



February 25, 2025

TO: House Committee on Higher Education and Workforce Development

RE: HB 3129 – Support for Public Behavioral Health System Workforce Development

Chair Hudson, Vice Chairs Fragala and Harbick, Members of the Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I am writing in support of HB 3129 to train and prepare clinicians and other workers to serve people in the public behavioral health system. AOCMHP represents community mental health programs (CMHPs) with service areas covering every county across the state.

CMHPs manage and provide an array of critical services for their communities and are integral to the public behavioral health system. CMHPs serve people across the lifespan, regardless of insurance status, and with the most complex mental health conditions and substance use disorders. These are hard jobs and require dedication, empathy, and for some positions, willingness to work nights and weekends. CMHPs are also not allowed to have wait lists, which contributes to high caseloads and burnout.

As a result, CMHPs experience high vacancy rates in key positions. Here are a couple of examples:

- 20% vacancy rate in positions serving people who are involved in the legal system or who are compelled to receive services such as civil commitment or Aid & Assist restoration services
- 30% vacancy rate in crisis services positions which include mobile crisis response and crisis stabilization services – at this point CMHPs rely on temporary crisis workers to fill critical gaps on their teams – they're expensive and don't stay long so there is a constant training loop.

The biggest gaps in the publicly funded BH system are Qualified Mental Health Professionals (QMHPs) – these are Master's level clinicians, like social workers, counselors, and therapists. We need QMHPs who are qualified to conduct assessments, create treatment plans, and supervise other workers, to name a few responsibilities.

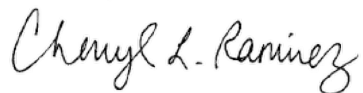
It is crucial for the sustainability of the public behavioral health system that Higher Education programs are preparing graduates to work in crisis, intensive, residential, and other team-based care.

It is also critical that the Higher Education grant funding is used to develop programs in partnership with CMHPs to ensure we train the workforce and build the skills we need.

Additionally, although we hope many graduates will have long term careers in the public behavioral health system, this will not be for everyone, so it is imperative for student scholarships or stipends funded through this program to include a service obligation of two or more years in the public behavioral health system.

Thanks for the opportunity to testify in support of HB 3129.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl L. Ramirez".

Cherryl Ramirez

Executive Director

Association of Oregon Community Mental Health Programs