

Chair Dembrow and members of the committee,

In the 70's, I was able to complete my PhD in Clinical Psychology with no debt, due to NIMH and state grants and part time work. This gave me the freedom to work most of my career for schools and nonprofit organizations which could pay less than a private practice. **I strongly support SB 1592** and was heartened to hear the testimony from educational institutions about how they would use this funding.

I did part of my training at University of Washington Med School and, under the WAMI program, served in bush Alaska. That caused me to work for many years in rural and bush Alaska as a professional. Expanding training in areas outside our urban centers could have a similar effect in growing behavioral health workforce for those underserved areas.

This bill also speaks indirectly to some of my concerns.

- Just as in nursing - finding professors to staff expanded programs can be difficult, especially in rural areas. We need to identify pathways to recruit those who can teach in Behavioral Health programs.
- Recruitment into programs and careers in behavioral health is just half of the challenge - we also need to retain people. Behavioral health organizations experience a 20-30% turnover rate every year. ¹

I applaud the provisions of this bill that stipulate partnering with community organizations. I would urge programs receiving funding under this grant to look at ways to reach out to behavioral health professionals in the community, to involve them as teachers and mentors, and to work to develop a supportive community of professionals. This could be a means to teach and

¹ <https://bhbusiness.com/2023/06/20/33-of-behavioral-health-facilities-say-turnover-has-improved/>

nurture those coming into the field while providing support for practicing behavioral health professionals at risk of burning out.

Thank you for your concern and for your service,

Carol Greenough, Ph.D.