



500 Summer Street NE Salem, OR 97301

https://www.oregon.gov/oha/HSD/AMH/Pages/HB-2235-Workgroup.aspx

House Bill 2235 Workgroup Agenda October 16, 2024 - 1:00 pm - 3:00 pm

Location: <a href="https://www.zoomgov.com/j/1602934360?pwd=Qzhlc0oyZjk4M0RaT1JJZIFjZFEyUT09">https://www.zoomgov.com/j/1602934360?pwd=Qzhlc0oyZjk4M0RaT1JJZIFjZFEyUT09</a>

Members in Attendance:    Belindy Bonser     Kelli Bosak     Chris Bouneff     Mario Cardenas     Cheryl Cohen     Melinda Del Rio     Jerylyn Dimeo     Jose Luis Garcia     David Geels	OHA Staff in Attendance:  Vitalis Ogbeama Tim Nesbitt Jen Allen Daniel Page Kelli Taylor Caryn Stockwell Mireya Williams Craig Mosbaek
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			Next meeting: November 6	1pm – 3pm	
2:55	5 min	3:00	Wrap Up		Tim Nesbitt
2:50	5 min	2:55	Process Feedback	Input	Vitalis Ogbeama
2:10	40 min	2:50	Recommendations	Voting	Tim Nesbitt
2:00	10 min	2:10	Break		
1:30	30 min	2:00	Recommendations	Voting	Tim Nesbitt
1:20	10 min	1:30	CLSS/Peer Work Sessions	Update	Tim Nesbitt
1:10	10 min	1:20	Public Comment Period	Public testimony	Tim Nesbitt
1:05	5 min	1:10	Roll Call/Minutes Vote	Establish quorum	Jen Allen
			Community Agreements Review		Vitalis Ogbeama
1:00	5 min	1:05	Welcome	Grounding	Tim Nesbitt
START	TIME	END	TOPIC	OUTCOME	LEAD(S)

## Potential Recommendations for voting at 10/16/24 HB 2235 Workgroup Meeting:

(Highlighted text is text that was reviewed or revised during special work session)

- Original Recommendation: Fund zero-cost, short-term training for BH programs at Community and Technical Colleges
  - BH Assistant, Tech, Peer Support, etc. Similar to existing OHA Behavioral Health Workforce Incentives scholarship (SHOI-Like) program. The recommendation could include adding stipulations and/or additional funds to the expected \$5M behavioral health scholarships investment for 2025-2027 biennium.
- Updated Recommendation: Adjust existing BHWI programs that support BH training programs at community colleges, technical colleges, apprenticeships, and other community-based organization BH training programs to be zero-cost. Include funding for administrative support of internships and education.
- Original Recommendation: Invest in programs to attract highly skilled BH providers in more acute care setting
  - One straightforward method is by prioritizing and setting aside funding for these providers in current programs
- Updated Recommendation: A new (not existing) program that incentivizes trained providers in acute care settings (i.e., behavioral health inpatient facilities/units) that focuses on increasing pay, increasing safety, and employee wellness and that prioritizes providers who are culturally specific, linguistically specific, and providers who are a part of marginalized communities.
- Original Recommendation: OHA grant for safety needs improvements, equipment and training.
   Additional Info:
  - One component we hear consistently through exit interviews, surveys, safety is always ranked number one. The Tri-county Behavioral Health Association is just forming its safety committee, we got some funding from Care Oregon to bring in trainers to teach all staff members in the association Post Traumatic Stress Management as well as a full day training on post-traumatic stress management. Breakdown of Syntegix on badges that are given to staff and related processes for staff support. Debriefing incidents and using external partners to affirm staff involvement and processing the situation.
- Updated Recommendation: OHA funding for psychological and physical safety needs improvements, equipment and training for BH staff.
- Original Recommendation: Fund Regional Behavioral Health (BH) Consortiums across Oregon.

## Additional Info:

- Additional funding can be set-aside for the HOWTO Grant program for BH Consortiums (for example, workforce boards) and other similar projects
- Easy to implement due to existing program
- Can prioritize working with publicly funded BH providers and Community Based Organizations including Culturally and Linguistically Specific Services (CLSS) organizations.
- Updated Recommendation: Fund Regional Behavioral Health (BH) Consortiums across
   Oregon that prioritize membership of publicly funded BH providers, including organizations that provide culturally and linguistically specific services.
- Original Recommendation: Mentoring new clinicians Additional Info:

- OHA or state funded mentor who is a licensed clinician in the state of Oregon that can provide new clinicians entering community mental health, etc. the hours that could count towards supervision hours, providing leadership skills development to assist them in moving into supervisory roles, management, etc., support with navigating licensure in the state of Oregon, and more.
- The mentorship can be held biweekly or once a month depending on licensure and held within a group of 4-6 clinicians that are recent graduates from a local university. The goal of the mentorship and cohort is to create a community and having a go to mentor that can limit the barriers towards licensure, upward mobility and to limit burnout.

https://www.portlandmh.com/qt-bipoc-therapists-rising-fellowship-2/https://www.portlandmh.com/affirm-2stnb-program/

- Updated Recommendation: Modify the existing Clinical Supervision Expansion Grant (CSEG) to include mentoring new clinicians/cohorts of clinicians pursuing licensure in the funding guidelines. This would work by allowing grant recipients to prioritize contracting with preexisting supervisors in the Oregon community that have an established business or model.
  - Licensure types include specifics.
  - o Providing specialized consultants for licensed supervisors
- CLSS/Peer Recommendation: Allocate funding to comprehensively cover operational, infrastructure, and administrative expenses such as rent, technical assistance, accounting, utilities, salaries, and capacity building while also providing capacity-building support through training, mentorship, and networking opportunities to enhance organizational resilience and sustainability for CLSS aligned and peer run organizations.
- CLSS/Peer Recommendation: OHA should use funding "set asides" and prioritization within all behavioral health workforce incentive programs (including loan forgiveness, stipends for continuing education, scholarships for higher education in relevant fields, and bonuses for those who commit to working in underserved areas) to attract and retain individuals in peer services, culturally specific, linguistically specific, and OHA approved CLSS roles. This approach helps mitigate disparities and supports workforce development.
- Recommendation: OHA to adopt a program evaluation process of behavioral health workforce incentive programs with outcomes that are publicized regularly. This process is to use the least number of state resources as possible and is not to exceed 1% of a grant programs source budget. The measuring of administrative burden on incentive program applicants and recipients is to be a component of each evaluation.
  - Problem: Behavioral Health Workforce Incentive grants are relatively new (2022), and a formal evaluation process was not created. OHA needs to commit resources so that the impacts, successes and improvements can be reported which will help legislators support decisions about continuing funding for programs.
  - o **Intended Outcome:** Continual funding for programs that have direct positive impacts on recruiting/retaining the workforce and expanding those programs.

## **MEETING MINUTES:**

Welcome, agenda and community agreements review.

Roll call and minutes approval: quorum established, and minutes approved.

Public comment period: no public comment.

CLSS/Peer work sessions update: work sessions completed, and recommendations consolidated.

Recommendations: review, soft polls and voting.

- Adjust existing BHWI programs that support BH training programs at community colleges, technical
  colleges, apprenticeships, and other community-based organization BH training programs to be zerocost. Include funding for administrative support of internships and education.
  - Soft poll, vote, pass
- A new (not existing) program that incentivizes trained providers in acute care settings (i.e., behavioral health inpatient facilities/units) that focuses on increasing pay, increasing safety, and employee wellness and that prioritizes providers who are culturally specific, linguistically specific, and providers who are a part of marginalized communities.
  - o Soft poll, discussion needed.
  - Why the exclusion of existing programs? Clarification: new incentive program from OHA, not a service delivery model. Vagueness, what is the program, how is it is being incentivized, how do we prioritize? Too many elements in this recommendation, parse out. Union considerations with acute care facilities within organizations. Lack of specificity.
  - Soft poll, vote, pass
- OHA funding for psychological and physical safety needs improvements, equipment and training for BH staff.
  - Training for trainers if not enough fund availability for all organizations
  - Soft poll, vote, pass
- Fund Regional Behavioral Health (BH) Consortiums across Oregon that prioritize membership of publicly funded BH providers, including organizations that provide culturally and linguistically specific services.
  - Review of BH Consortium services
  - Soft poll, vote, pass
- Modify the existing Clinical Supervision Expansion Grant (CSEG) to include mentoring new clinicians/cohorts of clinicians pursuing licensure in the funding guidelines. This would work by allowing grant recipients to prioritize contracting with pre-existing supervisors in the Oregon community that have an established business or model.
  - Clarification that the current guidelines and rules for CSEG do not allow for mentoring
  - Soft poll, vote, pass
- A portion of OHA's budget should be dedicated to initiatives that enhance capacity-building and
  organizational development among peer run organizations and culturally and linguistically specific
  (CLSS) organizations (OHA designated or otherwise). This should include leadership training,
  employee training, mentorship, and networking opportunities, technology upgrades, and sustainable
  practices. Furthermore, invest in Al solutions for translating forms and accessible HER software to
  improve efficiency and accessibility. A section of awarded grant funding should be available to cover
  operational, administrative and infrastructure expenses, ensuring that organizations can sustain
  essential functions.
  - Soft poll, vote, pass
- OHA should use funding "set asides" and prioritization with all behavioral health workforce incentive
  programs (including loan forgiveness, stipends for continuing education, scholarships for higher
  education in relevant fields, and bonuses for those who commit to working in underserved areas) to
  attract and retain individuals in peer services, culturally specific, linguistically specific, and OHA
  approved CLSS roles. This approach helps mitigate disparities and supports workforce development.
  - Soft poll, vote, pass
- OHA to adopt a program evaluation process of behavioral health workforce incentive programs with
  outcomes that are publicized regularly. This process is to use the least number of state resources as
  possible and is not to exceed 1% of a grant programs source budget. The measuring of
  administrative burden on incentive program applicants and recipients is to be a component of each
  evaluation.
  - Continuous quality improvement based on data informed decisions
  - Soft poll, vote, pass

Process feedback: having problem statements with recommendations would be helpful, the special work sessions have been beneficial for open dialogue. Inclusive efforts for creating space for voices that haven't been historically heard, it's not perfect, but it's work that hasn't been done before and is trying to fit into a system that doesn't work well. Appreciations to the group for the work completed, and the time and effort of the workgroup so far.

Next steps: next meeting is November 6, 1-3, and we will vote on the last set of recommendations for the first report. OHA will send out a timeline for the rest of the year before the next meeting. OHA will create a prioritization list of passed recommendations for members to prioritize the recommendations to be included in the report.

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	Program for providers in acute care setting	
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Topic: Safety improvements	
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