



Dear Co-Chairs Sanchez and Steiner and members of the Ways and Means Committee

Thank you for the opportunity to provide testimony in support of investments in Behavioral Health.

My name is Erin Mercer, I am the President of AFSCME Local 1790, which represents Private Sector Behavioral Health Workers. I am also a Skills Trainer at Cascadia Health where I serve adults with severe and persistent mental illnesses.

I appreciate the investments and other work over the last few years to improve Oregon's Behavioral and Mental Health Services. I can see the impact of this work in a variety of ways and would like to highlight a few of the much-needed continued investments being requested by advocates. Specifically, I would like to speak to the workforce incentives to increase the OHA's Healthcare Provider Incentive Program.

The passage of HB 4004 last year, brought a new wave of workers through our doors. It has been so helpful in our staffing crisis as we have a new generation of behavioral healthcare providers here to serve our most vulnerable populations. I have noticed that most of the workers that are now providing services are brand new to the field, and the investment to increase OHA's Healthcare Provider Incentives would help to provide much-needed training and education to the new generation of workers.

While I am happy to report that frontline staff positions are mostly filled, there is still work to be done. Our biggest deficit remains QMHP positions. As you are probably aware, an individual who receives their QMHP designation must have a Master's degree. Those who work in behavioral health are not well-paid. It is impossible to work 40 hours per week to put food on the table, go to school full time, complete homework, and serve as an intern -- let alone complete all of life's everyday responsibilities.

Furthermore, I have observed that workers leave relatively quickly due to the lack of an upward trajectory. While AFSCME Local 1790 has the United We Heal Apprenticeship program to assist workers in obtaining their QMHA and CDAC credentials; this program does not allow those working in community mental health to work towards higher credentialing due to the specific standards put in place for QMHP credentials.



I wish I had more time to speak about how I could potentially see \$20 million being utilized to help address burnout and high turnover, accessibility, equity, job satisfaction, and quality of services. Providing funding for programs like the United We Heal Apprenticeship to expand to QMHP would help boost many in the workforce looking to grow in their careers and help fill this need in services. In addition to more investments in workforce development, I ask that you also allocate funding for the rate increases COLA. The rate increases and money from HB 4004 provided a starting wage at my employer of \$20/hr. A COLA will provide continue stability.

Thank you for your time and consideration.