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Written testimony submitted to the Oregon Legislature

Chair Nosse, Vice-Chair Goodwin, Vice-Chair Nelson, and members of the committee. My name is Dr. Anjabeen Ashraf. I am here testifying in support of House Bill 2651.

Members of the committee, if I was to ask how good you are at waiting, what would you say? I know for myself, I often have a hard time waiting and that is for trivial things. Unfortunately for many Oregonians, waiting is a part of their reality as they contend with ever-growing waitlists for mental health care. That reality is scary and dangerous for some as they have a high-level need for support. Unaddressed, this has an impact on that individual, their family, and our communities.

I am a Licensed Professional Counselor in the state of Oregon, a counselor educator holding my doctorate, and a private practice owner. I am also the first in my family to pursue a doctorate in mental health, a child of immigrants, a woman of color and a Muslim.

As part of a 4 member team of counselor educators and a broad coalition that advocated and supported the creation and passing of HB2949 in 2021, I am glad to be here to support further funding towards the goal of access to wellness and healing for all Oregonians by expanding the behavioral health workforce. House Bill 2949 passed with bipartisan support in 2021 and invested \$80 million in pipeline development and workforce incentives to recruit and retain professionals in the behavioral health field.

Financial solvency is one large barrier to entering and staying in the profession. Graduate mental health programs often cost more than graduates can expect to be paid during their first year out of school. Few scholarships exist to assist students financially in these programs. While in their program, students are expected to work for free in various mental health sites for experiential training.

The financial constraints continue after graduation when the costs of obtaining the initial Associate license are the new graduate's responsibility. If the site does not offer supervision or they are in private practice, the cost of supervision is the new professional's responsibility.

The embedded classist expectations within our mental health professions lead to the self-selection of certain backgrounds into the field. From the cost of the graduate programs, to unpaid internships, and underpaid post-graduate positions, these barriers to entry are easier for some to overcome than others. For communities with less access to wealth, a relevant question to ask is, Who can afford to pay to train to become a mental health professional and to be ready to be underpaid when they become a mental health professional?

The work that this committee and the Oregon legislature began with HB2949 must continue to affect wide and deep reaching change. As funding has become available for students, supervisees, and supervisors, I have noticed a shift within my mental health circles. A shift to hope. Hope for a profession that we all agree is needed and important. Hope because maybe now we don't have to make a choice between doing this work or financial solvency.

Continuing to fiscally support the work of expanding the behavioral health workforce addresses the challenges of recruiting and retaining professionals in this field, particularly for communities that have not had significant state investments in their workforce.

I strongly believe based on my 13 years of experience in the mental health field, as a counselor educator, and an individual who went through the licensing process in Oregon, that the work we have begun is creating change. Please support that change to continue. From pipeline development to grants and scholarships for training, we can increase the number of mental health professionals so that all Oregonians have access to life-saving and life-supporting mental health care. Let us cultivate hope for all Oregonians. Thank you for your time.