

Help Keep Oregon Kids In Oregon: Improving Child Safety & Outcomes Means Ensuring a High Quality Workforce

The impact of high turnover affects the Community-based organization, the people giving care *and the youth they serve.*

- High clinician turnover in community behavioral health settings leads to increased costs and has negative impacts on care quality.
- High turnover produces significant costs to organizations, children and families, preventing the long-term sustainability of evidence-based practices.
- National research shows that competitive wages lead to lower turnover in non-profit settings.

Hard Costs

- Separation process
- Vacancy costs - coworker burden (OT; added shifts)
- Human Resource Costs—recruitment and advertising
- Interviewing
- Reference checks
- Orientation / training
- Recruitment administration and oversight

Soft Costs

- **Disruptive care for youth**
- Lost productivity of staff
- Increased workload for existing employees
- Lost productivity of supervisor

SUPPORT
POP
110 & 115

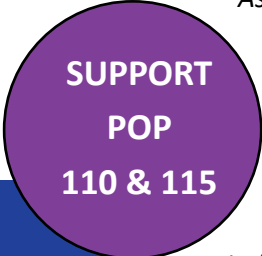
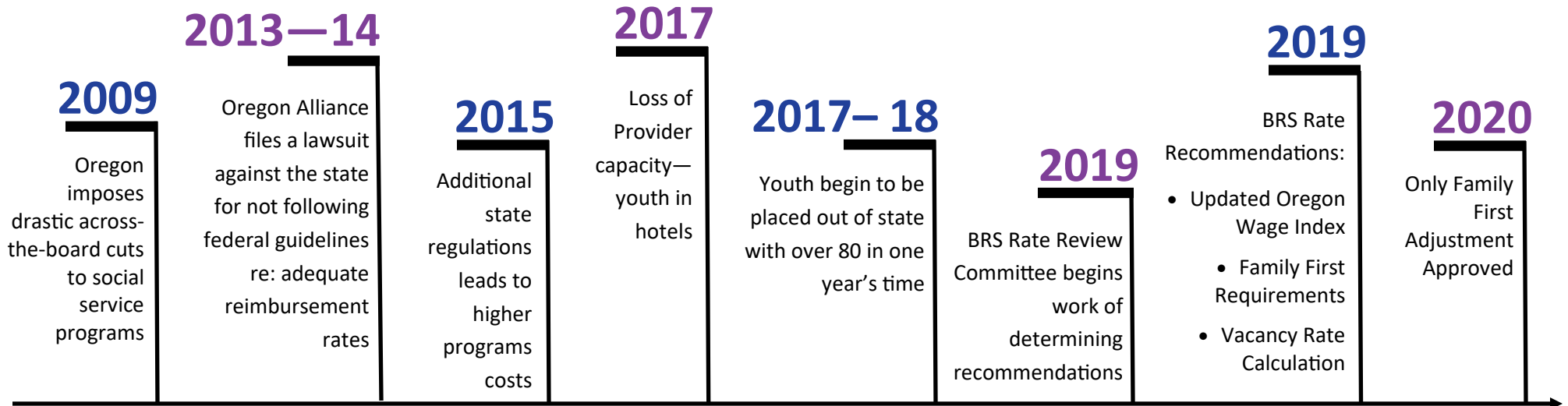
In Oregon, community providers report 40% to 60% annual turnover of behavioral health direct care staff (some programs experience 100% turnover annually)

If an agency loses 10 staff annually, this drives up costs for a non-profit by an average of over \$61,000 each year, essentially the cost of a full time worker. These unnecessary costs could be reduced by the passage of HB2424.



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Behavioral Rehabilitation Services (BRS) Reimbursement Rates—A brief History



2021—23 Policy Option Package 110

BRS OWI Update Package: Updates the Child Welfare rate model to comply with federal guidelines. Exit surveys indicate staff routinely leave non-profit agencies because of low wages, in the range of \$13-17/ hour, for those with Masters-level educations. This drives up personnel costs, leads to skyrocketing training expenses, and puts continuity for youth in care at risk.

| | GF Request | Federal Match | Total |
|--------------|------------------|------------------|-------------------|
| ODHS | 3,102,604 | 3,049,627 | 6,152,231 |
| OYA | 2,351,305 | 1,689,771 | 4,041,076 |
| Total | 5,453,909 | 4,739,398 | 10,193,307 |

“As a provider, I appreciated the opportunity to participate with ODHS, OHA, and OYA staff to examine the BRS rate structure, and ensure reimbursement rates more closely reflected the actual cost of service delivery and allow us to hire and retain the very best staff to work with Oregon’s most vulnerable children.

The report reflected the elements of the rate that were inadequate in the existing rate, and the elements of the rate that need to be added due to increased regulatory requirements. The decision to only fund the new Family First requirements and expect providers to continue to provide services with an acknowledged insufficient rate was disheartening.

If we want to have the ability and capacity to serve Oregon youth here in Oregon, we must be able to address the workforce crisis. That’s good for kids, and good for communities.”

Vera Stoullil | Boys & Girls Aid
Vice President of Programs & Government Affairs
Oregon Alliance President

