



OREGON  
**HEALTH**  
AUTHORITY

Nov 5, 2025

# **HB 2235**

# **Public Meeting**

# Agenda

Start	Time	End	Topic
1:00	05	1:05	Welcome, Community Agreements
1:05	05	1:10	Roll Call and Minutes Approval
1:10	10	1:20	Public Comment Period
1:20	10	1:30	Executive Session Review (10/15)
1:30	30	2:00	Report Draft Review, MEB Presentation
2:00	10	2:10	Break
2:10	45	2:55	Report Draft Review, MEB Presentation Continued
2:55	5	3:00	Wrap Up / Next Steps
Next Sessions:			Nov 19 – <i>Final Meeting (Public)</i>

# Roll Call and Minutes Approval

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- Roll call is completed alphabetically by last name
- First roll call to establish quorum
- Second roll call to approve previous meeting minutes (10/01)

(Photo credit: Hertz Blog)

# Public Comment

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- Period is 10 minutes total
- Please keep comment to two minutes or less
- After this period of time, no further public comment will be allowed, including the chat.
- Any additional public comment can be sent to the workgroup via email to [HB2235.workgroup@OHA.Oregon.gov](mailto:HB2235.workgroup@OHA.Oregon.gov)

(Photo credit: discoverpnw.com)



# Executive Session Review (10/15)

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(Photo credit:  
ODFW)

# Report Draft Presentation

## Purpose:

Transparency in the report development process

## Two-part structure:

1. Technical overview
2. Top recommendations and report feedback



# Part 1: Tech Overview

## Report One Approach

Analyzing workgroup conversations  
and identifying key findings

## Report Two Approach

Identifying evidence and practice to  
support recommendations

Prioritization of recommendations



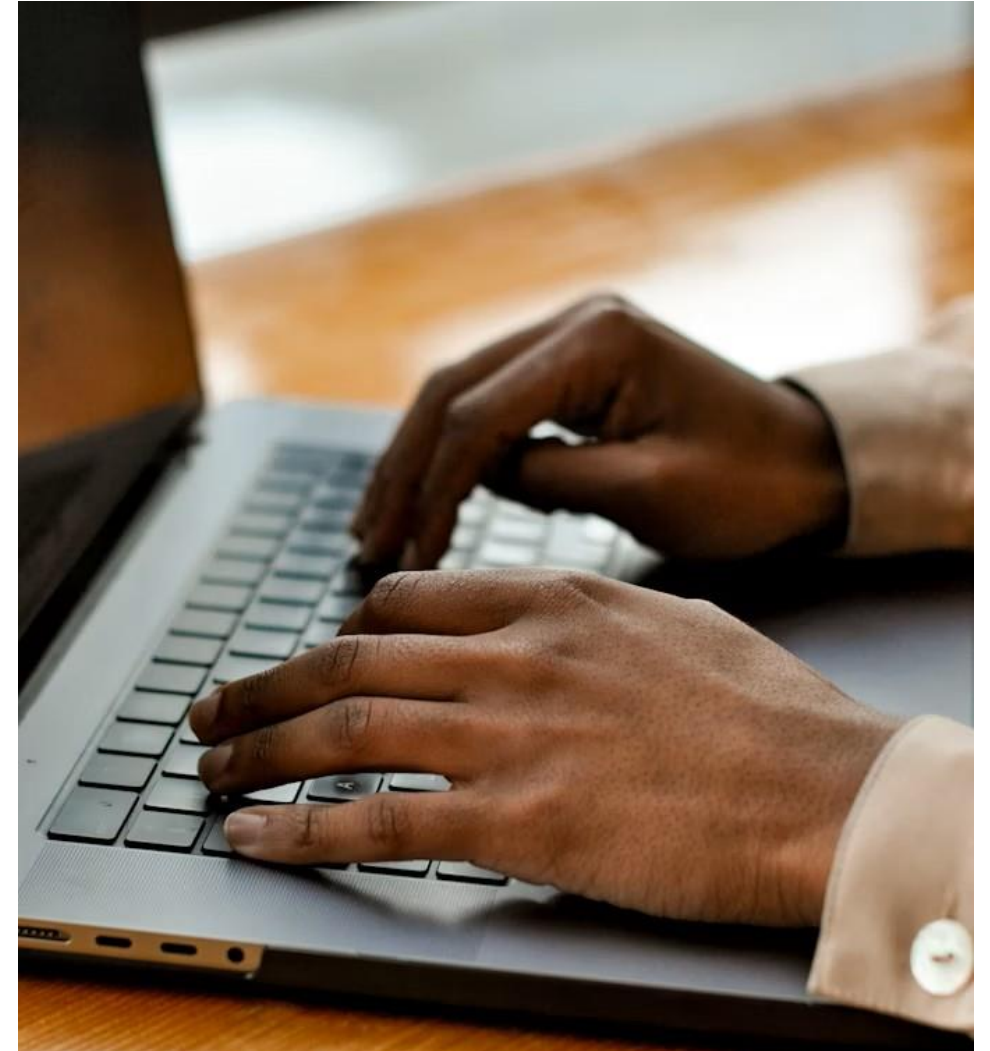


# Part 1: Tech Overview

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**Rec prioritization survey topics  
Agreement & Distribution Analysis  
with 95% Confidence Interval**

1. Survey Reliability & Validity
2. Key Analysis Findings
3. Intergroup Agreement



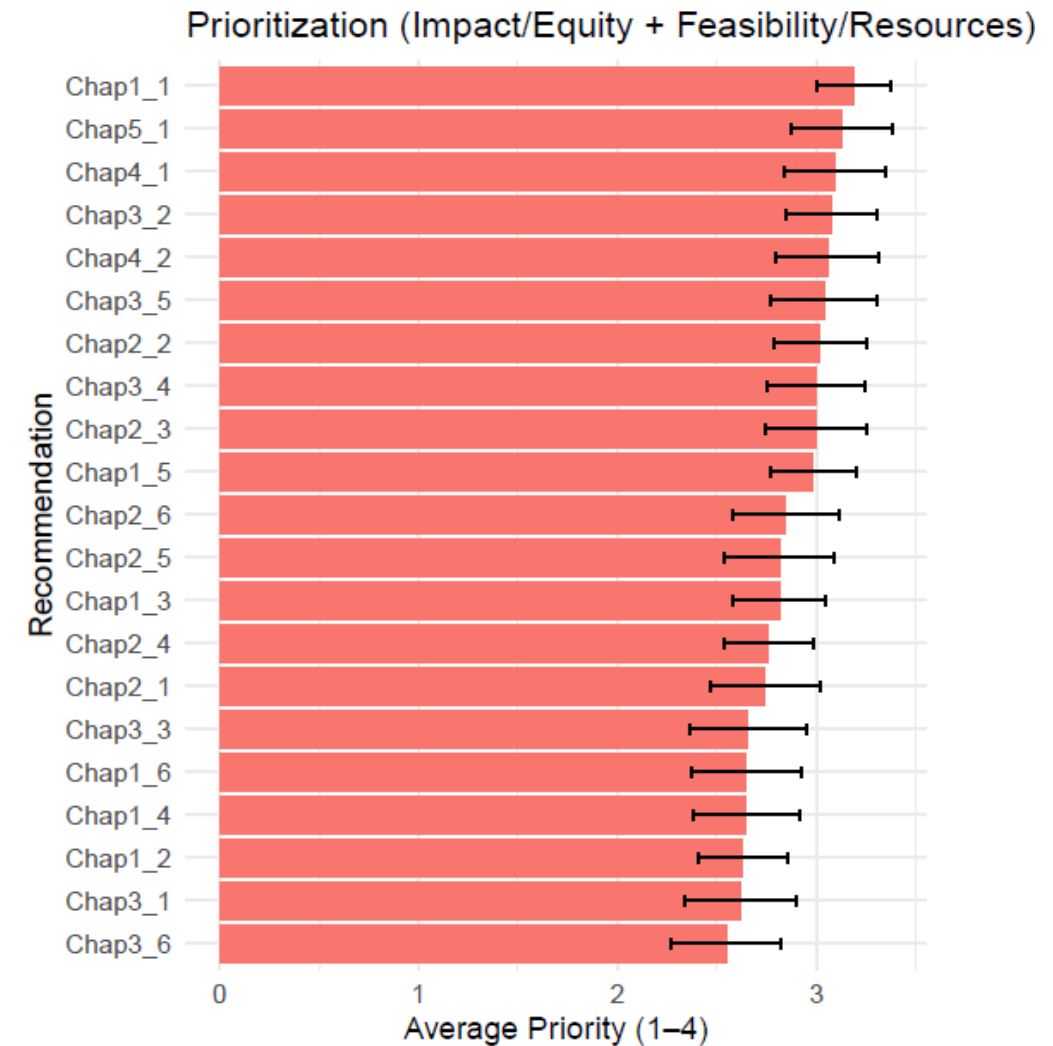


# Part 1: Tech Overview - Survey Reliability & Validity

Survey analyzed across Impact & Equity and Feasibility & Resources

**Strong internal consistency confirmed:** Impact & Equity ( $\alpha = 0.81$  - Good), Feasibility/Resources ( $\alpha = 0.85$  - Strong)

**Both exceed the 0.70 reliability threshold**, confirming the survey instrument is valid for prioritization and policy analysis



# Part 1: Tech Overview – Key Findings

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**All 21 recommendations scored above 2.5 on a 4-point scale**, showing universal perceived importance

Mean scores ranged from 2.6 to 3.5 with low variability ( $SD < 1$ ), indicating **strong agreement**

**Impact & Equity consistently rated higher** (mean 3.11) than Feasibility/Resources (mean 2.63)

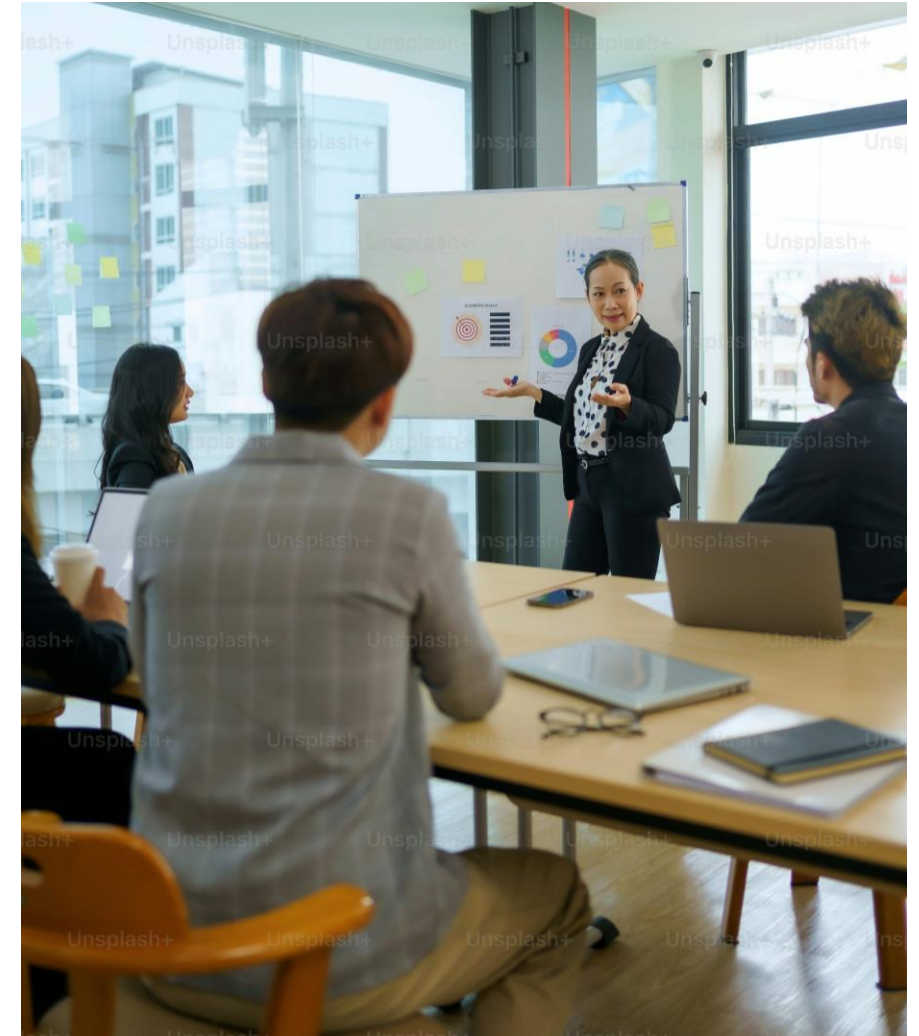
This suggests **priority for systemic and equity-focused reforms** over feasibility

# Part 1: Tech Overview – Inter-Group Agreement

**No statistically significant differences between OHA staff and Workgroup Members ( $p > .05$ ).**

Analysis showed strong consensus and low variability.

This supports a shared understanding of priorities and implementing equity-centered recommendations for Oregon's behavioral health modernization.



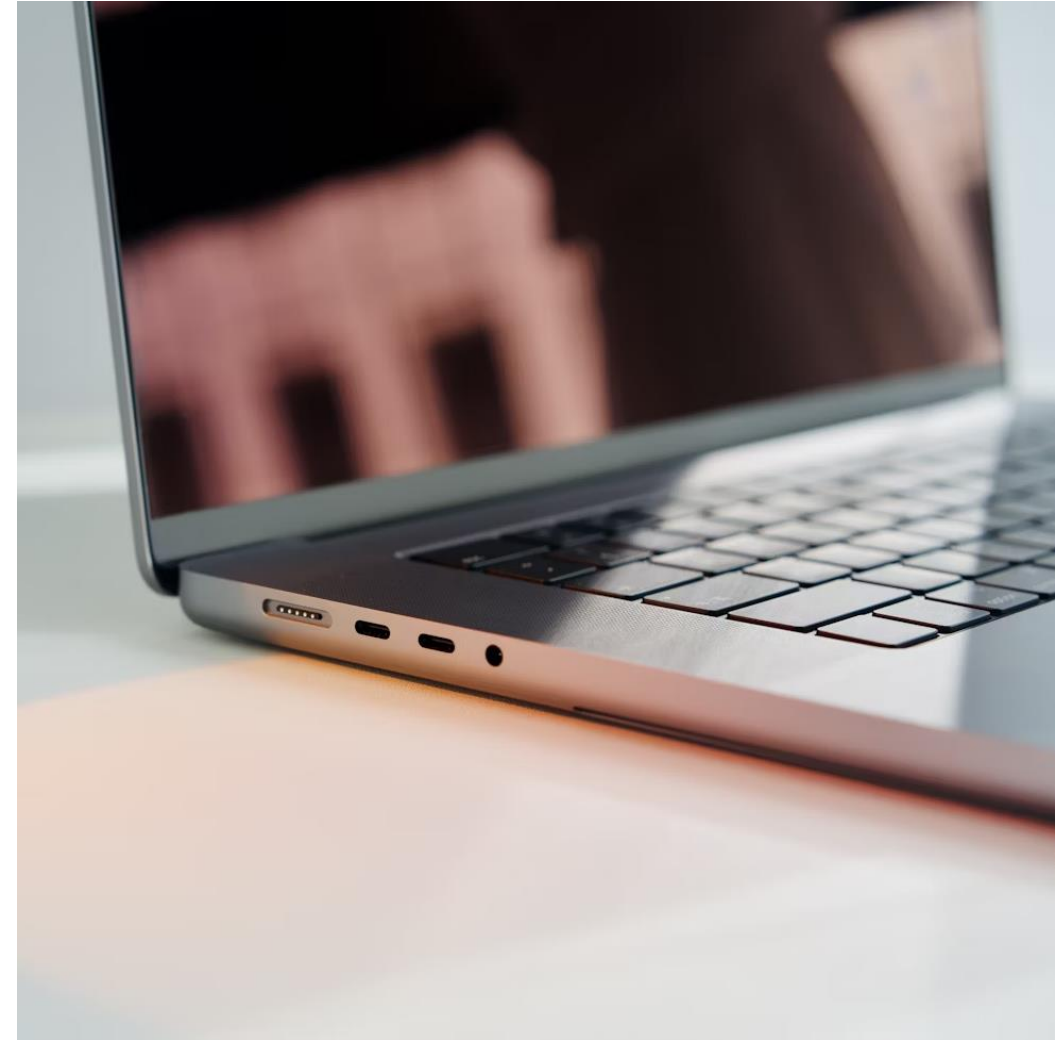
# Part 1: Tech Overview – Background Research

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**Reviewed current research studies** analyzing topics aligned with recommendations

**Searched state legislation databases and behavioral health workforce reports** to identify similar recommendations and legislative actions nationwide

**Focused on legislative actions taken** as a result of workforce reports and action-oriented legislation with multiple cross-state references





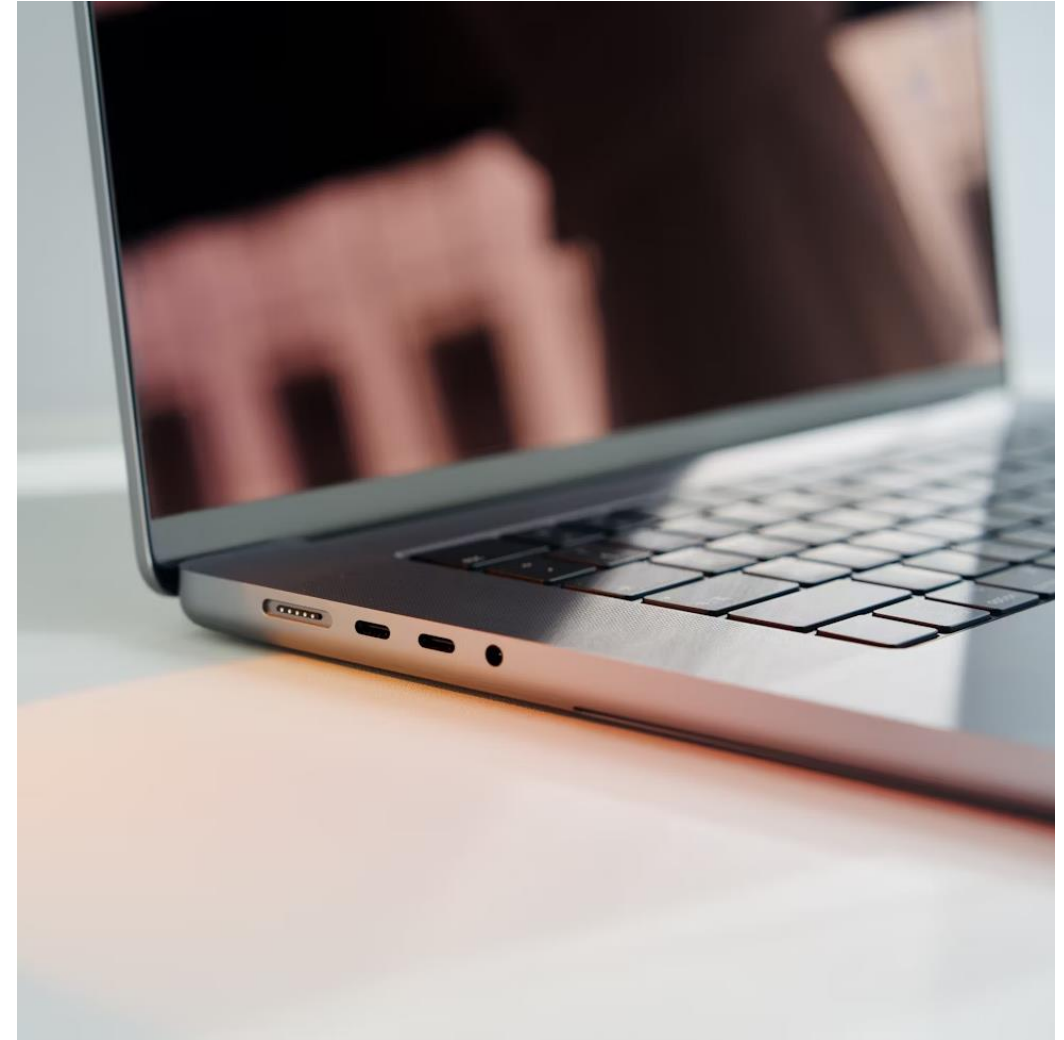
# Part 1: Tech Overview – Background Research

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**Sought impact data on implemented actions** (limited availability due to recent implementation timelines)

**Identified studies** that supported the recommendations

**Maintained ongoing dialogue with BHWi team** to ensure relevance and Oregon-specific context





(Photo credit: [Traveloregon.com](https://www.traveloregon.com))

# Break

# Part 2: Top 7 Recommendations

**Seven recommendations selected for highest consensus and cover all strategic areas:**

1. Licensing and Credentialing Reform
2. Workforce Relief–Burnout, Administrative Burden, and Balance
3. Reforming Reimbursement and Pay
4. Investing in Proven Workforce Incentive Strategies
5. Recruitment and Retention of Latine/x/a/o Providers

**Priority recs have a badge and positioned at top of chapter**



**Recs requiring legislative action also have a badge**



# Part 2: Top 7 Recommendations

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- 1.1 **Expand Licensure Pathways** for Out-of-State & Military Affiliated Applicants, Recognize Non-Traditional Qualifications and Lived Experience
- 5.1 **Create Comprehensive Career Pathways for Latiné /x/a/o Providers** from Education Through Leadership
- 4.1 **Continue Funding and Expanding Access to Educational Costs** for Programs While Reducing Loan Forgiveness Hour Requirements
- 3.1 **Streamline COA Processes and Accept Equivalent Accreditations**
- 4.2 **Approve Multi-Year Funding Extensions for OHA Incentive Programs and Create Paid Internships**
- 3.2 **Establish Centralized Credentialing Through OHA Vendor Partnership and Pilot Testing Approach**
- 2.1 **Strengthen Clinical Supervision Infrastructure** Through Comprehensive Supervisor Support



## Part 2: Top 7 Recommendations & Report Feedback

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**Reactions:** What stood out?  
What feels missing or unclear?

**First impressions** on badge system and report format

**Open discussion** and questions

(There is more time to review the report and email feedback as well)

# Wrap Up / Next Steps

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HB 2024 Grant Application is now live!

Important Dates:

Nov 12 – Feedback about report from workgroup due

Nov 19 – Final Meeting (Public)

# Thank you!

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Jen Allen at [HB2235.Workgroup@oha.oregon.gov](mailto:HB2235.Workgroup@oha.oregon.gov) or 503-580-7591. We accept all relay calls.

Behavioral Health Division  
Behavioral Health Workforce Incentives (BHWI)  
HB 2235 Workgroup

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

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