



February 17, 2025

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

My name is Zakir Khan, and I am a Government Relations Manager for Washington County and I'm here to testify in support of HB 3351 (and also the related social work compact).

If you were to ever to travel to London and take the trains, there you would persistently see the famed "mind the gap" signs everywhere. They are there to remind you of the gap between the platform and the train. For too long in Oregon, we have minded several gaps – which is the statewide gap of a lack of behavioral health treatment beds, lack of sufficient workforce to staff them and lack of overall providers in our system of care. Today, we would like to you ask to embark on a different journey and instead work to **mend the gaps**.

I have been working on behavioral health workforce challenges for the better part of the last five years. In 2021, as part of then State Representative Janelle Bynum's office I wrote HB 2949, Oregon's landmark \$80 million behavioral health workforce package. What some may not recall about that bill is that it wasn't just about investments it was also about policies, and at one point it included this compact. Some might say this is the final piece of what we drafted.

For Washington County in particular, Licensed Clinical Social Workers and Licensed Professional Counselors play a critical role on Washington County's Crisis Team. They work in our Hawthorne walk-in center and serve on our mobile crisis service team. We currently lack sufficient staff for this team as 60% of them are licensed. I have firsthand seen what an excellent job these individuals do to help our community. During a recent visit to our Behavioral Health office, I saw how staff calmed down a man who was clearly in distress.

The challenge within Oregon today is well known, and yet the solutions have been elusive to pass. We have a significant access to care crisis but not sustained solutions. The access to care crisis is even worse in communities of color and rural communities because we're just not **building enough, fast enough and retaining enough workforce** to meet the needs of Oregonians.

HB 2949 was intended to be a down payment to build up our behavioral health workforce, but in subsequent sessions we couldn't find the money to make the ongoing payments. I credit passed iterations of this committee who passed those behavioral health workforce bills often times unanimously, only to see them come up short in the Ways and Means process.

This session there are other bills that restart those payments, but the reality is that they won't be enough by themselves. We as a state need more tools, and these compacts play a critical role in helping us obtain additional help without adding additional large fiscals in the tens of millions. We cannot keep telling practitioners and patients to hold on without offering more

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substantive policy solutions. Whenever our state has called on these practitioners they have responded with everlasting and sustained support for our communities. They haven't just helped those with direct trauma, they've also helped those of us who have carried the vicarious trauma of our clients, communities and constituents.

Passage of these compacts ensures that we start helping Oregonians upstream before they ever need a residential bed because these practitioners play a critical role in helping people get better before things get much worse and if they get worse Oregonians need to know the care of a licensed practitioner is there and available.

As a result, we urge the passage of HB 3351 so that we can **mend these gaps together**.

Thank you,

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