Oregon AFSCME
Support for HB 2086

March 17, 2021

Dear Chair Sanchez, Vice-Chairs Moore-Green and Nosse and members of the Committee

Thank you for this opportunity to provide testimony on HB 2086. We appreciate the work that you all, the Governor and the Behavioral Health Advisory Council have done and continue to do to address our state's behavioral health needs.

Oregon AFSCME Council 75 represents around 24,000 members statewide in a variety of employers both public and private. In the behavioral and mental health fields we have over 2,000 members with our largest growth in membership over the last few years in the nonprofit behavioral health sector. This growth in membership began with the collaboration between represented and non-represented workers in the field on the *United We Heal Report* that was released in the spring of 2017. The report highlighted the growing needs to provide improved services through better investments and policies that would stabilize and expand the workforce.

Since the release of the report, we have been focused on researching how to best support our members through policies. Many of those are reflected in HB 2086 and many of the other bills you are hearing and working on this session. At our United We Heal Behavioral Health Legislative Forum that was held on December 1st last year, our members highlighted many of the issues that you have heard repeated by all who have provided testimony today and previous days: We need to increase pay across the board in these services, our lowest paid behavioral health workforce make barely more than minimum wage. It is skilled work and needs to be paid as such.

In the area of housing, our members primarily focused on the need to have spaces available at all levels of care so that people don't have to wait for months to be in the right level of care. By focusing on supportive housing, this would help reduce the wait times in other areas too. While it is critical for the success of treatment of an individual. This is also a workforce issue in that

having people in the wrong level of care supported by residential employees trained for lower levels of support the resident. This can also lead to others in the treatment home to suffer set backs in their recovery because one person is needing so much more time and attention.

The other piece that is specific to HB 2086 is workforce development. Unions often play a role in offering workforce development opportunities. AFSCME's Behavioral Health Coalition - United We Heal, has offered continuing education opportunities as part of other events and have been looking to expand this program and build a training fund that would support behavioral health apprenticeship programs.

We have two proposals for two year apprenticeship pilot programs that would each support 2 one year cohorts of 36 apprentices and 1 two year cohort of 12. One program would focus on providing culturally specific training and support our members who are Black, Indigenous, Latinx or from other marginalized communities.  Combined the two programs would train up to 96 people. Each program would:

- Support the training of 36 workers in 12 month or less certification advancement programs;
- Support the training of 12 workers in a two year-long degree program;
- In Year two of the program, participating employers will contribute ⅓ of the apprentice stipend payments, without State of Oregon reimbursement. In exchange for participating in the apprenticeship, employees commit to remain with the employer for 12 months after completion of their cohort.

Each pilot program would also include 3 cohort levels

- Level 1, focused on helping Peer Support workers and other entry level workers advance to the role of Addictions Counselor;
- Level 2 focused on helping workers in entry level positions with two or more years of experience move into roles as Residential Counselors or Secure Residential Treatment Specialists;

- Level 3, supporting bachelor's level employees to complete a Master's degree program and become eligible for QMHP licensure.

Each participant would earn a livable wage as a part of the program, removing the dual financial burden of cost to enroll in classes and cost of missed hours of working. This program is modeled after a training and apprenticeship program created and run by AFSCME Local 1199 C in Philadelphia, PA. That program started in 1974 and has grown to offer apprenticeships, training and continuing education in a number of fields including behavioral health.

Oregon AFSCME asks that as you make your policy decisions for supporting workforce development that you include these apprenticeship programs as a way to ensure that we truly support the workforce in growing to support their own goals as well as helping Oregon grow and diversify our behavioral health workforce.

I look forward to working with all of you and partners in the community to develop these opportunities and will do my best to answer any questions.

Thank you,

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