

10:21:16 From Daniel Page, OHA : All meeting materials can be found on the House Bill 2235 Workgroup website <https://www.oregon.gov/oha/HSD/AMH/Pages/HB-2235-Workgroup.aspx>

10:34:38 From Kelli Taylor (They / Them) : Please send any questions to HB2235.Workgroup@oha.oregon.gov which can also be found on our website <https://www.oregon.gov/oha/HSD/AMH/Pages/HB-2235-Workgroup.aspx>

10:48:19 From Lucy Mendoza(She,Ella) : Thank you for that!

10:50:07 From Kelli Bosak (she/her) : Good, I agree with this recommendation to add workforce development.

11:01:57 From Diane Benavides Wille (she/her/hers) : And unfortunately, I need to hop off the meeting as I have an unavoidable conflict.

11:02:55 From Shyra Merila (she/her) : Will we be taking a 10 minute break today? I have an urgent issue I need to address quickly.

11:03:52 From Daniel Page, OHA to Tim Nesbitt, LPC (he/him)(Direct Message) : We need to go to break

11:07:14 From Lucy Mendoza(She,Ella) : Yes, thank you.

11:29:40 From Jose Luis Garcia : Thank you Lucy

11:31:50 From Jenn Inman : Thank you David - great point. Retention is huge issue.

11:33:40 From Lucy Mendoza(She,Ella) : They would need training and education for that. We have a huge need for bilingual staff and are currently being over worked to the point of burn out.

11:35:01 From David Geels : I am assuming residential providers are included in this mix of "public"

11:38:28 From Quryynn she\her CPCCO : I so appreciate what you said Cheryl,it might be worth really defining "publicly funded Behavioral Health" or "Community Based Mental and Behavioral Health" so we can really define our scope

11:39:11 From Chantay Jett : Agreed.

11:39:54 From Diane Bocking-Byrd OYEN : From an OP Mental Health perspective OHP now pays more then Commercial insurance. This is a start.....

11:41:43 From Clark Hazel (they/he) : I also want to highlight and further discuss for scope: barriers to onboarding and retaining of Queer and Trans BIPOC clinicians in CMH

11:45:03 From Diane Bocking-Byrd OYEN : I would love to be a part of this!!

11:45:13 From lindy bonser : I would love to be able to do this

11:45:17 From Lucy Mendoza(She,Ella) : I would love to be in it.

11:45:18 From Kelli Bosak (she/her) : I would also advocate for inclusion of integrated behavioral health in primary care in addition to publicly-funded behavioral health since as many of 70% of primary

care visits are related to behavioral health needs. Or at least the context can remain broad to consider all community based settings and not be dependent on having a COA

11:45:20 From Melinda : I would also love to be a part of this

11:47:09 From Cheryl Cohen (she/her) : HIGHLY agree with Kelli on inclusion of integrated BH in primary care being in the scope of this group.

11:54:03 From Cheryl Cohen (she/her) : Recurring cadence of meetings, please!

11:54:12 From Clark Hazel (they/he) : Agreed!

11:54:15 From Melinda : Agree

11:54:47 From Jenn Inman : Perhaps we can settle in recurring cadence by April and give us Feb and Mar to adjust into

11:54:52 From Clark Hazel (they/he) : Reoccurring meetings would be ideal

11:55:13 From Anthony Cordaro : agree with clear reoccurring meeting with be great...the further out the better...

11:58:09 From Kelli Taylor (They / Them) : Second Christa! Thank you all so much!!

11:58:31 From Jose Luis Garcia : Thank you everyone!