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# **Behavioral Health Workforce Efforts through Behavioral Health and Medicaid Policy**

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## **Notable topics raised during Director Hathi's listening tour**

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- BH Workforce investments and incentives
- Future investments
- Overall strategy associated with workforce
- Board Associates Rulemaking

# HB 4071 (2022) BH workforce incentives allocation breakdown

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\$80M in ARPA through Interagency Agreements (IAA) with DAS authorized by HB 4071 (2022):

**1. IAA 6231 (“Clinical Supervision Grants”) - \$20M**

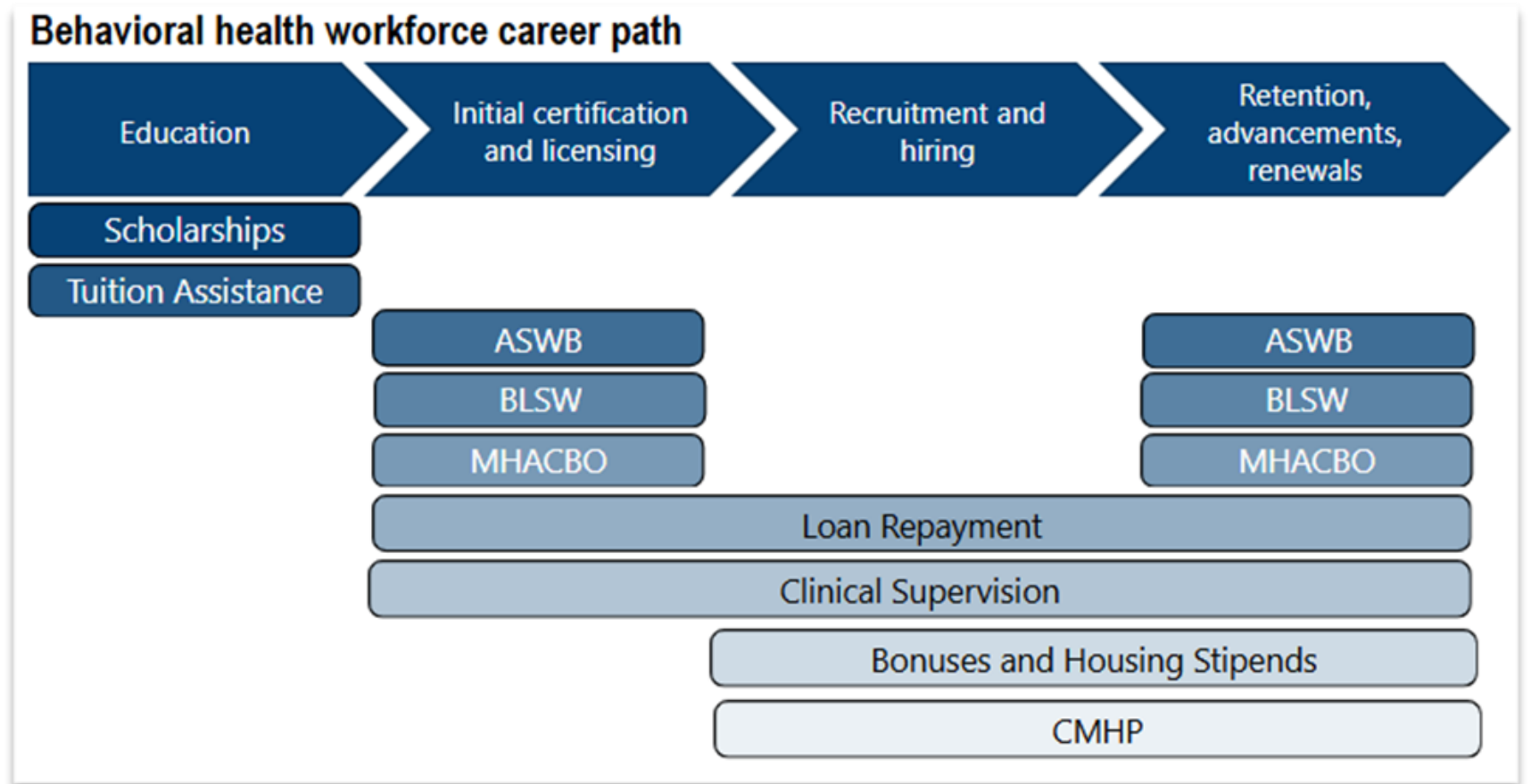
- Clinical Supervision Expansion Grant: \$13.2M
- Tribal Affairs Set-Aside: \$1M
- Community Mental Health Program (CMHP) Set-Aside: \$5.6M

**2. IAA 6230 (“Workforce Incentives”) - \$60M**

- Loan Repayment: \$15.8M
- Tuition Assistance & Stipends: \$10M
- Behavioral health Scholarships (SHOI-Like): \$3.8M
- Bonus and Housing Stipend Grant: \$2M
- Board of Licensed Social Workers: \$638K
- Association of Social Work Boards: \$130K
- Mental Health and Addiction Counselor Board of Oregon: \$3.7M
- CMHP Set-Aside: \$14M
- Tribal Affairs Set Aside: \$3.2M
- Peer Support Services: \$4.9M

# Behavioral health workforce career path

**HB 4071  
(2022)  
invested  
into the BH  
career path**



# HB 4071 investment impacts (1 of 2)

## BHWI Loan Repayment

**90%** of program participants remained in Oregon's BH workforce.

Of the 282 participants,

- 70% identify as “Black, Indigenous, or a Person of Color”;
- 25% rural;
- 38% multilingual.

## Clinical Supervision Expansion Grant\*

To date, through this program, **312** new BH credentials earned and **94** new clinical supervisors trained.

## CMHP and Tribe Clinical Supervision and Incentives

Across **27** CMHPs and Oregon's **Nine** Federally Recognized Tribes, this program increases access to safety-net services across the continuum of care through individually customized workforce recruitment and development interventions.

## Tuition Assistance and Stipends\*

To date, **389** tuition assistance grants and stipends awarded to master's level students.

\*Program is still in progress and numbers are expected to rise

# HB 4071 investment impacts (2 of 2)

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## Behavioral health Scholarships (SHOI-Like)\*

Over **250** scholarships awarded to individuals pursuing education or certification to become Peers, Certified Recovery Mentors, Qualified Mental Health Associates, and Certified Alcohol and Drug Counselors

## Mental Health and Addiction Counseling Board of Oregon agreement

Fees covered for **7,900** behavioral health certifications, **2,788** certification exams, and **1,673** QMHA and/or QMHP exam preparation courses.

## BHWI Bonus and Housing Stipend Grant\*

**1,021** retention bonuses, **334** new hires, **189** housing stipends.

Approximately, 47% of active recipients self-identified as someone who is not White.

\*Program is still in progress and numbers are expected to rise

# HB 2235 (2023) background and reports

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**Background:** House Bill (HB) 2235 was signed in 2023 and charges OHA with convening a 21-member workgroup to study and provide recommendations on major barriers to recruitment and retention of the publicly financed behavioral health (BH) system.

The **HB 2235 Workgroup** members were recruited in December 2023 and are one of the most diverse workgroups that OHA has ever convened.

## Legislatively mandated reports:

- Recommendations are to be presented to the legislature through 2 reports.
  - [First Report](#): submitted in January 2025, and is to inform legislators on what resources to commit to OHA's budget
  - Second report: due December 2025 and will inform broader legislative actions (i.e., reimbursement rates).

# HB 2235 current topics and examples

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- Incentives
  - Tax credits, childcare subsidies, housing assistance
- Licensing/Certification/Credentialing
  - Barriers of background checks, long processing times, need for multiple credentialing processes
- Administrative Burden
  - Documentation standards, staffing requirements, repetitive fidelity reports
- Workload Reduction/Burnout
  - Shift lengths, more defined scopes of practice for task sharing
- Reimbursement/Pay Models
  - Equitable reimbursement increase and barriers of existing payment structures



# Child and family behavioral health expansion of workforce

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In Summer 2024, BHWI partnered with OHA's Child and Family Behavioral Health unit to expand programs for BH workforce training and expansion. BHWI currently administrates:

## **Child and Adolescent Psychiatry (CAP) expansion:**

- \$850K to OHSU to expand the number of participants in their CAP and Developmental Pediatrics training programs.
  - Two CAP fellows have been recruited; one more CAP and three Developmental Pediatricians over the next two years.
- \$75K to Oregon Pediatrics to hire, train, and retain linguistically specific behavioral health practitioners, and to increase child and family behavioral health competencies of existing culturally specific, linguistically specific, and culturally responsive providers.

## **BH Career and Technical Education (CTE):**

- \$185K in funding to three Oregon school districts for existing and emerging behavioral health career and technical education programs.
  - \$75K to Salem-Keizer school district for peer support training and certifications; scholarships for behavioral health internships to 2<sup>nd</sup> year students
  - \$55K to Lane County school district to provide peer support and suicide prevention training and certifications
- \$55K to Sunset-Beaverton school district to hire and train a behavioral health licensed instructor for the district's emerging program.

# Qualified Mental Health Associate pilot

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In January 2025, the Qualified Mental Health Associate (QMHA) pilot program launched as a proposed approach to expand access to behavioral health career pathways and workforce readiness of recent graduates.

The pilot creates two new accelerated pathways for QMHA-R certification:

- Specialized Associate Degree Pathway: Graduates of two-year behavioral health & human services programs with practicum hours in behavioral health will qualify for QMHA-R certification.
- Registered Apprenticeship Pathway: Graduates of BOLI-registered apprenticeship programs with relevant work experience and instructional hours will also be eligible for certification.

Twelve education and training programs are participating in the pilot. The pilot will run until Spring 2029.

# United We Heal Overview – HB 4002 (2024)

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- **Background:** HB 4002 contained numerous provisions addressing opioid addiction in Oregon across two main themes: behavioral health and public safety.
- **Purpose:** HB 4002, Section 20 established the United We Heal Medicaid Payment Program to provide supplemental payments to behavioral health providers through a labor management training trust (LMTT) enabling employees to access apprenticeship and training programs and opportunities.
- **Funding:** \$4.7M allocated from the GF, with \$6.9M in CMS federal matching funds proposed (not yet approved) totaling \$11.6M.
- **Implementation Timeline Highlights:**

E-Board approval	Rules Promulgated	CMS approval anticipated	Payments to LMTT	Training begins	Training complete
Dec 24	May 25	May 25	May, Jun 25	Fall 2025	Early 2028
- **Anticipated Impact:** 210 Pre-apprentices (enabled to enter BH field), 50 Certified Drug and Alcohol Counselors (CADC), 70 Qualified Mental Health Associates (QMHA), 74 Qualified Mental Health Professionals (QMHP).

# Senate Bill 142 (2025)

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SB 142 continues the momentum from HB 4071, while building partnerships between agencies, OHA and HECC.

- OHA
  - \$5M in scholarships to support 200 students pursuing careers in MH and SUD care
  - \$8.9M for loan repayment and forgiveness programs, for approximately 140 masters level clinicians if they work in the public behavioral health systems for two years
  - \$13.8M to public behavioral health providers and tribal providers to provide incentives for remaining in the service system
- HECC
  - \$20M investment to expand education and training opportunities for approximately 4,000 people to earn degrees and certificates in behavioral health fields and work in the public behavioral health system

# Senate Bill 142 cont'd

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- The OHA investments will help:
  - Staffing challenges on key areas of the workforce such as residential settings to help offset requirements tied to capacity under Mink compliance
  - And address needs specific to children and youth as informed by the BH Talent Assessment recently published by HECC.

# Other efforts for improvement and stabilization of the BH Workforce

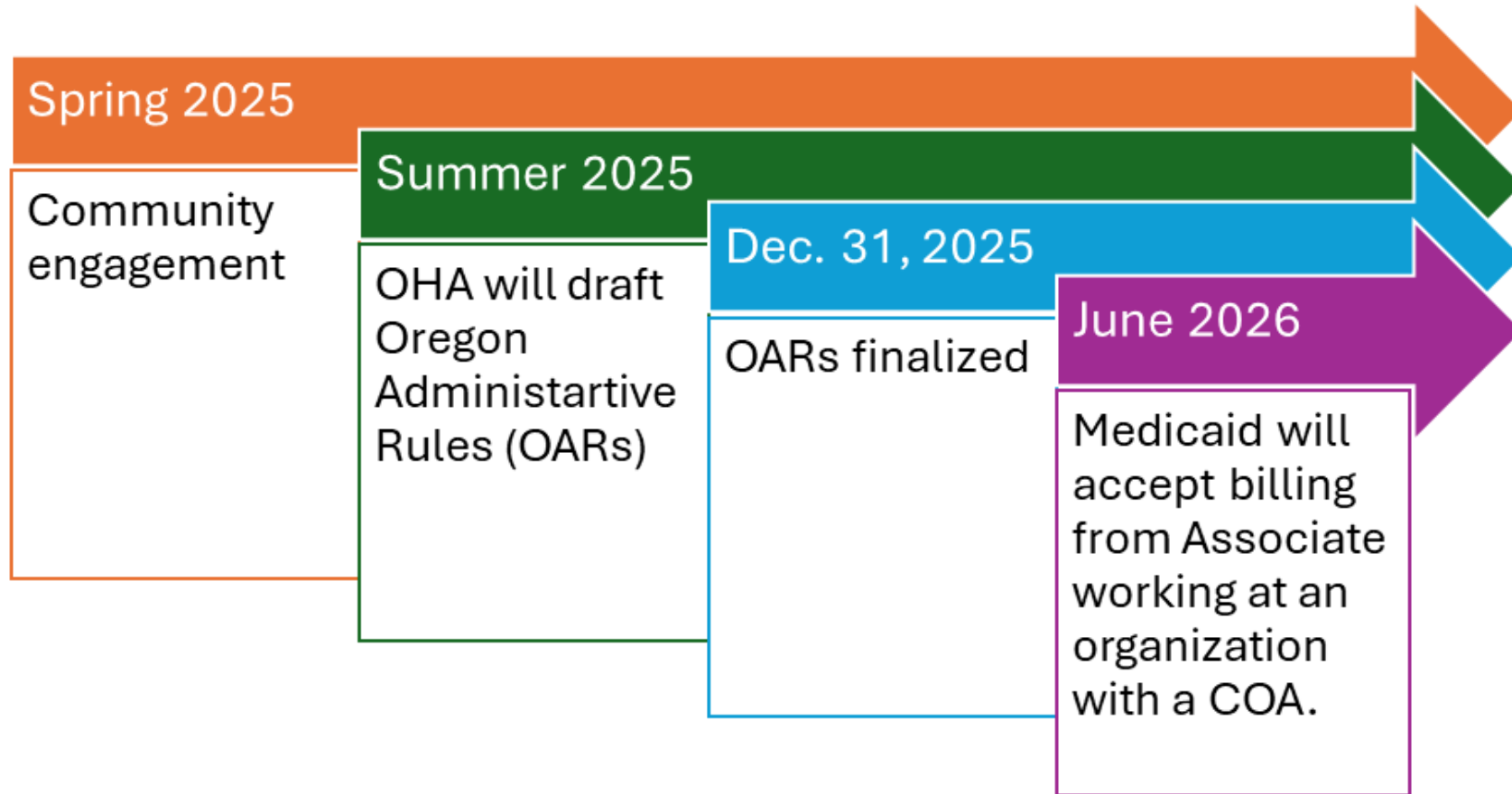
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Regardless, all past investments and future investments are geared toward quality care and improved access to behavioral healthcare.

As an example, Board Registered Associates

- Individuals are pre-licensure as approved by their respective clinical boards as associates and allowed to practice under certain conditions of supervision
- Associates (n=968) make up approximately 10% of the workforce and have increased dramatically (84%) over the past several years
- Rules associated with Medicaid billing for associates are under review to assure access and quality of care are addressed as this part of the workforce grows

# Timeline for Review of Board Associate Rules



# Community Engagement Planning

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- Engage with providers practicing in organizations with and without COA and in CMHPs.
- Invite members to share experience accessing mental health care in CMHPs and Behavioral Health organizations.
- Feedback Session with Behavioral Health Advisory Committee in May.
- Provider and Member Survey will be posted to project [webpage](#) .



# Oregon Administrative Rules

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- Revisions to OARs in coordination:
  - Medicaid Division Chapter 410
  - Behavioral Health Division Chapter 309
- Rules Advisory Committee
- Public Hearing

# Implementation

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- Notify providers and members.
- Provide technical assistance to relevant providers and organizations.
- Provide guidance to ensure members have access to behavioral health care.
- Include flexibility in rules to allow for variance and exemptions where needed so members are not losing continuation of services.
- Monitor implementation plan closely.



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**Thank You**