

Testimony for the House Committee on Behavioral Health on HB 2949 - April 7, 2021

Chair Sanchez, Vice-Chair Moore-Green, Vice-Chair Nosse, and members of the committee. My name is Janelle Bynum and I represent House District 51, which includes East Portland, Damascus, Gresham, Boring, North Clackamas, and Happy Valley. I am here to testify in support of HB 2949 and the -23 with a caveat.

Oregonians are suffering from multiple mental health crises and according to my colleagues in the Association of Oregon Counties, we have a looming substance abuse crisis that we simply do not have the workforce to handle. Tribal, BIPOC, and rural communities are cut off from the care they so badly need. Yesterday, I learned from an activist that one statewide hospital network has zero black therapists in their network so they were forced to go out of network to get the care they needed. I've realized we need to have a multi-pronged solution to fix these workforce issues.

Over the last several weeks, my office has been working with a variety of different stakeholders including Chair Sanchez's office, the Governor's office, and OHA to incorporate all of the workforce bills into HB 2949 via the -23 amendment. The amendment is significant and substantive in that it is a very broad workforce bill that gives OHA the flexibility to build up the necessary behavioral health workforces for Oregon. Further, the economic incentive package is applicable in a variety of different ways. I believe it's an important step in building the behavioral health workforce that the state has long needed for its tribal, BIPOC, and rural communities.

There is a caveat, however. I want to draw your attention to what the bill no longer addresses which is the supervised hours' requirements for social workers and counselors. I have conducted several town halls on this issue with BIPOC providers, professors, students, and advocates and they strongly support the hours' reduction. Through talking with AFSCME, Oregon's high hourly requirements are resulting in out-of-state practitioners coming here and having to restart their hours despite being credentialed elsewhere. Further, the high requirements are taking some BIPOC practitioners more than 7 years to complete.

This week, I received a letter from a practitioner who serves my constituents - Kelly Grace who is the co-founder of Second Growth Counseling (who has submitted testimony for the record), who had this to say about the hourly requirements: "The current standards do not in fact improve the quality of care participants receive from clinicians. They merely maintain a deeply flawed system that perpetuates barriers to care and dependence on treatment options that fail to respond adequately to diverse, cultural priorities. Amending these standards for clinicians is an impactful way to become current and reflect progress, need, and standards that more closely resemble other professionals in the field, such as social workers. It is also our position that more hours in a broken deeply inequitable system persistently lacking in cultural diversity and competency does not equate to better care or greater professionalism. Using this bill to help create a better system for training young professionals would allow for a more efficient pathway that equates to better outcomes and practices in providers."

This is an issue of equity and economic opportunity. Why are we burdening practitioners with years of low wages, when we could follow the model of other states like California that have lower requirements coupled with workforce development funding that has a track record of developing workforce staying power in rural, tribal and BIPOC communities.

When I first addressed this body I spoke of “High expectations without high impact outcomes for everyone.” We haven’t yet properly addressed this issue of high expectations and this hours issue has become a polarizing issue where one group - the BIPOC providers are willing to find a compromise and another group is not willing to even consider meeting them in the middle and hasn’t been for the last year.

Therefore, I intend to immediately form a workgroup that will report to the Senate Committee On Human Services, Mental Health, and Recovery which will more critically examine Oregon’s supervised hourly requirements and the multistate compact currently being pushed by the American Counseling Association. Recently, Georgia became the first state to join the compact, and Oregon has an opportunity this session to join them. I believe the issues of supervised hours and multistate compacts are linked and unwinding them is going to take a bit more time. We need to make ourselves competitive with other states in recruiting the amazing talent that is out there. I welcome members of this committee to join me in this endeavor.

I believe this bill is an important vehicle for change and urge you to support HB 2949 and the -23 amendment.