

Chair Nosse, Vice Chairs Nelson and Goodwin, and Members of the Committee:

My name is Dr. Anjabeen Ashraf and I am a Counseling Professor at Antioch University - Seattle, the Owner, and Operator of Revolution Counseling based in the Portland Metro Area, and I'm licensed as a Licensed Professional Counselor in Oregon and a Licensed Mental Health Counselor in Washington. I am also a woman of color, child of immigrants, and a religious minority. I am one of the very few individuals who embody these intersecting identities within the behavioral health workforce in Oregon.

I'm here to testify in support of HB 4071 and the -1, -2, and -3 amendments. I will focus my testimony on the -2 and -3 amendments. According to Mental Health America, in 2022 we were ranked 46th in their overall ranking of prevalence of mental illness and access to care. In the 2023 report, we got worse now we're ranked 50th out of 51. I am ashamed of this ranking and so are my colleagues. We also feel a deep sense of responsibility and are doing the best we can, even though this is a systemic problem that we did not create.

Back in 2021, when I saw the deteriorating state of our behavioral health system amidst a pandemic, I drafted a letter to Rep. Janelle Bynum which became the impetus for behavioral health workforce funding in 2021 through HB 2949. If you look at the top of the bill, you can see that I requested it with three other counseling professor colleagues and all of the advocacy commissions. That measure at one point contained three elements, workforce funding, reduction in Oregon's ridiculously high supervision hours, and the passage of the interstate compact for counselors. We've accomplished the first two. This is the final step.

In addition to improving access to care in Oregon, there are two main reasons why I encourage you to support this measure: economic opportunity & portability and the impact on BIPOC behavioral health professionals.

For students, licensure portability offers the promise of broader horizons and increased flexibility in pursuing their careers. It removes barriers that may otherwise deter them from seeking employment or further education in different states. By facilitating seamless transitions across state lines, this legislation empowers students to explore diverse learning environments and gain invaluable experiences that enrich their skills and perspectives.

Similarly, for established professionals, licensure portability represents a lifeline amidst the tumultuous currents of burnout and stagnation. Many dedicated practitioners find themselves trapped in exhausting cycles, struggling to maintain the vitality of their

practices while grappling with the rigidity of licensing requirements. The ability to transfer licensure across jurisdictions alleviates this burden, affording professionals the freedom to adapt to changing circumstances, seek new opportunities, and revitalize their passion for their work.

Moreover, the imperative for licensure portability is particularly pronounced within the BIPOC community. In Oregon, as in many other states, the scarcity of clinicians of color exacerbates existing disparities in access to culturally competent care. BIPOC professionals face unique challenges and burdens within the field, compounded by systemic barriers that impede their progress and perpetuate underrepresentation. By facilitating licensure portability, we can dismantle these barriers and cultivate a more inclusive and diverse workforce that reflects the rich tapestry of our communities.

As someone deeply entrenched in the behavioral health profession, I have experienced firsthand the debilitating effects of burnout and exhaustion exacerbated by the glaring absence of culturally specific care for my communities. Day after day, I have witnessed the toll it takes on both myself and those I endeavor to serve. The absence of tailored care not only intensifies the urgency of the needs within our communities but also amplifies the acuity of the challenges we confront.

The consequences of this inadequacy are profound, reverberating far beyond the confines of individual practitioners to encompass entire communities left languishing in the grip of unmet needs and unaddressed traumas. The toll on our mental, emotional, and physical well-being is staggering, as we find ourselves stretched thin, grappling with the weight of our responsibilities and the enormity of the challenges before us. As members of these communities ourselves, we confront the challenge of systemic inadequacy with a profound sense of duty and responsibility. Each day, we bring to bear our lived experiences, cultural insights, and empathetic understanding in an effort to bridge the chasm between the services available and the needs of our communities.

Yet, in doing so, we often find ourselves paying a steep personal toll—a toll measured not only in the exhaustion of our bodies and minds but also in the erosion of our own well-being and sense of self.

Increasing access to culturally specific care and reducing licensure barriers are essential steps towards addressing the systemic inadequacies and burdens faced by both practitioners and communities. By ensuring that individuals have access to care that is tailored to their unique cultural backgrounds and experiences, we can mitigate the disparities in mental health outcomes and alleviate the strain on practitioners who often bear the brunt of providing culturally competent services. Reducing licensure

barriers facilitates the mobility of professionals, enabling them to respond more effectively to the changing needs of diverse communities and alleviating the burdens of burnout and exhaustion. Together, these measures not only enhance the quality and effectiveness of care but also foster a more equitable and sustainable system that prioritizes the well-being of both practitioners and the communities they serve.

The urgency of this legislation cannot be overstated. With each passing day, the exodus of professionals from the field accelerates, leaving behind a widening chasm in our capacity to meet the needs of our communities. We owe it to our current practitioners to offer more than hollow assurances of perseverance; we must provide tangible support and concrete solutions to address their concerns. Licensure portability signals a commitment to action—a promise that help is not merely forthcoming but already within reach.

In conclusion, I implore you to stand in solidarity with students, professionals, and communities across Oregon by endorsing this vital legislation. Together, let us pave the way for economic opportunity, professional growth, and diversity in the behavioral health field. Our future depends on it.

Thank you for your time and I urge you to Mend the Gap.

In Solidarity,

Anjabeen Ashraf, PhD, LPC, LMHC