

Good afternoon, Chair Hudson Vice-Chair (Fra-gall-a), Vice-Chair Harbick (Har-bick), and committee members. For the record, my name is Lisa Whipple, I am a student at Eastern Oregon University enrolled in The Masters of Clinical Mental Health Counseling Program, and I would like to share some information with you about my experience and goals for being a student in the Clinical Mental Health Counseling.

I currently work as a dual-diagnosis therapist for a frontier community mental health provider, which means that I work with individuals who struggle with mental health and substance use disorders. I hold a Qualified Mental Health Professional certificate under a variance from OHA and as well as Certified Drug and Alcohol counselor II. I started my career off five years ago as a Certified Recovery Mentor because I am someone with what we call "live experience." I have had my own struggles with substance use and mental health issues. It took me many years to find myself and my recovery but in five days I will be celebrating nine years of complete abstinence. My brother was not so lucky. April 13th of 2015 I came home to find that my brother had ended his own life, the weight of his addiction and untreated mental health had taken its toll and he lost his battle.

When I first entered the trenches of our behavioral health care crisis five years ago I did not understand the severity of the issue, I just wanted to be able to help who I could, however, lack of staff, resources, and educational opportunities, I quickly became aware of how dire our situation is. The clinical mental health counseling program was a whisper in the wind until one day a supervisor told me applications were being taken. I filled out the application, gave a teary eyed interview with the program directors, and received an admittance letter. I was becoming a bigger part of a much needed solution, becoming someone who my brother, and I needed, all those years ago, while bettering the communities in which I raise my children.

After graduation I plan to obtain my LPC and stay with community mental health as well as open a part time private practice. Community mental health is stretched so thin, with insurmountable case loads where career ending burn out is happening at an alarming rate. This is why we NEED more professionals, we NEED to spread the weight of this heavy load, we NEED to gain traction in the progress instead of the regress of professionals that we are currently seeing.

What is the solution to this? We need trained, skilled, and compassionate people. Those people need to be able to feel confident going into a career, that their financial needs can be met. I have had many conversations with those close in the field who would love to move higher in the profession, but they are still paying off student loan debts from bachelors degree and do not

feel the financial strain will be something that they can accommodate in today's economic status.

I had this same fear, but my passion outweighed the caution, and I leaped in, with the intent of "figuring it out," financially. However, I was graciously provided with a couple huge scholarships for my work in rural and frontier communities. The blessing that this provided for my family was life changing, as well as providing me with some relief from the growing financial commitment a masters program requires.

At one time in my career, I had a case load of over 100 people. I could not even say I was providing client care as I scheduled them for months out at a time. There was no working through issues or making progress on a treatment plan, I was just herding them through my schedule to adhere to state standards and I became a distant and withdrawn counselor, the thing I said that I never wanted to be. I watched as my clients became more frustrated with treatment than they were motivated. I watched my colleagues beg for help in team meetings, and the look on their faces when another therapist left because the weight of the system had become too much, going through the case load and dividing up more clients onto less counselors, and pretending that we were able to adjust to more.

We are in a health care crisis. We see it on our streets. We see it in our classrooms. We see it on the faces of family who come into our facilities begging or yelling for someone to just please help. Behavioral health is not health until we can provide services needed, otherwise it is just behavioral viewing. Our communities, our children, our loved ones, and our future need to be invested in. Please, be a part of the solution today before even more professionals wave their white flag and people like my brother look for their own solution to solve their burdens.

Thank you for letting me share today.