
Oregon Health Authority HB 2235 Workgroup

July 3, 2024

Meeting #11



Agenda

START	TIME	END	TOPIC
1:00	5	1:05	Welcome Community Agreements Review
1:05	5	1:10	Roll Call & Minutes Approval
1:10	10	1:20	Public Comment Period
1:20	5	1:25	Matters from previous meeting
1:25	10	1:35	Behavioral Health Workforce Initiative Programs Overview Presentation
1:35	15	1:50	Behavioral Health Workforce Initiative Loan Repayment Presentation
1:50	10	2:00	Break
2:00	30	2:30	Office of Rural Health/Oregon Health Authority Loan Repayment Presentation
2:30	25	2:55	Presentations Q & A
2:55	5	3:00	Wrap-Up

Community Engagement Agreements

- We acknowledge that we bring our Lived experiences into our conversations
- We strive to engage non-judgmentally, with respect, humility and inclusivity
- We try to stay open minded
- We work to make conversations accessible, and Trauma informed

We honor everyone's lived experiences and expertise

- We expect it to get messy at times. When it does we will acknowledge ruptures and focus on repair.
- We show up with humility and a place of vulnerability

Roll Call & Minutes Approval



Cape Mears Lighthouse

Public Comment

- Period is 10 minutes total
- Please keep comment to 2 minutes or less.



Deschutes River

Matters arising from the minutes/previous meeting

- This is a space for members to share thoughts or reactions from previous meetings, constructive criticism, requests for clarification(s) or data, and/or appreciations.
- This is also a time for proposals to be shared
 - OHA will follow up with those who provide proposals for scheduling.

Behavioral Health Workforce Initiative Programs Overview

In June 2021, Oregon legislators passed House Bill 2949, which allocated \$80M to create incentives to equitably increase the recruitment and retention of providers in the Behavioral Health Workforce. The BHWi team was tasked with two key objectives:

1. **\$20M to increase clinical supervision activities of licensed behavioral health providers across the state (\$7M to counties, \$7M to BH providers, \$6M for OHA to administrate).**
 - \$18.7M currently funded to 82 behavioral health organizations, who demonstrated capacity to increase the licensure of behavioral health providers into the workforce. These entities included Community Mental Health Programs, culturally responsive behavioral health organizations, and Oregon’s 9 federally recognized Tribes.

2. **\$60M to develop diverse behavioral health workforce incentives for licensed and non-licensed providers:**
 - **Loan Repayment:** \$15.8M awarded to 281 diverse providers serving Oregonians
 - **Tuition Assistance & Stipends:** \$10M awarded to 8 graduate level programs in Oregon
 - **Peer Support Services:** \$4.9M awarded to 53 peer service organizations across the state
 - **Tribal Affairs:** \$3.2M to 9 federally recognized Tribes across Oregon to meet specific Tribal community needs

\$60M ARPA continued:

- **Bonus and Housing Stipend Grant:** \$2M to employers of BH providers. Prioritized CLSS and Peer Organizations. 23 eligible credentials including med providers. No employer “claw back” allowed.
- **Social Work Incentives:** \$762K to waive licensing application and exam fees piloted to lower financial burden of social workers. Up to 4 exam attempts waived.
- **Mental Health and Addiction Counselor Board of Oregon:** \$3.7M to lower barriers of entering the BH workforce. Waives fees for registration, certification, training, and exam prep.
- **Community Mental Health Programs:** \$14M awarded to bolster our workforce at the county level who serve our OHP & Medicaid populations. All previous \$60M types of awards (i.e., bonuses, scholarships, etc.) eligible under these grant contracts.

BHWi lessons learned and moving forward:

- **Behavioral Health Initiatives are in demand:** Oregon's workforce is deeply committed to addressing our community's challenges, with the demand for initiatives surpassing expectations. Recently, the Oregon Employment Department projected approximately 35,000 job openings annually in the Health Care and Social Assistance sectors.
- **Success of initiatives can be hard to quantify:** Measuring recruitment and retention data, service capacity, quality of care, and demographic data can pose challenges. Fully comprehending the impact of these initiatives will require time. Sustained collaboration and dialogue with our community partners and organizations are crucial for gaining insights into the successes, shortcomings, and lessons learned from our initiatives.
- **The wheels of bureaucracy:** Grant contracting involves several state agencies that have limited capacity. Planning and advanced notice are crucial to program effectiveness.
- **Equity takes time, focus, and deliberation:** To create tailored and meticulous solutions, community needs must be spearheaded by community voices. The pursuit of equity requires continuous engagement with our communities alongside ongoing adaptation and refinement to cultivate a workforce that serves the diverse needs of all Oregonians.
- **Outcomes before starting the program:** Outcomes driven programs have clear objectives and means to measure program success. It takes time to develop clear reporting strategies that provide the grant recipients with the least amount of burden and OHA the most valuable information to justify the investment.
- **Applying for and managing grants is burdensome:** Based on community feedback, BHWi responded to potential applicants and awardee “pain points”. BHWi started offering online applications, instructional videos, reducing use of broad open-ended questions, and hosting webinars with recorded Q&As.

Investment Impacts, by Awardees:

<p>“I cannot express my sincere and ecstatic gratitude for this life changing opportunity, thank you.”</p>	<p>“I would like to first say thank OHA for providing me with this opportunity. I appreciate the support that y'all are giving the BIPOC providers and particularly those working with the Latinx community.”</p>	<p>“When I received the voucher I felt so relieved, and I felt valued by the Board of Behavior. I actually cried and was over the moon in gratitude!”</p>
<p>“Wow! I am humbled and honored to be selected as a recipient of the Oregon Behavioral Health Loan Repayment Program [...] This will open up a myriad of opportunities for me, increasing the ability to have a family sometime soon(er) and spend more time volunteering locally for the mental health areas I feel passionate about.”</p>	<p>“The OHA Clinical Supervision grant is a true gift of knowledge and experience for our clinical licensure supervisors at our org and is one that cascades directly to therapists receiving supervision and clients receiving care.”</p>	
<p>“We are truly thankful for the expansion of supervision. It has been a game-changer for us.”</p>	<p>“I think I would have been intimidated by the points spreadsheet that was connected to the grant description and chosen not to apply if you hadn't suggested that we could be a good fit for the grant. I wanted to share my gratitude for you taking the time to look at our website and give me feedback about our possible fit, and for answer my (many!) questions over the past few months. Your responsiveness and helpfulness have made a big difference to me and our clinic!”</p>	

Behavioral Health Workforce Initiative Loan Repayment Program

Oregon Behavioral Health Loan Repayment Program (OBHLRP)

In April 2022, the Oregon Behavioral Health Loan Repayment Program was transitioned from the Health Care Provider Incentive Program (HCPIP) to award loan repayment assistance using HB2949/4071 funding to qualified mental health care providers who represent and/or serve underserved communities in Oregon.

HB 2949/4071 required that awarded providers had to commit to two consecutive years of practice in public and/or nonprofit mental health facilities, or work at other facilities that serve Oregon's communities most impacted by health inequities, including rural areas.

- \$16M budget was allocated to award behavioral health professionals
- 2 application cycles of behavioral health professionals were awarded using the Health Care Provider Incentive Program (HCPIP) rules from April-August 2022
- 2 application cycles were hosted using new Oregon Administrative Rules (OARs) starting September 2022 to meet the objectives of HB 2949/4071

OBHLRP award criteria

	Cycles 1 and 2 (HCPIP Rules)	Cycles 3 and 4 (New OBHLRP Rules)
Service Obligation	<p>3 years at a qualifying practice site (see https://www.ohsu.edu/oregon-office-of-rural-health/oregon-health-care-provider-loan-repayment), prioritized providers who represent and/or serve underserved communities.</p>	<p>2 years, removed qualifying practice site criteria, prioritized providers who represent and/or serve underserved communities.</p>
Max Awards	<ul style="list-style-type: none"> • \$150k for full-time employees • \$75k for part-time employees 	<ul style="list-style-type: none"> • \$100k for full-time employees • \$50k for part-time employees
Eligible Providers	<ul style="list-style-type: none"> • Licensed Providers (LMFT, LPC, LCSW, MH Nurses, Psychiatrists etc.) • Providers Working Towards Licensure (Pre-licensed) • Certified Providers (CADC, QMHP, QMHA) 	<ul style="list-style-type: none"> • Licensed Providers (LMFT, LPC, LCSW, MH Nurses, Psychiatrists) + Art Therapists & School Counselors • Certified Providers (CADC, QMHP, QMHA, THW, CRM, Peers etc.)

OBHLRP award data

Over the course of 4 cycles of awards*:

- **279** awards made of the **2,406** behavioral health care workers who applied
- Over **\$200M in applications** of combined student loan debt
- **72%** identify as black, Tribal member, or as a person of color
- **32%** provide behavioral health services in rural and frontier areas
- **28%** work at a Community Mental Health Program
- **44%** are multilingual
- **53%** are licensed providers
- **69%** are certified providers

\$15m total awarded for these application cycles

*Cycle 1-2 data compiled by Office of Rural Health

Current Retention Rate	Total awarded	Total Cancelled Contracts
94%	281	18
Total Employment Transfers	69	25%
Active Employment Transfers	64	23%
Total Individual Private Practitioners	41	15%
Total Group Private Practitioners	36	13%
Total Cancelled Contracts	18	6%
PSLF Cancelled Contracts	7	2%
Biden-Harris Loan Forgiveness	2	1%
Contract Noncompliance	6	2%
Left Oregon	1	0.36%
Health Issues	1	0.36%
Paid off through personal finances	1	0.36%

OBHLRP Successes and Shortcomings:



- Major public interest and demand
- Streamlined application process
- Prioritized and awarded diverse providers across Oregon
- Good communication and flexibility with awardees
- Good retention and compliance rate so far



- 28% of awardees work in private practice
- 9% of awardees have moved into private practice
- Few requirements for employment transfers

- Not prepared for the volume of applicants
- Scoring applicants is challenging
- Low representation of awarded providers east of the Cascades
- High volume of administrative work
- Could not meet the demand
 - (Only awarded 12% of applicants)
 - Limited funding limits the impact and reach of the program

10 Minute Break



Angel's Rest Trailhead

ORH/OHA Loan Repayment Programs presentation placeholder



Oregon Partnership State Loan Repayment Program (SLRP)

BILL PFUNDER- INCENTIVE PROGRAMS MANAGER

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.



Who we are

- Oregon's Office of Rural Health (ORH)
- Created in 1979 by the Oregon Legislature & housed at OHSU

What we do

- Collect & disseminate information
- Provide technical assistance
- Coordinate rural health activities
- Recruitment support for Oregon's underserved communities

Oregon Partnership State Loan Repayment Program (SLRP)

SLRP is an incentive program for primary care providers working at approved practice sites in Health Professional Shortage Areas (HPSAs). SLRP is funded by the Health Resources and Services Administration (HRSA).

In exchange for loan repayment funds SLRP requires a minimum initial 2-year service obligation for full time providers, and a minimum 4-year service obligation for part time providers.

Providers may qualify for up to two 1-year continuations beyond their initial service obligation, contingent on the on provider's remaining eligible loan debt amount, and availability of program funds at time of the continuation application submission.

<https://www.ohsu.edu/oregon-office-of-rural-health/oregon-partnership-state-loan-repayment-program-slrp>

Oregon Partnership State Loan Repayment Program (SLRP)

Eligible provider types:

- Allopathic or Osteopathic Physicians specializing in Family Medicine, General Pediatrics, General Internal Medicine, Gerontology, General Psychiatry or Obstetrics/Gynecology
- Primary Care Nurse Practitioners
- Primary Care Physician Assistants
- Certified Nurse-Midwives
- Dentists (DMD/DDS)
- Expanded Practice Dental Hygienists
- **Licensed Mental Health or Behavioral Health Professionals: Clinical or Counseling Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists**
- Psychiatric Nurse Specialists
- Registered Nurses
- Pharmacists
- Certified Alcohol Drug Counselor IIIs (Master Degree required)

Oregon Partnership State Loan Repayment Program (SLRP)

Practice sites must be:

- Non-profit (public or private); **AND**
- Located in a Health Professional Shortage Area (HPSA); **AND**
- Providing outpatient, ambulatory, primary medical, mental and behavioral, and/or dental services; **AND**
- Providing services on a free or reduced fee schedule basis to individuals at or below 200% of the federal poverty level; **AND**
- Approved by ORH to participate in the SLRP with a Site Application on file that is no more than one year old.

Oregon Partnership State Loan Repayment Program (SLRP)

Full time providers may receive up to a total of 50% of their qualifying educational debt, up at a maximum of \$25,000 per obligation year, for an initial two-year obligation.

Part time providers may receive up to a total of 25% of their qualifying educational debt, up at a maximum of \$12,500 per obligation year, for an initial four-year obligation.

After successful completion of an initial SLRP service obligation providers may apply for a one-year continuation. Providers who qualify and receive a continuation will be awarded up to 60% of their remaining qualified educational debt, up at a maximum of \$25,000.

After successful completion of their first continuation providers may apply for a second, one-year continuation. Providers who qualify and receive a second continuation will be awarded up to 60% of their remaining qualified educational debt, up at a maximum of \$25,000 per obligation year for an additional one-year obligation.

Oregon Partnership State Loan Repayment Program (SLRP)

- 2009-2022 SLRP required matching funds
- SLRP is currently fully funded by HRSA through
- Fall 2025 SLRP will again require matching funds



BILL PFUNDER- INCENTIVE PROGRAMS MANAGER
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Q & A

Wrap Up/Next Steps

- Next Meeting: July 17, 2024
 - Workforce Boards presentation
- Please read the minutes!
- Reviewing and organizing of recommendations
- Report Writer being requested