

Jan 27, 2025

Greetings,

I am writing on behalf of the Coalition of Oregon Professional Associations for Counseling and Therapy (COPACT), an organization that works on behalf of all licensed professional counselors, licensed marriage and family therapists, registered associates and students in counseling and marriage and family therapy programs. We are a partner of the Oregon Counseling Association (ORCA). Our mission is to advance access to quality mental health care for all Oregonians. We represent associate therapists and counselors statewide. We recently saw [a memo](#) from the Oregon Health Authority's regarding proposed rulemaking that would impact board-registered behavioral health associates and mental health interns, this will have significant effects on our membership.

We believe the proposal does not adequately address the underlying reasons many associates leave community mental health programs (CMHPs) or choose not to work in them after completing their education. To better understand what could improve recruitment and retention within CMHPs, we surveyed our associate members and gathered the following insights:

The workload/caseload of CMHPs are too extreme which lead to burn out and dissuading them from entering CHMPs. Associates are fresh out of school or within their first three years of practicing, they should not be assigned large caseloads full of patients with high acuity.

- **Lower Caseloads:** Consistently identified as the most important factor for retention.
- **Monitor Caseload Acuity Levels:** Ensures equitable distribution of high-acuity clients across all providers.
- **No Productivity Quotas:** Reduces stress and emphasizes quality of care.
- **Avoiding Overbooking/Double Booking:** Prevents burnout and allows for manageable schedules.

CMHPs have not kept up with pay rates or benefits of the private sector. It is unfair to require associates to take pay cuts or reduce their benefits package while also increasing their caseload.

- **Improved PTO Packages:** Essential for better work-life balance.
- **Annual Cost of Living Adjustments (COLA):** Critical for keeping up with inflation.
- **Higher Wages:** Particularly important for Master's-level professionals.
- **Loan Forgiveness Programs:** Attractive for clinicians with student debt.
- **Recognition of Career Progression:** Offers competitive salaries and benefits for senior clinicians.

Our associates shared concerns with the quality of supervision received in CMHPs. Supervisors have their own overwhelming caseloads which leaves them little time to dedicate to their

supervisees. If our associates moved into CHMPs they would want access to expanded training opportunities, such as they would receive in other settings.

- **Expanded Employer-Provided Training:** Supports professional growth.
- **High-Quality Supervision:** Including external options when internal supervisors are overburdened.

Workplace culture and environment is an issue addressed by almost every associate. There is significant concern that the culture of CHMPs encourages burn out, especially among associates of color.

- **Schedule Control:** Allows for work-life balance and reduces burnout.
- **Flexible or Hybrid Work Options:** Including part-time and remote opportunities.
- **Safe Working Conditions:** Especially important for those working with high-risk clients.
- **Supportive Workplace Culture:** Promotes team-building and reduces exploitation, particularly for providers from minority backgrounds.
- **Choice of Client Populations:** Accommodates individual safety concerns and preferences.

Associates shared a desire for more career development opportunities. They would like to expand their knowledge and understand different work settings.

- **Continuing Education Unit (CEU) Reimbursement:** Encourages professional development.
- **Opportunities for Supplemental Practice:** The ability to work part-time in private practice provides both variety and financial support.

It is worth noting that many of our respondents expressed an unwillingness to return to CMHPs, even with incentives, due to prior experiences of exploitation and unsafe or unsupportive work environments.

We respectfully oppose CareOregon's decision to move forward with disallowing associates and interns to bill the Oregon Health Plan and the anticipated rulemaking that would spread this poor decision across the state. We believe they will exacerbate existing workforce shortages, restrict patient access to care, and diminish workforce diversity. Nonetheless, we are eager to collaborate and be a partner in discussions to find solutions that better support current and future mental health professionals while meeting the shared goal of high-quality patient care for all Oregonians.

Thank you for considering our feedback. We look forward to engaging in dialogue to address these critical concerns.

Sincerely,

Elisabeth Herrera LPC, NCC

COPACT President