



OREGON
HEALTH
AUTHORITY

Nov 19, 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	Public Meeting Review (11/5)
1:30	30	2:00	Report 2 Updates and Next Steps
2:00	10	2:10	Break
2:10	40	2:50	Workgroup Experience Survey
2:50	10	3:00	Appreciations and Closing
Next Sessions:			

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 and Minutes Approval



- Roll call is completed alphabetically by last name
- First roll call to establish quorum
- Second roll call to approve previous meeting minutes (11/05)

(Photo credit: Hertz Blog)

Public Comment



- 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

(Photo credit: discoverpnw.com)

Public Meeting Review (11/05)



(Photo credit:
ODFW)

Report 2 Updates

- **Memo: Current Fiscal Climate**
- **Latiné/x/o/a and CLSS Recommendations – a Blueprint**
- **Cost Estimates and Fiscal Feasibility for Priority Recs**
 - **2.1 Supervisor Learning Hub and Continuing Education**
 - **3.2 Centralized Credentialing**
 - **4.1 and 4.2 Provider Incentives and Multi-Year Funding Expansions**

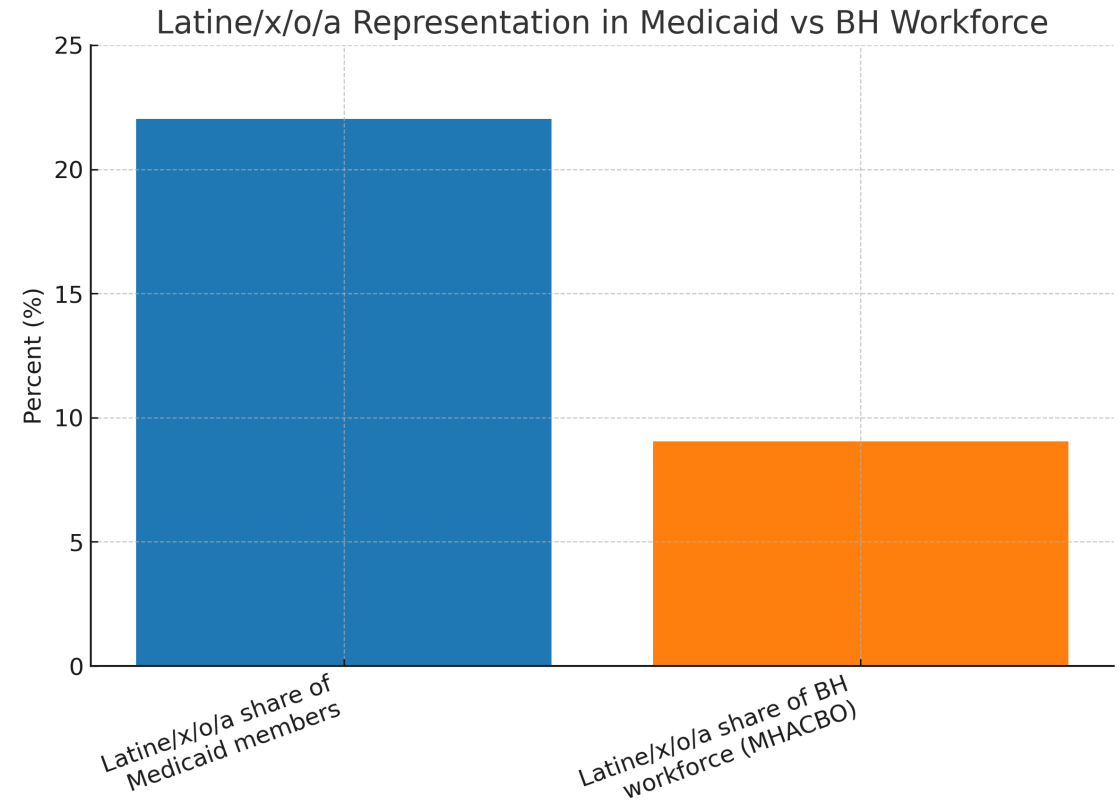
Memo to Accompany Report 2

- Recommendation from last workgroup meeting: create a memo on changed circumstances.
- Focus: Identifying federal changes that may or may not have impacted our recs.
- Process: Worked with MEB to review past meeting and feedback to create the memo.



Latíné/x/o/a and CLSS (5.1)

- • Latíné/x/o/a and Spanish-speaking providers are deeply underrepresented in Oregon's behavioral health workforce compared to the communities they serve.
- 22% percent of Medicaid recipients are Latíné/x/o/a ; 11% are monolingual Spanish-speakers, while fewer than 9% of the licensed workforce identifies as Latíné/x/o/a —and even fewer can provide care in Spanish.
- Latíné/x/o/a providers constitute the most underrepresented licensed behavioral health group in the state.



Latiné/x/o/a and CLSS (5.1 - Continued)

- Latiné/x/o/a professionals face persistent systemic barriers, including credentialing obstacles, lack of supported bilingual supervision, uncompensated cultural labor, and limited advancement pathways.
- The solutions outlined in the 2nd report strengthen the Latiné/x/o/a workforce **and** offer a scalable framework that can be adapted to other underrepresented provider groups across Oregon.



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Fiscal Impact of Priority recs (2.1)

- Supervisor Learning Hub and Continuing Education
 - New York University's Community Technical Assistance Center (CTAC) and Managed Care Technical Assistance Center (MCTAC).
 - [SAMHSA-funded Mental Health Technology Transfer Center \(MHTTC\) Network](#), offered cost benchmarks for developing learning hubs to provide training, resources, and professional development for supervisors and other behavioral health professionals (grants between \$500k and \$745k were awarded).



Fiscal Impact of Priority recs (3.2)



- Centralized Credentialing
 - Initial cost projections provided by the Oregon Common Credentialing Program detailed a \$10 million startup investment, as well as \$6.5 million in annual operating costs. The OCCP program was originally intended to be solely fee-funded, and was eventually discontinued in part due to budgetary shortfalls.
 - For the 2023-2025 biennium, Nevada state appropriated \$1.6 million toward centralized credentialing through SB 494.
 - Awaiting cost estimates from OH, KY, and NV.

Fiscal Impact of Priority (4.2)



- Incentives and Multi-Year Funding Expansions
 - BHWI Scholarships Program
 - Clinical Supervision Expansion Grant
 - BHWI Loan Repayment Program
 - CMHP Recruitment & Retention Grants
 - HB 2024 (2025) Behavioral Health Incentive Grants

BHWI Scholarships Program

- Awarded 286 scholarships; 166 students completed and entered the workforce.
- Creates low-barrier, workforce-ready pathways for diverse students (PSS, CADC I, QMHA I, graduate degrees).
- Projected to support ~80 completions and ~140 progressing students per biennium with sustained investment.

Clinical Supervision Expansion Grant

- Supported ~900 supervisees, 348 earned licenses/certifications, 136 new supervisors trained.
- Prioritizes rural, culturally specific, and high-need provider groups.
- Ongoing investment expected to yield ~75 new licenses per biennium across high-need organizations.

BHWI Loan Repayment Program

- Maintains strong retention: 94% among completers; ~89% across Oregon programs over five years.
- Reduces financial strain and stabilizes workforce; improves provider quality of care.
- Biennial funding can support ~70 awards (up to \$50k) in high-need settings with strong retention goals.

CMHP Recruitment & Retention Grants

- \$16M ARPA-funded incentives identified top retention tools: supervision, tuition assistance, bonuses/stipends.
- Strengthened public behavioral health workforce across all 34 Oregon counties.
- Demonstrates which incentives most effectively improve retention in publicly financed settings.

HB 2024 (2025) Behavioral Health Incentive Grants

- \$4.9M supports outpatient/residential BH providers with scholarships, tuition, loan repayment, stipends.
- Employer-based incentives aimed entirely at recruitment and retention.
- Expected to support 21 organizations and 145 providers with an 80% two-year retention target.

Next Steps for Report

- **11/17 Report 2 draft submitted to Behavioral Health Division (BHD) Leadership**
- **12/1 Report 2 draft returned, edits incorporated**
- **12/12 Report 2 submitted to OHA Director's Office**
- **12/15 Final draft of Report 2 submitted to Oregon Legislature**



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

Break

Workgroup Experience Survey

Purpose of survey: to better understand the workgroup member experience and apply your feedback to improve our facilitation and convening of workgroups in the future.

There are two sections of this survey: **single choice response questions and two open-ended questions.**

Instructions:

- Please check your email and follow the link to complete the experience survey. When you are done, please raise your hand so we know when to return.



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

Appreciations and Closing

Thank you!

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 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>

Email: HB2235.Workgroup@oha.oregon.gov

