I'm writing to express my concerns about HB 3129: Relating to expansion of the behavioral health workforce; declaring an emergency. I shared my concerns last year about a similar bill (SB 1592).

I am an Associate Professor and the Principal Investigator/Program Director of the Behavioral Health Integration Project at the Portland State University School of Social Work.

I have been the PI/PD of the Behavioral Health Integration Project since 2017. The Behavioral Health Integration Project is a HRSA-funded workforce development grant. I have received nearly $4 million in funding to provide specialized training in behavioral health integration including a $10,000 subsistence stipend to Master of Social Work students in their advanced clinical year. There is funding to provide 29 students with that $10,000 stipend each academic year. We have funded nearly 250 MSW students with a specialization focused in behavioral health integration. This is just the funded students. The specialized education including 2 graduate elective courses and multiple practicum sites are available to all students and many beyond those funded students have completed some or all of the elements of the specialized education.

I will be sunsetting the Behavioral Health Integration Project this June because the specialized education and practicum sites have been well developed and established to sustainability meet workforce development needs. While, the stipends are beneficial to students, it has not shown to reduce the workforce shortage. The primary part of this program that has any viable impact on workforce shortage has been supporting new graduates navigating the licensing process, supporting employers with navigating the billing issues related to CSWAs, and providing students with access to free clinical supervision.

On February 19, 2025, I was invited to present to a HB 2235 Workgroup meeting, who are tasked with studying the major barriers to workforce recruitment and retention, about my experiences with behavioral health workforce development in Oregon. Specifically, I was asked to present about barriers in the social work licensing process and scope of practice that lend to workforce shortage.

1. Change the CSWA to a billable license will immediately increase the workforce who can provide behavioral health services. Billing practices and restrictions impact who gets hiring practices.

2. Simplify, standardized, and speed up the licensing process.

a. Uncouple licensure from employment. CSWAs should not have to wait to have a job with supervision before they can apply for the CSWA.

b. Allow students who are graduating within 6 months to apply for licensure with a letter of good standing so they can immediately be licensed upon graduation. Currently, new social work graduates have to wait months to be approved for the CSWA.

c. Examine why licensure applications are approved on a consent agenda rather than empowering employees who are verifying all the necessary documents and requirements to approve the license. This will allow for a continuous rolling process of approval rather than applicants have to wait for the monthly board meeting.

3. Examine the scope of practice of mental health practitioners to be sure that licensed practitioners are able to work to the middle-top of their licenses. Undergraduate and paraprofessionals are well qualified to provide behavioral health services including intake assessments, functional assessments, case management, care coordination, symptom management, behavior management, psychosocial education, group facilitation, and resource brokers. Examine, clarify, and update OARS/ORS that may be creating barriers.

4. Invest in infrastructure and reimbursement. Increasing the number of workers in the workforce will not solve a workforce shortage. There is a need for more mental health and substance use treatment facilities and beds. There is a desperate need for better pay. Increased pay could go a long way in retention and recruitment of workers who have the training and education to fill jobs but have chosen alternative employment opportunities. Increased retention will likely also help reduce workplace shortages which result in higher caseloads, working outside of scope of practice, and increase of clinical supervisors available within an organization.

To be clear, I'm not discounting the need for behavioral health workers across the state. Instead, given my 10 years of experience in behavioral health workforce development across the State of Oregon, I'm concerned that focus of HB 3129 is a misdirected solution based on poor problem formulation. Investing in reimbursement, infrastructure, scope of practice, and streamlining licensing will have immediate impacts that will help with recruitment and retention of the thousands of students who are graduating in existing behavioral health related education programs. Fully funding all of higher education will increase access to all programs.

Sincerely,

Ericka Kimball, PhD, LCSW