



March 23, 2020

SENT VIA EMAIL

Dear Joint Special Committee on Coronavirus Response:

I write to you today as a member of the counseling profession for over 10 years. I also write to you as a Licensed Professional Counselor Intern (LPC Intern) with the state of Oregon. As well, I cannot write this letter and provide testimony without my identity as a person of color informing my worldview. As we consider a community wellness approach to managing the COVID-19 pandemic, it is important to consider how mental healthcare can fit into this approach and what barriers exist to making this a reality.

Counselors provide critical support in times of crises because we assess and treat the distress that can come as a result of crisis events, like the current COVID-19 pandemic. Further, our long-term work with clients creates a path to healing for several mental health issues, which in turn heals the communities to which our clients belong. This healing and support during crisis are at risk as we collectively face disruptions to access to critical mental health care due to financial duress and lack of availability of counselors.

The counselor workforce in Oregon is woefully short of counselors of color. Yes, you may argue, Oregon itself is not demographically diverse. I would ask you though, in what ways has it remained that way due to the overt and covert practices within our systems and communities? As a result, how many counselors of color have burned out and exited the profession or the state, taking with them a crucially needed set of skills and expertise? This is important in relation to licensing as we consider how to recruit and retain counselors of color because we know that the outcomes of the COVID-19 pandemic will disproportionately affect communities of color.

The process to becoming a licensed mental health professional is a stringent one, with good reason. After completing comprehensive training programs, registration as an 'intern' and supervised work is required to become fully licensed. Although the specific licensing requirements differ from state to state, all share the same belief that supervised practice leads to ethical and competent counseling professionals. As a counselor educator myself, I agree.

Where I disagree with this approach is in the barriers created by Oregon's pre-licensure approach. During the licensing process, as an intern, we cannot bill insurance because insurance companies will not allow us on their panels. This serves to create multiple barriers: for clients seeking critical mental health support but cannot afford out of pocket fees and for our own financial well-being as clinicians. For those LPC Interns that work within agencies, we are often able to bill OHP but not private insurance companies and this contributes to the long waitlists that you will find within agencies across Oregon.

The field of mental health counseling does not guarantee great financial abundance and I do not think many of us enter the field with that in mind. However, basic financial solvency is a human right that should be afforded to LPC Interns. Without a 'full' license, counselor interns are not considered for



higher paying jobs. This means that many of us continue working, long term, in agencies that are understaffed and under-resourced which may lead to burnout and eventual exit from the profession. This stress is compounded for counselors of color.

The counseling workforce in Oregon and nationwide is a critical support system for residents. In Oregon, we know there is a shortage of counselors. As I have articulated, this shortage has numerous reasons and outcomes. As we come together to ensure the well-being of all Oregonians, in the short term and long term, we must widen the availability of counseling services.

The following changes must be made to increase Oregon's mental healthcare capacity and access, both in the immediate response to COVID-19 and for future access to mental healthcare:

1. Pre-licensed counselors need to be able to bill insurance companies starting immediately. This will expand the mental health resources available to Oregonians who are already or will be impacted by financial strain as a result of COVID-19.
2. Change the name of the provisional license from 'Licensed Professional Counselor Intern' to 'Licensed Professional Counselor Associate'.
3. Reduce the hours required for 'full' licensure as a Licensed Professional Counselor (LPC). As I mentioned previously, the hours requirements differ state by state. To maximize available counselors during both crisis and healing times of the current situation, the hours should be lowered.
 - a. Case in point: Washington requires 1,200 direct hours, California 1,750, and Idaho 400. While I strongly believe that supervised practice post-degree is imperative to ethical and competent practice, the focus should be **quality** of supervised hours rather than quantity.
 - b. I propose the number should be lowered to **1,500 hours of supervised practice** which brings us closer to Washington's licensing model.
4. Immediately advance the licensing for LPC associates with 1,500 hours or more to full licensure. This is not unlike other governments current efforts to increase the size and capability of their helping systems, e.g. Texas and Italy. As well, the Oregon Medical Board just today (3/23) passed an emergency rule to expand the healthcare workforce in Oregon.
5. In addition to changing the hours required, introduce further educational requirements in the form of continuing education units (CEUs) for associates, something which is not currently in place. This will allow for the supervision and cultivation of a strong, ethical, and competent counseling community while instituting new accountability for ethical and competent practice. CEUs will be focused on ethics, cultural humility, and social justice practices. CEU requirements during the associate process will not exceed 15 units.
6. When an individual reaches 1,500 hours of supervised practice, allow all supervisors who have supervised that intern to submit evaluations of their work together to the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) in order to finalize and complete licensure.



Revolution

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- a. Currently, if an intern changes supervisor, all evaluations going forward then come from that supervisor only, including the final evaluation when the associate completes their hours. This means that if a past supervisor had concerns about that associate's practice, they may go unaddressed.
 - b. The key here is 'allow' not 'require' as it may serve to be challenging to track down all past supervisors and ensure timely and complete submission of evaluations.
7. Provide increased funding to state and non-profit counseling agencies to increase their pay rate to counselor associates. Set aside at least 30% of those funds for the recruitment and retention of counselors of color.

As a counselor, counselor educator, and person of color, I know personally what is at stake. In this current moment, we risk further marginalizing already marginalized populations. I have watched as wait lists have grown, counselors of color have dwindled, and clients of color have struggled to find a counselor with a shared identity and understanding. The economic impacts of the pandemic are already affecting my clients and I have been addressing them by offering reduced fees so that they can continue to see me. There will come a point when hard and nearly impossible decisions will have to be made by my clients; decisions that can be prevented if we act now. The fear, uncertainty, and mental health outcomes created by COVID-19 are real. I have seen it in my community through the closure of houses of worship. I have seen those already in the shadows slip further away. We are at a turning point in our country in which we get to decide how important all of us are, not just some of us. That's why I urge you to move forward with the above policy changes.

Sincerely,

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