April 7, 2021
House Committee on Behavioral Health
Testimony in Support of HB 2949

Chair Sanchez, Co-Chairs Nosse, Moore-Green, and Members of the Committee,

Thank you for the opportunity to provide testimony in support of HB 2949. APANO, PCUN, and Family Forward have recently come together as a newly formed coalition to create an effective health justice advocacy campaign across our three diverse organizations. The communities we collectively organize - mothers, caregivers, refugees, farmworkers and immigrants - have always lacked reliable access to health care and mental health care services. During this time, as a result of increasing hate crimes and incidents of racial violence, the COVID-19 pandemic, and the economic recession, we are seeing our communities’ elevated need for mental health care support services.

The current mental health care system in Oregon can often have the adverse effect of creating more harm for BIPOC communities because of the lack of culturally competent services and providers. Currently, even when someone has health insurance and/or qualifies for Medicaid they often lack the access to mental health care coverage. Either way, they must also overcome the stigma associated with seeking mental health care and the lack of trust in the system.

Additionally, Black, Indigenous and people of color struggle to find care that is offered by BIPOC providers and/or is culturally competent. Many others, whom we work to organize, systematically lack access to health insurance and care because of their documentation status. The gaps in mental health support for vulnerable communities -- now often labeled as “essential” and yet treated as disposable -- are more obvious and more urgent than ever.

Given the challenges our communities face in accessing mental health care services, our priorities are on:

1. Addressing the shortage of BIPOC providers who accept Medicaid or are otherwise available to serve our communities

2. Increasing cultural competency standards for mental health practitioners more generally.
Oregon is consistently ranked one of the worst states in the country\(^1\) when it comes to access to mental health care and fewer than one-in-five\(^2\) mental health care providers in the state are people of color. HB 2949 will start to remedy this issue, by creating an effective BIPOC mental health workforce pipeline through loan forgiveness, awarding retention bonuses, and paying for supervision costs. The bill also directs additional funding to community mental health programs to individuals who are being reintegrated into the community following incarceration, and undocumented immigrants who have been disproportionately impacted by the COVID-19 pandemic.

Our coalition supports Rep. Bynum’s original proposal to reduce the amount of direct supervision hours for interns from 2400 to 1200. Oregon currently has one of the highest direct hour requirements in the country, while our neighboring states Washington and California have hourly requirements of less than 1750. The current requirement for direct supervision hours disincentivizes BIPOC clinicians from being licensed in Oregon, because they can choose to practice in a different state. BIPOC mental health providers are at a high need— reducing the number of supervision hours will help create a more equitable BIPOC mental health workforce.

The lack of access to comprehensive, sufficient, affordable, and culturally competent mental health care is glaringly obvious for BIPOC communities, caregivers, mothers, immigrants, and refugees. This legislative session, we have the opportunity to pass bold, equity-based mental health policies— and build grassroots power within a wide range of deeply impacted communities. **We urge your “YES” vote on HB 2949.**

Sincerely,

Lisa Kwon, Policy Manager, Family Forward Oregon

Daysi Bedolla, Organizing Director, PCUN

Coua Xiong, Civic Engagement Manager, APANO

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\(^1\) [https://www.mhanational.org/issues/ranking-states](https://www.mhanational.org/issues/ranking-states)