Beating the Shortage: Solutions to Oregon’s Mental Health Workforce Woes

June 29, 2021

We will get started shortly. Your lines are muted upon entry. This event will be recorded.
Welcome!

• Today’s event is being recorded
• All participants are muted on entry
• Ask questions using the Q&A Box
• Please fill out satisfaction survey
About Oregon Health Forum

• Advancing health policy solutions through meaningful community dialogue
• Affiliate of The Lund Report news source
• Nonprofit supported by donations, sponsorships
• OregonHealthForum.org/make-a-donation
Coming soon:

Physicians and Racism

July 29, time TBD
Thank you to our annual sponsors!

CareOregon®

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Scribe-X

The Heatherington Foundation for Innovation and Education in Health Care
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Providing addiction recovery, problem gambling treatment, mental health therapy, and primary medical care.
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• A 98-bed facility with step down programs and the only UHS-affiliated facility in Oregon

• Serving adults facing acute behavioral health crises related to mental health, substance abuse or co-occurring disorders since 2010
Willamette Valley Behavioral Health has applied to construct a freestanding 100-bed psychiatric hospital for adolescents, adults, and older adult voluntary and involuntary patients in Oregon.
WORKFORCE INCENTIVES INCLUDE:

We recruit Nurses, LCSWs, LPNs for a diverse and inclusive workforce and encourage people from a variety of academic, ethnic, cultural, gender, and neurological backgrounds to apply.

What We Offer:
- Competitive wage
- Up to $52,500 in student loan repayment funds or tuition reimbursement
- Competitive pay & benefit package including:
  - Medical/dental/vision (multiple plan types available to suit coverage/cost preferences)
  - 401k with 3% employer match
  - Above-market Paid Time Off
  - Employee stock options
  - Career development, leadership training, and promotion opportunities
  - Relocation assistance
  - Free counseling services through our EAP for employees and family members
TO LEARN MORE:

Job Openings
www.cedarhillshospital.com

WVBH
willametteementalhealthaction.com
Thank you to our event sponsor!
Beating the Shortage: Solutions to Oregon’s Mental Health Workforce Woes

June 29 | 2-3:30 pm

Moderator:
April Johnson, MPA
President/CEO, Youth Unlimited Inc.

Panelists:
Cort Dorn-Medeiros, PhD, LPC, CADC III
Assistant Professor & Department Chair
Department of Counseling, Therapy and School Psychology
Lewis & Clark College Graduate School of Education and Counseling

Laura Sebulsky, MBSR
Director of Clinical Outreach and Admissions, Rocky Mountain Area/PNW
Charlie Health

Lori Paris
President & CEO, Addictions Recovery Center, Inc.
April Johnson, MPA
President/CEO
Youth Unlimited Inc.
A diverse workforce is critical for health equity.

From November 2020 to June 2021, capacity of OCBH members has reduced significantly, anywhere from 20% to 75% across various agencies and programs, vastly reducing access.

This is stark compared to the averaged loss across the state in our November report of 12%.

Covid stress, the inability to fund competitive wages/benefits, and growing competitive wage market outside of the sector has accelerated the long-standing workforce crisis to catastrophic proportions.

Today lack of workforce is the primary factor in program reductions and closure.

Both recruitment and retention are failing to meet Oregonians’ need for Behavioral Healthcare.
Recruitment

Average time for open position to achieve a person is hired? (Please identify any trends for different positions/profession types.)

- Typically, across members the most difficult positions to hire included Direct Care staff for congregate care settings, CADC, all BH Supervisors, RN’s and specialty psychiatry/medical.

- All reported reporting most difficult to hire was generally irrelevant as all critical staff were becoming difficult to hire.

![Open Posting to Hire Diagram]

- 22% for 30 to 45 days
- 10% for 70 to 90 days
- 30% for 180 days or more
- 18% for Perpetual openings
- 20% for no report or do not track
Have you had to increase wages to obtain applications and/or retain staff?

Can you project supporting the new wage structures with a balanced budget in next cycle?
What is your turnover rate?
How does this compare to pre-COVID?

• Turnover rates ranged from 1% - 32% across the membership pre-COVID.

• Turnover rates have elevated to 3% - 64% across member agencies in 2021.

• Over 52% of members report turnover rates between 35% - 64%.
Report exit interview data on where employees are going. (No job? New sector? Higher paying competitor?)
Cort Dorn-Medeiros, PhD, LPC, CADC III
Assistant Professor & Department Chair
Dept. of Counseling, Therapy and School Psychology
Lewis & Clark College
Graduate School of Education and Counseling
Lewis & Clark Graduate School
Department of Counseling, Therapy, & School Psychology

- Art Therapy
- Marriage, Couple, and Family Therapy
- Professional Mental Health Counseling
- Professional Mental Health Counseling - Specialization in Addiction
- School Psychology
Lewis & Clark Community Counseling Center

- Training clinic for practicum students in Professional Mental Health Counseling, Professional Mental Health Counseling - Specialization in Addiction, and Marriage, Couple and Family Therapy programs
- Client fees are determined by sliding scale
- No one turned away due to inability to pay
- Virtual services will continue to meet client needs across the state
- Still seeking community space for Art Therapy
Clinical Internships

- Students seek internships all across the state
- Virtual supervision accommodation for students outside the greater Portland metro area and in rural communities
- 100+ community partners who provide internship placements across programs
- Majority of internships are 15-20 hours per week and **unpaid**
Recruitment and Retention of BIPOC Students, Faculty, and Staff

- Increased institutional scholarship funds for BIPOC students and students from historically underrepresented populations (e.g. LGBTQIA+, first gen)
- Additional compensation for BIPOC faculty and staff who provide student mentorship
- Focus in monthly faculty meetings on anti-racist and culturally inclusive pedagogy
- Ongoing examination of admissions and matriculation data
Laura Sebulsky, MBSR
Director of Clinical Outreach and Admissions
Rocky Mountain Area/PNW
Charlie Health
Solving the Adolescent and Young Adult Mental Health Crisis with IOP

June 2021
Clinical Assessment

Determine the most appropriate treatment plan for each client

Individual Support

Each client is assigned a primary therapist

Group Therapy

Curated groups that connect individuals with similar needs
Tenants of Clinical Programming

- **Tenant I: Power of Connection**
  - Seeing and Being Seen: you are worthy of being nurtured
  - Loving and Feeling Loved: We will love you until you love yourself
  - We are Family: We struggle together and succeed together

- **Tenant I: Power of Congruence**
  - Honesty: To thine own self be true
  - Accountability: If it is to be, it is up to me
  - Integrity: If you talk the talk, you must walk the walk

- **Tenant III: Power of Experience**
  - Appreciating the sorrow experience: Forests wouldn’t grow without nurse logs
  - Affect Regulatory Experience: Encouraging proportional responses to a trigger
  - Clinically Excellent Experience: The client is always right
IOP for Adolescents & Young Adults Needing Mental Health and Addiction Treatment
Charlie Health Delivers Evidence-based Care with Statewide Access for Ages 12-26

Access Support from Anywhere

24/7 Intake
Our intake is available 24/7

1:6 Staff to Patient Ratio
Individualized care with rapid engagement

Evaluation
Clinical evaluation + proprietary algorithm support personalized care and assignment to therapeutic group and therapist

Accessible Services
IOP teen and young adult services brought home, where people live
Community-building: our online services breakdown distance barriers to engaging with peers or families facing similar issues
Easier access = improved treatment adherence

Coverage & Cost Savings

HIPAA-secure telehealth services
Serve clients & families from different communities but similar issues
Reduce unnecessary use of less effective higher levels of care with access to “in-home” IOP

Majority of individuals in residential care could be safely and effectively treated in IOP

Evidence-Based Solutions

Services & Modalities
IOP, Group, Family, Individual
Wide-range of therapeutic approaches by trained clinical staff
• CBT/DBT
• ABFT
• Motivational Interviewing

PHQ-9/YOQ/OQ
Collected for all patients

Engagement & Completion Rate
We track transition from IOP to OP and completion rate

Readmission Rate
30- and 90-day tracking to same or higher levels of care (health plan collaboration)

Client Satisfaction
90%+ satisfaction and participation rates

Our Innovative Approach

We Fit Life
Overcome rural access gaps with HIPAA-secure video platform offering
Customized care including proprietary algorithms to match clients to best therapist & peer group combinations
Whole family engagement, care and support
Joint Commission accredited

Innovation
Timely access to psychiatric services
Payer partner willing to work under performance-based or value-based model
Collaborative care model supports access and coordination with PCPs & pediatricians
Evidence-based medication-assisted treatment
## Charlie Health

### Participation Rates
- **92%**
  - Participation rate in IOP sessions (30- and 90-day rolling IOP attendance rates)

- **96%**
  - Of clients and families would recommend Charlie Health to a friend or family member

- **97%**
  - Of parents or caregivers report that Charlie Health meets the needs of their loved one

- **94%**
  - Of clients and families report the quality of Charlie Health services as high or very high

### Previous Treatment
- **100%**
  - Have history of previous treatment episodes

- **53%**
  - Admitted to 1+ inpatient (24/7 care) facilities

- **16%**
  - Admitted to 3+ inpatient (24/7 care) facilities
Patient Health Questionnaire (PHQ-9)

All Clients (Adolescents & Young Adults)

Average Score Across Clients

- Severe Depression
- Moderately Severe Depression
- Moderate Depression
- Mild Depression
- Minimal Depression

- Admission
- Mid-treatment
- Discharge
Youth Outcomes Questionnaire (YOQ 2.0)

YOQ 2.0 SR Sub-Score Admission to Discharge
Lower Score = Less Distress in Life

Outcomes Questionnaire (OQ 45.2)

OQ 45.2 Sub-Scores Admission to Discharge
Lower Score = Less Distress in Life

Discharge
Admission
SUMMER V.I.B.E.
Virtual Intensive Behavioral Experience (V.I.B.E.)
to Prepare Students for Fall 2021!
June - August

**Social Skills**
Enhance and process social skills through connecting with peers navigating similar challenges

**Emotional Regulation**
Build a toolbox of strategies to respond to and regulate emotions with licensed therapists and peers

**Executive Functioning**
Tailored skills-based group therapy to simulate cognitive flexibility, self-control, and organization
Personalized Track for Dialectical Behavioral Therapy (DBT)

June – August: 5-8pm (MT) on Monday, Wednesday, Thursday

- **Mindfulness**: Enhance awareness of the present moment, decreasing feelings of judgement
- **Emotional Regulation**: Learn to process and cope with emotions—accept fluctuating emotions and vulnerabilities
- **Distress Tolerance**: Manage, accept, and address challenges as they arise, avoiding thought processes that worsen situations
- **Interpersonal Effectiveness**: Understand personal needs and how can they can be met, increasing self-awareness and self-respect
Free Online Caregiver Support Group

- For parents, grandparents, or guardians of teens and young adults who struggle with mental health and substance use disorders

- Facilitated by licensed clinicians, our Caregiver Support Group builds connection, community, and compassions
Thank you!

Laura Sebulsky
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www.charliehealth.com
Lori Paris
President & Chief Executive Officer
Addictions Recovery Center Inc.
The Struggle for Our Workforce

Addictions Recovery Center, Inc. Jackson County, Oregon
The workforce shortage in Jackson County was already complicated by a severe housing shortage. The housing shortage was made much worse by the Almeda Fire in September 2020. The fire destroyed more than 2,000 units of the area’s more affordable housing. Our LatinX population was most heavily impacted.
RECRUITING CHALLENGES

• The severe housing shortage has made it nearly impossible to recruit new employees from out of the area because they cannot find housing.

• We need to expand our workforce with an emphasis on two populations in order to better serve the underserved members of our community.
RECRUITING CHALLENGES

• We need more Spanish-speaking and culturally fluent staff, and we need better representation for the LGBTQ+ members of our community.

• Most immediately, we want to hire more certified recovery mentors (CRMs) and certified alcohol and drug counselors (CADCs).
CREATIVE SOLUTIONS

• There is not a ready supply of credentialled people looking to apply for these positions, so we need to be creative

• We thought about how we might open the doors to these careers for people who have not had these doors open to them in the past

• We landed on two programs to address this disparity, funded by grants from two different sources
CERTIFIED RECOVERY MENTORS

• We will run advertising on television, radio and print for people with lived experience to apply for fully paid training and certification as certified recovery mentors

• We will do this in two phases, with 10 people attending training in each phase

• Upon completion of training and successful certification, trainees will be able to apply for open positions with us or with other local providers

• Addictions Recovery Center is looking to recruit a total of 10 new certified recovery mentors
CERTIFIED ALCOHOL AND DRUG COUNSELORS

• With our second program, we will award five scholarships for the human services program at our local community college

• This will include certified alcohol and drug counselor internships with us, and hopefully, hiring as new counselors
IN SUMMARY

• The funding for these programs is coming from two grants from different sources

• We realized we need to invest in the people in our community if we want to grow our workforce

• We are very excited about the potential of these efforts

• We hope to expand these workforce programs to other job categories soon
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Audience Q&A
Thank you for attending!