Chair Sanchez, Vice-Chair Moore-Green, Vice-Chair Nosse, and members of the committee.

My name is Jennifer Bergmans Ybarra and I would like to express my support for House Bill 2949. I am a Licensed Clinical Social Worker and I am in private practice in the Hillsboro area. I have worked in the mental health field in Oregon for over 15 years. I have worked with some of Oregon's most vulnerable populations at the County and State level as well as at nonprofits and residential and outpatient settings.

I am sure you are aware that with the events of the last year, there has been an increased need for mental health services throughout our community, as well as throughout the State of Oregon. I have stopped advertising my counseling services, as I am full and cannot take on any more clients. However, I still get calls and inquires for my services almost every other day. Many of these people have been searching for services for an exceptionally long time. Now add on to this wanting to find a provider who speaks your language, understands your values and/ or has experienced similar discrimination as you. Most people feel more comfortable talking with a provider that is able to understand their pain on this level. However, as a white person, this is something that I am unable to do- no matter how badly I would like to. I often get many people seeking my services thinking that I am Spanish speaking and I unfortunately must attempt and refer them elsewhere. The Hispanic/Latino population where I live, in Hillsboro, OR is 26.3% (City-Data.com) but currently I am unaware of any mental health providers in my area who are Spanish speaking and/or BIPOC that are accepting new clients.

Oregon's mental health system is in desperate need of clinicians of color who are able to better serve these populations. I fear that if people with mental health needs are unable to find a provider, they feel comfortable with- they may not get care, which may ultimately lead to drug use, abuse, suicide and/or criminal activity. All of which costs Oregon taxpayers millions of dollars each year. Minorities often suffer from untreated mental health problems, and sometimes end up receiving lower quality care.

The following statistics and data from the Substance Abuse and Mental Health Services Administration reflect these challenges:

In 2017, 41.5% of youth ages 12-17 received care for a major depressive episode, but only 35.1% of black youth and 32.7% of Hispanic youth received treatment for their condition.

Asian American adults were less likely to use mental health services than any other racial/ethnic group.

In 2017, 13.3% of youth ages 12-17 had at least one depressive episode, but that number was higher among American Indian and Alaska Native youth at 16.3% and among Hispanic youth at 13.8%.

In 2017, 18.9% of adults (46.6 million people) had a mental illness. That rate was higher among people of two or more races at 28.6%, non-Hispanic whites at 20.4% and Native Hawaiian and Pacific Islanders at19.4%.

Mental Health providers need to have a graduate level education, which can become expensive. I personally still owe an enormous amount of money to my student loans. However, I was lucky enough to have some help with paying for my college education. Unfortunately, BIPOC on average live in poverty at a higher rate than their white counterparts, making it harder for them to get a college education or pay back their student loans. This bill would help allow many people of color to continue on to that graduate level education so that they can become a helping professional.

Supervision is also an expensive cost. Lowering hours of supervision for BIPOC would help with this and it would also get more clinicians of color into the field quickly, so we are able to serve these minority clients who have been seeking services. There are several other states that have the required direct service hours for licensure below 1200. These states have no issues with reciprocity between states and working with medicaid/medicare. So it makes sense that lowering these hours required for BIPOC in Oregon will still get them the experience they need but also get them in to the field to serve others faster.

This bill also addresses helping individuals who have been incarcerated transitioning back into society. As someone who has had loved ones who have experienced incarceration (and many of us know someone who has), I have seen the struggle they face once they have been released. If they are unable to transition successfully, they will just cycle back through the justice system and become incarcerated again, costing taxpayer's much money. Let us help them instead. Transitioning out of prison or jail can be difficult on many levels. There will most likely be some type of trauma that they have experienced while incarcerated. In order to fully function in society again they will absolutely need access to mental health care to process this.

I am also glad that this bill addresses changing the title of LPC/ LMFT intern to Associate. When mental health clinicians are in graduate school, they often have internships in the community to learn. However, once they have graduated and are working under supervision toward their licensure (similar to a postgraduate residency in the medical field) they should not continued to be called interns. I feel that this implies that they have not graduated yet. Social Workers, at this point in the process, are titled Clinical Social Work Associate. So it would be more consistent if LPC/LMFT interns were also called Associate's too.

I hope that you will give this bill thorough consideration.

Thank you,

Jennifer Bergmans Ybarra,LCSW

TheHealingAllianceLLC@gmail.com

(503)481-3512