

# OFFICE HOURS REPORT

## EUGENE-SPRINGFIELD URBAN AREA

### EXECUTIVE SUMMARY

1. Current practices of distributing funds effectively stunt organizations and create competition.<sup>[1]</sup>
2. The behavioral health workforce is experiencing high levels of staff burnout and turnover.<sup>[2]</sup>
3. Innovative community projects are not currently supported by funding.<sup>[3]</sup>
4. Preventative behavioral health practices are being neglected.<sup>[4]</sup>
5. Grant funds have room to become less restrictive and encourage collaboration.<sup>[5]</sup>
6. Organizations are open to meeting with OHA.<sup>[6]</sup>

### OFFICE HOURS

OPAL hosted a virtual Office Hours session on November 10<sup>th</sup>, 2023. Seven grantees from Lane County and the Eugene-Springfield Area were invited to attend (see accompanying Summary Report for full list of invitees). The session lasted one hour, and two organizations attended. This report summarizes the findings from grantee partners during that session.

### ATTENDEES

[Looking Glass Community Services](#) (Eugene)

[Trauma Healing Project](#) (Eugene)

### THEMES

1. [Current funding models create competition and do not support individual organizations.](#) There is a general shortage of funding opportunities for organizations in this region, causing competition between groups that takes away from overall benefits for the community.
  - 1.1. Collaboration between organizations in this region is improving, but competition for funding is a barrier for smaller organizations. The current funding model forces local organizations with different focuses to compete for the same pool of funds. The result is that some groups miss out on crucial resources, which ultimately impacts the communities which they serve. The organizations present in this meeting believe that this runs counter to the principles of social service, and that there are better ways for funding to be distributed.
  - 1.2. There is a disparity between larger organizations, which have the resources and knowledge necessary to write grants, and smaller organizations who lack funding and training. To secure funding for mental health or substance abuse treatment from CCOs, currently many organizations need to join larger conglomerates of agencies to have a chance at receiving competitive funds. This model disincentivizes diversification of culturally specific, gender-specific, and other unique community-based programs. The result is a loss of support and appropriate programs for communities who avoid more conventional behavioral health settings.

2. [The workforce in the behavioral health field is struggling with burnout and low wages.](#) The behavioral health workforce is currently struggling with high rates of turnover and burnout, which is not addressed by the current incentive structures.
  - 2.1. Current workforce incentives use Medicaid funding to reward providers willing to take on high-needs clients. The incentivization practices make sense if the issue is solely related to income, but it does not address the core workforce issue of burnout.
  - 2.2. This incentivization practice has resulted in physicians focusing primarily on managing a small group of high-needs individuals, thereby reducing the resources that could be used treating clients in a more cost-effective way. Resources could be better utilized by supporting the physicians, and by training them on the range of available treatment methods outside of the conventional health system. Non-traditional forms of holistic medicine or group-based treatment settings are less expensive, more efficient, and do not burn out providers in the same way.
  - 2.3. The behavioral health workforce should be supported and receive the training they need to recognize and navigate client trauma healing. Trauma Healing Project emphasizes that the workforce needs support and trauma healing, just like the clients they serve in the community.
  - 2.4. Eugene/Springfield-area organizations want to be able to pay their staff more and have sought funding sources to do so. Looking Glass Community Services applied for and received several grants to help with pay increases. The grants have helped the organization to retain their staff and keep their doors open. Still, they are not confident that it's enough to keep staff in the long term.
3. [Organizations are not given support to innovate programs to suit their community's needs.](#) Local organizations are aware of the needs in their community, yet funding sources are often rigid in their requirements.
  - 3.1. The lack of discretionary funding leaves organizations unable to develop specific community-based and culturally specific programs, or to train staff in specialized therapeutic techniques.
  - 3.2. As an example of a local program development that achieved success despite barriers, Looking Glass Community Services initiated an extensive Child Parent Psychotherapy (CPP) training program that would benefit their therapeutic staff, and other regional providers, immensely. Until recently, they had to rely on a trainer from another county to assist them. They then worked with several partner organizations to obtain grant funding for a trainer in Lane County. However, the grant process was an ordeal and required them to rely on a partner organization to secure the grant funding and share the benefits with their group.
4. [Modern health practices prioritize intervention over prevention and do not allow organizations to develop more comprehensive patient care.](#) The lack of flexibility within Medicaid funding limits the capacities of organizations to assist clients with alternative practices or before they have a diagnosis.
  - 4.1. Limitations attached to Medicaid funding restrict practitioners to only serve clients that already have diagnoses. Providers are not permitted to use billable hours to develop more comprehensive care for clients. Likewise, clients are limited by their Medicaid benefits, which do not allow them to receive comprehensive care. These barriers prevent organizations from developing preventative services which would lower the burden on the behavioral health system.

- 4.1.1. Peer support could be expanded from only an intervention to take a more preventative approach.
- 4.1.2. Flexibility with Medicaid dollars could allow clients who do already have a diagnosis to also engage in more comprehensive, holistic care.
- 4.1.3. Preventative care also encapsulates basic needs, such as reducing housing and food insecurity.
- 4.2. Trauma Healing Center proposes putting discretionary funding towards innovative forms of care, either to supplement the care of the population that might end up in conventional health services, to create an alternative, or to even prevent the individual from needing resource-intensive health interventions.
- 4.3. Preventative practices save resources in the long run. For instance, services such as long-term therapy for families are cheaper to maintain than more intense interventions like foster care.

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*"Let's fund the right things that allow for healing and expression and recovery, not just maintenance."*

–Trauma Healing Project

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- 5. [Recent grant funding models have had positive qualities, yet much room for improvement remains.](#) RFGP 5250 and other recent grant opportunities have encouraged greater organizational collaboration and innovation. Funding sources and technical support need to keep pace with these improvements for grant research to be impactful.
  - 5.1. RFGP 5250 gave organizations the freedom to create their own projects, beyond conventional research approaches, which has brought in new voices and created powerful research. Funding sources must become more open and less restrictive to follow through on the findings from the research.
  - 5.2. Grant opportunities often create challenges for collaborative projects to apply. An example is that Looking Glass Community Services was working with six different organizations to apply for grants, but they couldn't all apply together. The grants required one organization to be the main applicant and receive the funds. It should be easier and more acceptable for a collaborative to apply for a funding opportunity, and to carry out a project together.
  - 5.3. Organizations have found technical and grant writing assistance to be very helpful. They expressed a desire for further guidance, specifically in writing proposals to meet the requirements for Medicaid funding. Becoming knowledgeable of the stipulations attached to Medicaid funding would help organizations find approaches that can fit within these guidelines.
- 6. [Organizations in this region are open to meeting with OHA.](#) Eugene/Springfield-area providers are willing to meet with OHA, but they want to see a demonstrated interest in diverse and non-conventional approaches to funding and care.

- 6.1. Representatives would be more willing to attend if they feel that the meetings are worth their time, in terms of potential funding opportunities, especially expanding funding to include individuals without a diagnosis. The organizations expressed that OHA needs to demonstrate an interest in diversifying funding to include many components of mental health and well-being outside of traditional maintenance care.
- 6.2. Hybrid meetings would be the best model to use for this region. However, hybrid meetings can be challenging, so meeting hosts must be intentional to include virtual attendees and engage with each person present. Different coalitions of mental health organizations meet monthly, which may provide an opportunity to engage with an established group of collaborators.

## NEEDS OF ORGANIZATIONS

1. [Current methods of funding distribution need to be adjusted to accommodate for the resource limitations of smaller organizations. Organizations could benefit from training in grant writing.](#)
  - 1.1. Some organizations lack the resources to write grants or the knowledge to know how to apply for grants and which ones are applicable. When groups are formed to increase the chances of securing funding the individuality of community-based organizations are lost.
2. [The behavioral health field needs better support for their workforce, including higher wages, and trauma training.](#)
  - 2.1. The current workforce incentivization models need to change to address the root causes of staff burnout, including paying staff the wage they deserve, and providing support and training in navigating and treating trauma.
3. [Funding sources need to support organizations in developing innovative community-based and culturally specific programs to meet community needs.](#)
  - 3.1. Communities are not receiving the best or most comprehensive services possible as groups lack the support and funding needed to cater their programs to local and cultural needs.
4. [Funding mechanisms need to support organizations to provide preventative care, as opposed to only providing interventions, and would help to avoid the over burdening of the behavioral health system.](#)
  - 4.1. Medicaid funding limitations are maintaining a system that prioritizes conventional health care practices and clients with diagnoses and stunts alternative, preventative practices.
5. [Grant projects should continue to encourage collaboration and innovation, and more traditional funding sources should follow suit.](#)
  - 5.1. Grants should be specifically designed for multiple applicants for collaborations, promote innovative approaches, and offer technical support. Funds should also follow these guidelines.
6. [Organizations in this region are open to meeting with OHA, but these meetings need to actively serve a purpose and demonstrate openness to non-conventional approaches.](#)