

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 -5, -7, -8 amendments.

I am here as a consumer who sees network adequacy as an issue. Can I find a culturally responsive provider when I need it? I am also here as a legislator responding to the cries of our community.

High expectations without high impact outcomes for everyone. Entrenched marginalization. Less than adequate support of BIPOC community members. This is a summary of Oregon's current mental health care system.

Throughout the pandemic and the Black Lives Matter protests Oregon's BIPOC population searched for BIPOC mental health practitioners only to be told they weren't in network, or they were full. Many Oregonians were left without any access. I know what this is like because I lived it as a person who needed a counselor and as a parent who has had to access mental health support for my child. While who we found was competent, it was not even remotely close to my ideal counselor.

The shortage of the necessary workforce that we need is only further hampered by the requirements that have been placed upon students here in Oregon that have often led to them flocking to other states to develop their mental health careers. We have no competitive advantage to recruit. Nor are we even competitive. Our system is built on the notion that our graduates can go anywhere. And they do. They are not staying here, nor are we able to attract enough talent to keep our own market competitive.

Our standards might make sense if the outcomes and access were highly regarded, but we are ranked last or near last in the country in multiple mental health care categories according to Mental Health America. Something has to change. That change is HB 2949.

HB 2949 was created in consultation with experts from our region including professors, policy analysts, experts in workforce development, our students here in Oregon, and the Advocacy Commissions who have long waged this fight without support.<sup>1</sup>

HB 2949 creates a BIPOC mental health workforce pipeline through effective methods used in neighboring states by creating scholarships and loan forgiveness for students, awarding retention bonuses, and paying for supervision costs. The bill also helps BIPOC community members, undocumented immigrants, and the formerly incarcerated heal.

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<sup>1</sup> Rep. Bynum is grateful for the contributions of professors and advocates from Lewis and Clark, George Fox University, Antioch University - Seattle, and Oregon State University, Washington Department of Health and the University of California - San Francisco.

Through HB 2949, I have also adjusted the experiential requirements by offering a suggestion to change Oregon's supervised hourly requirements. The bill requires 3000 total hours, 1600 direct, 1400 indirect, and 2 years of supervision for social workers, counselors, and therapists. This puts Oregon at the average nationwide and opens up a clogged pipeline.

By fixing our pipeline issues and amending our laws, we gain a competitive advantage over many other states. I don't want to just compete, I want us to win. We win when "we "build our own" to borrow language from Rep. Wright. We win when BIPOC practitioners get to have economic success and BIPOC community members can heal. We win when our mental health systems improve. We win when every Oregonian can get the care they deserve. Come win with me and support HB 2949.