in stigma over time?

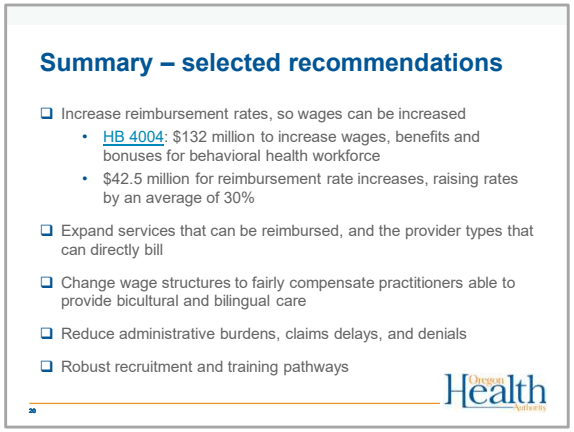
Possible question wording for a public opinion survey.
Do you agree or disagree with the following statements…
A. It would be risky to tell someone that you have a drug abuse problem.
B. It would be risky to tell someone that you have a mental illness.



Summary

Review the original factors, also exacerbated by stigma and societal perception that treatment isn't effective

Review efforts and legislation



Selected Recommendations:

- Increase reimbursement rates, so wages can be increased.
  - HB 4004: $132 million to increase wages, benefits and bonuses for behavioral health workforce; From the bill: “At least 75 percent of the grant on direct compensation to the [agency’s] staff in the form of wages, benefits and bonuses. The remainder may be spent on programs or other noncompensatory means to increase workforce retention or recruitment.”
  - $42.5 million for reimbursement rate increases, raising rates by an average of 30%.
- Expand services that can be reimbursed, and the provider types that can directly bill.
- Change wage structures to fairly compensate practitioners able to provide bicultural and bilingual care.
  - Adjust reimbursement rates to compensate for complexity of the people using services.
- Review licensure requirements.
- Reduce administrative burdens, claims delays, and denials.
- Robust workforce recruitment and training pathways, including professional development.

THANK YOU!

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Thank you!