



House Bill 2235 Workgroup AGENDA and MINUTES

Wednesday, March 6, 2024 1:00 – 3:00

Location: <https://www.zoomgov.com/j/1618065772?pwd=M0pDZFRlcXVURGc2dFgzRFI0ZkNtQT09>

Members in Attendance:		OHA Staff in Attendance:	
<input type="checkbox"/> Diane J Bocking	<input checked="" type="checkbox"/> Jose Luis Garcia	<input checked="" type="checkbox"/> Christa Jones	
<input checked="" type="checkbox"/> Belindy Bonser	<input checked="" type="checkbox"/> David Geels	<input checked="" type="checkbox"/> Vitalis Ogbeama	
<input checked="" type="checkbox"/> Kelli Bosak	<input checked="" type="checkbox"/> Quryynn Hale	<input type="checkbox"/> Tim Nesbitt	
<input checked="" type="checkbox"/> Chris Bouneff	<input checked="" type="checkbox"/> Clark J Hazel	<input checked="" type="checkbox"/> Jen Eisele	
<input checked="" type="checkbox"/> Cheryl Cohen	<input type="checkbox"/> Jenn Inman	<input type="checkbox"/> Daniel Page	
<input type="checkbox"/> Sarah Conyers	<input checked="" type="checkbox"/> Chantay Jett	<input checked="" type="checkbox"/> Kelli Taylor	
<input checked="" type="checkbox"/> Deanna Cor	<input checked="" type="checkbox"/> Tony Lai	<input type="checkbox"/> Beau Rappaport	
<input checked="" type="checkbox"/> Anthony R. Cordaro, Jr.	<input checked="" type="checkbox"/> Lucia Mendoza-Meraz	<input checked="" type="checkbox"/> Sahand Kianfar	
<input checked="" type="checkbox"/> Lorie DeCarvalho	<input checked="" type="checkbox"/> Shyra Merila	<input checked="" type="checkbox"/> Bret Golden	
<input checked="" type="checkbox"/> Melinda Del Rio	<input type="checkbox"/> Michael Spencer		
	<input checked="" type="checkbox"/> Diane Benavides Wille		

Resources:

START	TIME	END	TOPIC	OUTCOME	LEAD(S)
1:00	10 min	1:10	Welcome Roll Call	Establish quorum	Vitalis Ogbeama Kelli Taylor
1:10	10 min	1:20	Public Comment Period		
1:20	15 min	1:35	Topic Discussion Cadence	Inform on purpose	Vitalis Ogbeama Christa Jones (support)
1:35	10 min	1:45	Core Topic Priority Survey	Discussion procedures reviewed	Vitalis Ogbeama Kelli Taylor (support)
1:45	15 min	2:00	Core Topic: Retention Intro	Kick-off of first core topic	Vitalis Ogbeama
2:00	10 min	2:10	10-minute Break		
2:10	40 min	2:50	Core Topic: Retention		Vitalis Ogbeama
2:50	10 min	3:00	Wrap/up next steps		Vitalis Ogbeama
			Next meeting: March 20, 2024		

MEETING MINUTES:

Vitalis Ogbeama: Welcome and introduction of OHA staff in attendance.

Kelli Taylor: Roll call completed, quorum reached

Vitalis Ogbeama: Public comment period – no comments from email, Larry Dillenbeck joined to learn more about the workgroup. No other comments.

Christa Jones: Thank you. Hi, everyone. It's so nice to see you and welcome back. We are still very excited about this work group and, and really enjoy watching you all come together and share ideas. One of the things that we wanted to highlight and flag for everyone is that some source of pride for us with the hard work of the team, we were able to you know, have a really thorough application process for membership that you now hold, and that has resulted in one of the most, diverse work groups that OHA has had. And so we're really happy about that, particularly with this issue considering that the impact on work the workforce crisis that we're experiencing as with most things you know has a significant impact on communities of color and other marginalized communities. And so it's really important for us that we amplify voices and that we have diverse perspectives being shared in this space. One of the things that we have noticed and I really want to open this up for a short discussion with you all is that we have a varying degree of power in this room, or perceived power in this room with some holding really key and top positions within their agencies and others serving clients and individuals and families. Kind of on what we call on the ground work. And, what we have noticed is that when the conversations do happen that they are predominantly filled with voices of power. And wanted to kind of just check in with you all and see if you have a response or an observation or a perspective on that. And then really center the discussion about how we can all work together, to ensure that all voices are raised. We really want to leverage and maximize this opportunity so that the recommendations that come out of this process serve everyone and in particular those who are most impacted by what we are seeing, in terms of the workforce and the impact of not having enough staff to do this very, very important work. So with that I see a hand up.

Lindy Bonser: I just, I feel it's very important to allow everyone time to speak without speaking over them, right? And if that means that you give someone like a 5 minute period of time to express what they're wanting to express. So if there's equity and equality in the group, that might be something to do. And there is almost like this perceived power differential, okay, that even though people may not be thinking that they're behaving that way, they are.

Christa Jones: Thank you. Okay, Jose Luis, hi.

Jose Luis Garcia: How's it going? I see there's a lot of people with different education backgrounds, and I think we also need to value lived experience, you know. I don't know how many people here are in recovery, I mean, I'm a person in recovery and I also went to school. I was lucky enough to be able to finish school and there are a lot of barriers in my community for education, and so I'm lucky enough to say that I have a bachelor's degree but I know there's people who have doctorates in here, PhDs and that is valuable too, but I think it's also bringing people who have lived experience. We actually have that personal experience in this work and how valuable that is as we develop things, to bring that community in as well on how to collaborate with educators or people with higher education and people who are have more lived experience and put an important value on that.

Christa Jones: I really appreciate that Jose Luis, and I think that's really the point of what we're talking about. I made this analogy yesterday, but I kind of see that when a perspective or an idea is raised, it's like a tree, right, that is planted in this space. And then the discussion that then follows that people add to it are branches of that tree. But I'm wondering do we have the right trees that we're planting, right? Are those original ideas really being brought forth by those lived experience and by those representing communities of color? And so I think that's really important that that we acknowledge that in this space that we can recreate the status quo or we can do something different here, and ensure that what we come out of this process with is truly something meaningful and innovative and that really, you know, values the impact that communities are experiencing right now. I'd really love to hear from others.

Diane Benavides Wille: Yeah. So I will out myself. I sent a text to the facilitators last week. So what I will share with you all last week is right we were having a discussion about sharing why this work was important to us and raised my hand. I get it we are on zoom, it's hard to kind of navigate. For me the issue was because I have a same name as someone else in the group, it was like, oh, both of us were recognized, but only one was called upon. And I think after, the incident I can tell the people of color because they sort of recognized what had happened. I'm in that moment and we're like, hey. And dominant culture kind of came right back in. And then at that point I was like, you know what? I've done this, this is my lived experience. What I kind of walked away with was okay, so not the safe space to have a conversation or I know what to expect. So. I'll play by the rules and I'll raise my hand and not get called on and you know, that's probably my below the line behavior, but last week was really hurtful. And you know, it just got to the point where I didn't even want to participate, but I made a commitment, so I will do that. So I know that it is difficult to kind of manage all of this, but my suggestion would be that equality says we all have a chance to speak. Equity would say, are you being mindful of who is taking up time and space? And then making room and allocation just like you did of let's hear from others that we haven't heard from. And not to put anyone on the spot but that would help me to feel more safe in this space.

Christa Jones: I appreciate you, Diane. Thank you so much for sharing. And, also again, that's exactly what we need to do. There's that saying or the idea of you step in front and then you step back and we have to be mindful of how many times we're stepping up and how many places that we're taking up where someone else could be stepping up. And I think that we all have that personal responsibility to do that. And so again, I'd love to hear from others. You know, this is, we need to have some agreements here about how we're going to make this work. So that we can increase the safety or the safer experiences in this group so that we can really move forward, be vulnerable where we need to because this is a really important topic.

Cheryl Cohen: Yeah, thank you. I wasn't able to be in the last meeting, but I did watch the recording. And one of the things that I heard from several members of the committee was a real desire for committee members or work group members to get to know each other and what brought them to this group. We don't know each other and why people have an interest in being here. And in the meeting there were a few people who took it upon themselves to make themselves known, but it wasn't really done in a facilitated way or in a way that allowed everyone to share that. And I also think, you know, we were asked to submit some bios for ourselves that would allow us to get to maybe know each other a little bit better. And I would like to know other people in this group better. I'm one of the CCO representatives in this group, but I'm also a person with lots of other experience that brings me to this group. I'm not going to be like, I'm Cheryl and let me take up space telling you all about me. I'm not going to do that here, but I want to know others and I think we want to know each other. I think that doing that and taking the time to do that as this group is forming would be really important.

Vitalis Ogbeama: Thank you Cheryl, very good point. Deanna is next.

Deanna Cor: Yeah. I appreciate this conversation. I have to say this is my second meeting, third meeting and I have been surprised that we haven't had more time both together getting to know each other but also norming and creating those agreements about how we're engaging with each other particularly being a bunch of behavioral health folks. So I would be in strong agreement about creating those agreements. I think in the absence of that to Diane's courage and bringing up this issue, I think in the absence of that, we just run the risk of really reassuring and confirming what already exists as problematic policies and procedures. So. I don't know, I think maybe time needs to be dedicated to getting to know each other, yes, and creating to be dedicated to getting to know each other, yes, and creating those group norms and creating those group norms instead of sort of diving into what are people's individual ideas about how to fix problems. I think that's dangerous.

Christa Jones: Thank you so much. My, I'm tempted to just say let's pivot. Let's pivot away from the agenda and do that. I'm probably going to stress Vitalis out if I do that. But I do think you're right. Let's concentrate on that in next session. I want to honor the great work that's been put into organizing today's meeting, but I think that it's worthwhile to take a step in a connection direction. With that does anyone else want to share?

Clark Hazel: Also maybe just having like accountability measures put in place if like if harm is done, you know, is there any facilitation or noticing or you know apologies stated just kind of like how are we holding ourselves accountable. And when harm is inevitably done or someone is not the kindest towards someone's idea or just even talking over one another just like how can we call each other in and also make repairs because we're kind of stuck in this together. For quite a while, thankfully.

Christa Jones: I like that thankfully at the end there. And I do. I, I think that, you know, kind of going over the agreements for within next session and making a point to do that and then also getting to know each other a little bit more. I also want to stress that, you know, as OHA, we are here to facilitate a process, but this process is owned by y'all. And so how do we get to a point where it's not just OHA staff saying hey someone's hand is up so that we can just ensure that everyone is heard, but also so that we do hold each other accountable. I think that that takes a lot of bravery. It's a risk to do, but my hope is that by connecting and getting to know each other that we could see that happen. I think it's really going to be really important.

Anthony Cordaro: Yeah, I think it's great. A lot of just hearing everybody kind of talk and listen to everybody. I think one thing I would just add is that, I don't know for everybody because I don't really know anybody else on this thing, but I am so much an in person people person and probably I'm hoping I'm speaking maybe for a lot of people. Even though Zoom is an amazing platform and it allows us to be in the same room even though geographically, it, you know, just would be impossible. It also is a very odd space at times and really hard to get to know people individually and stuff like that.

Christa Jones: Thank you, Anthony. We were discussing that yesterday and one of our meetings about Zoom and in the breakout sessions because I think that would be really helpful if we had smaller group discussions. I think there's a concern with recording all of those discussions because you know this has to be recorded and so if anyone has any great ideas about how we can manage that, we are all ears. But we're going to continue to look into it because I think that too, and we're able just to connect and respond and get to know each other by smaller groups. Given the geographic limitations that we're experiencing, this might be a helpful pathway for us. What about others?

Deanna Cor: Well, if I could just add in addition to like emotional safety and how we're going to engage with each other. We can create norms around how to engage over Zoom. I've been teaching over Zoom for many years now at this point and had to pivot quickly. And I've learned quite a lot about how to facilitate fifty-plus folks in a room and everybody engages differently. But when cameras are largely off, it is hard to know what's happening and what's coming up for folks and I think that's a big part of it too and I know I need to have my off at times and I'm engaged but how do we communicate that with each other? How will people know? I'm going to step away but I can hear you, whatever the case is. I think more the more transparency be probably pretty helpful.

Christa Jones: Thank you, very much agree. And I think that it is amazing what happens when someone says be right back someone's at the door or my dog is eating something that they shouldn't or you know whatever is eating something that they shouldn't or you know whatever. It's so helpful because I appreciate that person was listening and engaged and we all have different reasons for why cameras are off and I totally understand that, but seeing each other is also helpful. I see David's hand. I don't know if David is the first. Oh, okay. Go ahead, David.

David Geels: Yeah, I just want to say I really appreciate this discussion. I mean, that in the last meeting I really did want to have time so we would all understand where people were coming from and their priorities. And so that is important to me. I know for myself, I feel really passionate about this topic. That's why I joined. And I will do what I can to help move us along, but I'm also happy to shut up and let other people lead when that is helpful as well.

Christa Jones: Thank you, David. All right, I'm going to pause for just a couple more seconds to see if anyone else would like to share. I think that if we continue to have this similar observations, I'd like to kind of engage with the group again, to talk about maybe a little bit more concrete measures that we can take to ensure that we do have all voices raised and I heard a couple of suggestions today that I think are really, really helpful. Even kind of carving out a specific amount of time for each person to talk just to give that space, also to review our agreements with each other, and then spend more time getting to know each other. And I'm going to kind of make up an executive decision here that next

agenda seems pretty full with a couple of those suggestions. So thank you all so much. As always, if you didn't get a chance to talk today, if you want to take more time to process, please do and feel free to email us. And we're happy to even set up a space to chat. And return to this conversation as often as we need to, to ensure that we've created enough space for processing. With that, thank you. Thank you. Thank you. I'm going to hand it back to you Vitalis.

Vitalis Ogbeama: Thank you Christa, good job, excellent. Next slide. In order to ensure that all voices are and this will group work we have added some language to the draft charter to help us accomplish that. And these are some of those and they are reflected in each other. Zoom hands raising feature, order of hands raised in gallery view is from left to right, and members who have not shared will be prioritized over members who have shared. OHA may request feedback from members based on perspectives tied to the workgroup role. Example asking non-management members for their perspective on reimbursement and pay before opening the floor to all members. Using the chat if we run out of time to save through and revisit in a later meeting or, if time permits, during the same meeting the proposal form can also be used to communicate input that you have thought of after a meeting that is important for the group to consider. Next slide. OHA wants to ensure that everyone's point can have space however time constraints and Zoom as a platform can be tricky, so please interrupt OHA or use the chat to mark your intention to speak so that we can create space. Language to address the equity issue and topic discussion have been added to the draft charter, version nine page five. The intention of that section is mandatory; however, if you have a suggestion for a language change, then please utilize the proposal form. I am going to pause to see if anyone has any suggestion on this. Next slide. Also have a core topic priority survey already sent, and the purpose of this survey is to ensure that all voices are heard and to be informed on needed resources for the HB 2235 Workgroup, and inform the core topic road map. Some members have filled out already. Kelli if you could pull up the survey so we can see it and see how many more we need.

Kelli Taylor: Apologies I have many Zoom windows floating on top of my other apps. This is a look at our core topic priorities survey and all we are asking is for your name and what issues you have witnessed or experienced in your committees or place of work regarding any of these different aspects that are referred to within House Bill 2235 and anything that you believe would be important beyond that to study. And also within those, what rankings those have. And then I will go ahead and look on the back end and update you all momentarily on how many we have received as there are too many floating screens at the moment for me to do this all at once. Thank you Vitalis.

Vitalis Ogbeama: Okay, what we're really looking for is, what you're seeing in your community or place of work, and prioritizing those topics that are outlined in HB 2235.

Kelli Taylor: And then, Vitalis, I am actually experiencing issues with signing into Smart Sheet at the moment.

Vitalis Ogbeama: That's okay Kelli, because I remember we had four surveys complete. I don't know if you've received more but we want the members to place those topics in their priorities.

Kelli Taylor: Thank you Vitalis, it looks like Christa has something to say.

Christa Jones: Thank you I was just thinking about I know that, everyone's time is so valuable and that there is not a lot of time in the work day, and so we are really trying to minimize as much as we can our kind of outside of this group ask, but there are some necessary things. I was just about to say, and so thank you, Tony. I was just about to say that I think in the future we're going to need to put some deadlines on specific requests. And if you could, please, please, please prioritize this. I think that is part of the discussion for our agreements that we have next week is what our agreements to ensure that the process continues also to move strongly forward so thank you.

Vitalis Ogbeama: Thank you. Does any workgroup member that has used this survey has anything to say about it? Any ideas or anything that you want to talk about. What do you think? Is it helpful?

Lindy Bonser: I think I'm finding it helpful because it is it kind of allows us to focus like where do we see the biggest need? Where do we see the biggest need within our communities that need to be addressed?

Vitalis Ogbeama: Thank you. Diane?

Diane Benavides Wille: Yeah, I completed the survey and that what I liked about it was not only did you have the chance to prioritize but you also were able to provide some narrative for right whatever the domain was. And what I that was helpful is right after I'm completing the survey, folks over at MHACBO we're talking about the distinction between somebody being certified as a QMHA 1 versus QMHA 2, and interestingly enough, what they found is when folks move toward that QMHA 2 certification, 70% of those are renewing their certification. So I think that that speaks to retention. And maybe good information for our work group as well.

Vitalis Ogbeama: Thank you Diane. Good point. Right. Any more feedback on this topic?

Cheryl Cohen: One thing I'm, looking at this and you've already bucketed the topics. One thing I'm noticing that's missing is around pipeline development. You said work force development, but I do think that this group might make some recommendations around the educational pipeline. And so I don't know if these buckets are set, but I do think that adding the word pipeline somewhere, I think that this group will probably want to when we're looking at what we want to study. And what is the workforce that we need to create? It's, we're going to be doing some work around the emerging work force and strengthening pipeline pathways, whether that's training or education pipeline. I think it's important that what one of these buckets. Probably a workforce and pipeline development, but I would use the word pipeline.

Vitalis Ogbeama: Thank you. We are really going by the parameters of HB 2235, but pipeline can also be applicable to workforce, can also be applicable to retention, so we can still work that into that. I value that feedback, it's a good point. Thank you. Any other recommendations or feedback? I'm pleased I'm not seeing everybody that raise their hands, if I miss you please call on me or just come off mute because I don't want to miss anyone. Okay, next slide please. These are the topics and considerations that HB 2235 gave us to work with, recruitment, retention, workforce development, diversifying the BH workforce, administrative burden, reimbursement and pay, workload reduction, burnout, compassion fatigue and vicarious trauma. We are choosing to start with retention. One thing that stuck in my mind from a webinar is that retention is the key to workforce development, and I totally agree. Retention can create recruitment, be a tool for recruitment. Employers focus on recruitment and forget about retention. We need to figure out how to keep those already in house happy and fulfilled, which we will focus on during the second half of the meeting. Christa, I'm really thinking about our second part of the meeting, and would like to see about moving from focusing on retention and discussing the workgroup members.

Christa Jones: Can I ask for clarification? Is it continuing with the agenda or pivoting and doing what the workgroup recommends and get to know one another?

Vitalis Ogbeama: Yes

Christa Jones: I don't know that we, is this an official vote? If we, do we have to officially vote to pivot? For the public meeting experts in the room.

Kelli Taylor: I would say that as this is truly our community group and this is coming from our community that we should listen to our group members and do as they suggest. I don't necessarily feel we need a vote to pivot from this agenda, especially as this is more of the relationship building that we really need in here. So I don't necessarily feel we need a vote, I would just like to go ahead and get group consensus. Definitely wouldn't want to make that decision for y'all.

Vitalis Ogbeama: Okay, so it's up to the group members. What do you guys think? When we come back the second half of the hour and go and dive into retention topic or if we just want to use it to get to know each other, better and more.

Jen Eisele: So put your hand up if you'd like to pivot.

Christa Jones: Thanks Jen, Okay. I see one hand.

Diane Benavides Wille: Can you clarify pivot to what?

Christa Jones: Pivot to the conversation around getting to know each other more and maybe even start talking about some group agreements. I'm seeing lots of hands. It's a good idea. I think have we reached a consensus. But Vitalis, since we are pivoting how would you like me to support?

Vitalis Ogbeama: Okay, if that's the, way we want go, why don't we take our break at this time and when we come back we discuss how we need to get to know each other.

Jen Eisele: It looks like Anthony would like to say something.

Anthony Cordaro: Maybe this is just me. I know all of this is being recorded. Its public record, but I would like to request it not being recorded if we're going to do just getting to know each other not having it recorded and there for everyone to find. I think it would help everyone be more relaxed and open if we weren't recorded and come back to recording when we come back to the work of the workgroup.

Christa Jones: I'm not sure that that's a possibility given the type of work group that this is. Jen, do you have any?

Jen Eisele: Yeah, so thank you, Anthony, for saying what I'm sure a lot of people feel. Definitely you are not the only one. I know that myself and a few members also are like really recording again? Unfortunately, or fortunately, this is a public meeting, these will always be public meetings and everything we do will be recorded. Everything that we submit in writing is subject to public records release request. You know it just depends on who's going to go and look at it. So ensuring safety within the space I know is challenging because this is not a contained space in a meeting room. But this is transparency for Oregonians. And I think that you should maybe just try to look at it like that if it helps, it helps me that way. Just to know that, you know, we're here for Oregonians, we're here for Oregon, and we're all passionate about Oregon and our communities and so we're in the space to do that work. And hopefully that gives you a little bit of peace of mind. You know, it's, it's always a weird and will always be weird to me. So I'm sure that it might be weird for a lot of you as well. But unfortunately, yeah, everything is public records.

Anthony Cordaro: Hello, hi. I kind of, you know, expected as much, but I just wanted to ask as you don't know if you don't ask. So anyway, thanks for considering.

Jen Eisele: Yeah there are no wrong questions that's how we learn.

Vitalis Ogbeama: Yeah, yeah, thank you Jen, thank you, Anthony. So let's just take a ten minute break and when we come back engage on the level that you are comfortable with.

10 minute break

Vitalis Ogbeama: Okay, it's 2:02 now. Seeing how important trying to get to know each other is us the parameters we need to talk about ourselves here is Why are you here? What do you want to see accomplished with this workgroup? What is your passion for being here? Let's have a two minute limit for each person, and don't forget your name, organization will also help. The floor is open, who is going to start?

Jose Luis Garcia: Hey, I don't I'm not starting yet, but I wanted to say that you know when you said described yourself in three words. You know, that's also like culturally unresponsive or, you know, we're like for me, Latino people are very much storytellers. So when you tell me think about three words it blocks my thinking, cause I want to talk a lot. I think when it comes to different, different communities. We're storytellers.

Vitalis Ogbeama: Oh I don't think I said three words did I?

Jose Luis Garcia: So we cannot think in three words. So I just wanted to say that. Yeah. Yeah, I think it says three words, right? Describe yourself in three words.

Kelli Taylor: Oh, Vitalis, that was in the chat that Jen put in.

Jen Eisele: Yeah, and I want to apologize Jose, thank you for that tremendously. So we can't do three words, what about three stories? We're here for another hour, let's just dig in.

Vitalis Ogbeama: So let's focus on your name, your organization. Why are you here? What do you want to accomplish with this work and what is their passion about it?

Jen Eisele: Melinda go ahead.

Melinda Del Rio: Sounds like I'll just rip the band-aid off. I was struggling with the three words as well. I'm Melinda, I'm clinical director at Min Solutions and we're now in SW Portland. What comes to my mind is also the reason why I'm here. I've been through a lot in life, like, there is addiction in my family, a lot of trauma in my family. Not a lot of people that got help in my family and also the area I grew up in, with myself included, struggling with mental health throughout my life. And then also just being very independent. So losing a lot of family ties, not having connections or knowing where to go. So I could easily landed either in jail or in the systems. So that's what brings me here. I've been on my own since I

was like 13 years old, and I didn't know what I wanted to do then. So like my life after my father passed away, I got emancipated, I bounced around a lot in different places. Like I just was navigating. I was barely surviving. So until I got through those experiences, it kinda like social work in this field brought me into it. I didn't know I wanted to be in it. So just, I somehow turned things around throughout college and then after college. And I even still struggle to this day of like, going into different meetings, going into different areas of this field and there's very few other people who have the kind of lived experience I have or are of color as well. So, and this will be like meetings with directors, OHA, other huge organizations that have so much power and I wanted to what drives me even further is like I want to see changes go beyond like the lower levels. I want to see policy changes. I want to see the system disrupted, otherwise we're just going to continue the cycle and this isn't just here in Oregon, it's all over the US, you know, racism and those hard topics that are barely starting to get talked about now. It's like, it's new, it's fresh. And now people are becoming like more aware of it and talking about it more. I want to see it continue to be talked about more, but also for actual things to happen, not just oh, we're going to do this, we're going to do that. But not really solving that core issue of why things are continuing to stay the same. So that's a big reason why I'm here and my big passion and all the different areas. I think that's one of my strengths is I can see things in big picture and also in very fine detail like how things work. So that's what I'm here for my passion for that to be in this workgroup.

Vitalis Ogbeama: Thank you, Melinda. Thank you for being vulnerable, I appreciate you.

Jen Eisele: Lucy Mendoza go ahead.

Lucy Mendoza: Can you hear me? Okay. So Lucy Mendoza. Why am I here? Well, to describe myself, I am passionate and caring and I don't know, I want to see change. So that's why I'm here. I want to see diversity. I started out in the medical field as a medical assistant, and I was that kid in school that, I guess, people would just give up on. I had ADHD and didn't know it, so that kind of explains why I struggled so much going to medical assistance school was super hard but my motive and drive was my daughter. I was a teen mom, so I needed to provide for her, and that's what pushed me, but it was super hard. All the barriers that I had to overcome. Not having a support system and it was just hard. So what I want to accomplish is I want to see these opportunities for our communities to be able to thrive, to be able to be in positions where, you know, where seeing them representing. Like mentioned before going to OHA meetings and other meetings it's sometimes intimidating, I don't really see a lot of people of color, especially with our backgrounds. And a lot of times we don't have degrees. And that kind of makes it even more intimidating like who wants to hear my lived experience? And my story? But our voices need to be heard and our experiences as well. So. That's why I'm here.

Vitalis Ogbeama: Thank you, Lucy. Thank you for sharing and being vulnerable, I appreciate you.

Lindy Bonser: I can be really fast because I've learned how to be. So, I am the youngest of a very large family. One of my older brothers came home from Vietnam; when I was three he was drafted into the war. He attempted suicide four times before he completed. I found his body when I was 18. I swore upon that day I was going to do everything in my power to build the tools necessary to support others. I've been in social services for the last 30 plus years and in my current role with Columbia Care as a healthcare navigator I have experienced more death of individuals than I have ever before in my life. We are now seeing additional veterans, I can attribute that to many things, but that's irrelevant to here. The reason why I'm here is because people are dying on our streets. Bottom line, people are overdosing on fentanyl. We do not have enough treatment beds. We do not have enough detox beds. We do not have enough mental health clinicians. We do not have enough addiction counselors, we don't. Somehow as a community, as a work group, as a state, we have to figure out what we need to do to start helping people. Because I'm in recovery, I have behavioral health diagnosis, several actually, I have learning disabilities, I am indigenous woman. I understand, I mean, for me getting through college to gain my master's degrees. I have a masters in family psychology. I went back for a master's in clinical social work, specifically because I look at myself and say what are you doing? How do you reach these people? And how do you build that bridge? So there are barriers and it is overwhelming. People shut you down. Right? Before you can even start engaging with them. So that's why I'm here. I'm here because I'm tired of having my veterans die. And your house bill 4002 also passed recently and it is opening up. It's the attempt by the state to counter Measure 110 and then

we're supposed to set up all these deflection programs where people either go to jail or people go into treatment and we don't have enough detox beds, treatment beds, counselors, mental health and addiction counselors to meet the current demand. And that window of opportunity is very small. And if we, if we miss that window lives are at risk. That's why I'm here.

Vitalis Ogbeama: Thank you. Thank you. Thank you. Thank you. Thank you for sharing.

Jose Luis Garcia: I'll go next and get it out of the way. So I've been I've been in this field since 2001. I actually did one of the first CADC course in Oregon to recruit more Latino or Spanish-speaking counselors because it was a need back then. So, this back in 2001, I became certified and I started working in the field, and I've always worked with the Latino community and diverse communities, primarily the Latinos, Spanish-speaking community and I've seen programs for my community come and go. Like they come and go like we've seen I started new services, we had an alternative school in Multnomah County that was called the Oregon for Hispanic Advancement. It was the OCHA and it was around for like three years and went away. We had a gang prevention program which I was part of which included diverse communities. We had black communities, you know, African Americans, Latino, Native Americans, Asian Americans, and we would come together and we would work together on how to deal with gangs and gun violence and that went away. And so, you know the counseling program and a lot of these programs that come in like Oregon and the state knows the solution like we've said for many years like this is the solution: we need more diverse workers in the workforce. There are great programs out there that are doing the work, but we fail every time because we don't support them. And we don't create programs like the CADC program, I'll tell you my organization oh I need to say who I'm with my name is Jose Luis Garcia I'm with Juntos which is a small nonprofit we've been around for two years. So we do a lot of trainings around behavioral health, around peers. So we train CRMs, certified recovery mentors, peer wellness specialists and CADC's. And so what I was going to say, the CADC course that we just started doing. So, 2001 is when I did my course. Nothing ever happened in between that was culturally specific or in Spanish to promote more counselors. It wasn't like when I when I became a counselor that ended like okay we met the criteria like now we have enough counselors. No, there is still a need, but no one really supported that process like nobody supported a creation of more counselors until like last year and it was done because of measure 110. So we get funding through measure 110 as well to train counselors and like bilingual bicultural counselors, and we're on the second year. We've trained already 26 counselors the first cohort last year and we have a cohort of 19 this year. But there's been a gap, I mean that huge gap and like I said the answer is that like we have an answer like we know what we need and we fail to listen to it. Like right now we in Multnomah County we have this fentanyl crisis or emergency, and I'm getting pulled to all these meetings with the county, right? Not to throw the county under the under the bus and I used to work for them. But, but we're having conversation about what we need. We know what we need, right? We need more resources. We need more workforce. We need to do more services. But we're going to have a summit next week to talk about what are the needs of the community. I'm like, come on. And there's community organizations like mine who are telling me when we send staff to these places, it eliminates the services like for that day, we're going to have lower staff. You know, less staff and less services are going to be able to provide because we have to send our staff to these meetings that that the counties want to have to collect data to figure out what we're going to do. So. So we're not being very productive. So we know what the answer is, but we just continue to like run away from it. And so I'm here to be able to advocate for my community saying we're at the table. Right? To so that so that people can understand what are the needs of my community. I mean like I don't know all the needs, just because I'm Latino doesn't mean that I know everything about my community. We're very diverse. But I know some. And so I'm here to as much as I can put my like my two cents in and make sure that that their voices are being heard in committees like this because, again, like I think Lucy was saying this is some of the first times that we're actually being invited to the table as well. Like normally there's programs that are created. And then they're like, oh, this is what we got for you. But like, but did you invite us? Did you invite us to the table to help you design it? No, a lot of times it's like, it's already there and I just got to like work around it. So yeah, so I'm just here to be able to be that voice, as much as I can for my community.

Vitalis Ogbeama: Thank you Jose Luis for being here. Your voice is needed. Thank you Cheryl Cohen: Yeah, thanks. So I'm Cheryl I use she/her pronouns, so I work at Pacific Source Health Plans, I'm one of the CCO representatives. And Pacific Source, we're in four counties as the CCO in Oregon. And, in this committee, or on this workgroup, that's what I'm representing. So Columbia Gorge, Central Oregon, Lane County, and Marion-Polk. We're also under the health share umbrella in the Tri-county. That's not my role. CareOregon really manages that behavioral health benefit and so my participation in this group is really for the four regions where Pacific Source is the CCO in Oregon. So I wanted to clarify that. And then just to introduce myself a little bit. So I'm in administration now, but I started about 25 years ago and always worked as a provider in direct care in the child and family system. And so when I had my bachelor's I worked in child psychiatric residential and worked as a skills trainer doing a lot of like, in home, in community, in my car treatment with kids and families. And I've always worked with the Medicaid population. And then once I got my master's degree, I was a child and family therapist and an SUD therapist and also done a lot in home care and was a wrap around care coordinator and loved that work. And I'm one of those therapists that worked in community behavioral health, got licensed, and promptly left. Because it was not a sustainable place for me to work, at all. I loved the clients and families that I worked with, but all of the barriers that we're talking about in this group were the things that made it very, just unsustainable for me to work. I was having health issues. My own mental health was poor. Like it just was not a place where I felt like I could make a career. And so that's a big reason for me being a part of this group. So I've been in progressively more administrative roles since leaving direct care. I worked in mental health organizations before the CCO model and I've worked in CCO since that model has been around. And I've mostly worked in behavioral health. My role now is around provider workforce development. So I also do some work around expanding access to culturally and linguistically appropriate care. So things like traditional health workers, and certified qualified healthcare interpreters. So. Yeah, I, I, I'm still an LPC. I'm a certified alcohol and drug counselor and I'm a peer wellness specialist, so I have three different licensure and certification bodies in Oregon. And experience navigating all three. None of them are the same. And all of them are various degrees of different experiences working with them. One is very easy, I'll say. And then I have lived experience managing a chronic mental health condition and physical health condition. And I'm also the parent of a kiddo with some special healthcare needs. So I have a lot of experience navigating like the education and healthcare systems on his behalf. And then my partner is an LCSW, who has a lot of progress notes to write, which probably people can relate to. So that's a bit about me. I'm also a queer woman and that colors some of my participation just in life and in this work and in accessing culturally appropriate care. And so a lot of what I want to see in this group is increasing access for folks to culturally and linguistically responsive services and providers. I want to make sure also in this group that when we're talking about the behavioral health workforce, we don't just mean mental health work force that we're talking about the SUD workforce as well. And then the last thing that's really important to me is that we have special attention towards the CMHP settings and the settings that hold the certificate of approval or COA. I think those are the settings that really face the biggest barriers in challenges. And so I'd really like to address the issues that make those settings particularly hard to work in. I think the acuity of the folks who are served there and the social needs of the folks who are served there are, it's really different from other care settings. And so I'd like to make those settings, CMHPs and COA organizations, kind of more sustainable places to work for folks coming in to the system.

Vitalis Ogbeama: Wow, thank you Cheryl. Thank you. Thank you

Diane Benavides Willie: I'm Diane Benavides Willie, I'm the vice president of equity inclusion and workforce development at Life Works Northwest. Cheryl was one of the care coordinators when I was a clinician back in the day. So, I'm an LPC and a CADC. I've got former staff that are on the call too so I feel popular, but what I will say is one of the reasons I joined this was, you know, I started here as a student intern. And it was really hard just in my community being a woman of color, being a member of the LGBTQ community. You get so many messages that you're not good enough, you don't have resources, you can't possibly, and then you land in a space like this and become the burden and the only one, I'm often in an organization in a program at a site, to serve people. So as a student, I

remember coming and going, wow, I'm in the space that's supposed to help heal and provide comfort and security for people or resources. And I'm coming in and I'm not feeling comfortable because I had nobody that mirrored any sort of my identities. And so I really took that to heart. Like what is that experience for our clients and consumers and program participants coming in. This is what I'm feeling as a staff member that has some privilege that I'm coming in with. What does that mean for somebody who's like, I don't know what this is, I don't know the system. I'm supposed to trust you. You don't get me at all. And so it really just resonated with me and so I moved out from doing more direct service. And really started working with our workforce, along with that intersection of equity, inclusion and belonging. Because we have to do better. We are charged with working with often our most vulnerable community members that don't have the same resources that don't even have the understanding of how to navigate these very complex systems. On top of, I'm supposed to share my lived experience or all of my life experiences with you, which, are probably very different and you don't know how to join with me at a basic level. And so it's really important that I kind of moved over to doing direct service. I had impact with the families that I was working with. But I moved into more of a trainer development role so that I can influence even more people. By training our workforce so they could then impact families that they're working with. But I've seen the turnover. I do all the onboarding here and it just breaks my heart that we have such a need and we don't have the workforce and we don't have a diverse workforce. And oftentimes, you know, I get pulled in. I sometimes I'm like, oh, do I got to go back and work with my own community? So do I go to work with a culturally responsive program? And that's certainly an option, but I also think working in a community mental health I want somebody who, hey, this, this is where I was told to go. I want them to still have access to great quality, culturally responsive care without feeling like they have to give up something to get that care. So, that's my why. That's why I'm here. What I would love to see is a place where people walk in and they go, I don't have to worry about my safety. I don't have to worry that you're going to get me. I don't have to be fearful about another system causing me harm. I can be in the place where I can be me. And then live their true authentic self in the way that they identify it for themselves. So. That's what I hope to see. Thank you.

Vitalis Ogbeama: Thank you Diane. Thank you for sharing. I appreciate you.

Clark Hazel: Thanks. I'm Clark, I use they/them pronouns. I am here both as someone that has struggled with mental health has been a service user here in Portland and just noticing just how hard it is to find a clinician. Like a therapist searching for a therapist. Wow. So hard. I'm like, I'm a great client. Please take me. Anyone. Like it is just struggle bussing out here to find someone. And then, you know, needing a higher-level care, you know, it's you sometimes get transferred out of state for care because there's not enough beds and not enough resources. It's just really compounding issues that both you know lived experienced in as a clinician is just very impactful and it's been quite a few years where I've been noticing just a lot of systemic issues that need to be changed. Like have been you know calling ombudsman and even working at, you know, mental health, community mental health centers too, and just noticing like, it is hard with all the caseloads and you know being the only like you know queer clinician on a team and then all of the queers thankfully, you know, get transferred to me. But if I take a day off, then I'm missing that person for 3 months. And then if there is coverage, it's a non queer person. They're like, I'll just wait for my clinician to get back and just this never-ending cycle of like feeling burnt out can't take a day off because my clients are relying on me and then I also know that I will hear such an earful when I do get back about how intense these systems are crushing down on our clients too because they're also experiencing not being able to get into see a psychiatrist, you being a kind listening ear or at least I think I'm the kind of person that is listening and having you know all the systems just be brought up by clients. It's just a huge issue here in Oregon. And finding the spaces, I'm just really thankful to be, you know, invited into this workgroup and be able to be a part of change because so often it feels like there's so many barriers, barriers to gender-affirming care that can't change, you know. At the current and just being able to be a part and have voice and having more queer and trans BIPOC folks you know into the mental health field and retained that's also why I'm here. More mirroring of our communities and uplifting voices. Thanks, all.

Vitalis Ogbeama: Thank you Clark. I appreciate you. Thank you for sharing.

Lorie DeCarvalho: Alright, well, so I'm down in Roseburg, Oregon, one of the rural parts of the state. I'm the head of behavioral health services for Aviva Health and also practice as a clinical psychologist part time. So I was raised down in Grant's Pass, which is another really rural part of Oregon, very rural. And left Oregon went to California, Southern California, which is much more open minded about everything. Came back several years ago and I've kind of been shocked with the direction that things have been going. I've been in the field for a long time. Yeah, so I've worked with a lot of people and I've run programs and started programs and yes, I've been pretty shocked with how just sparse care is and how hard it is to recruit providers and you know, all of the patients that we have and all the demand that we have for people to be seen and all the referrals that come in all the time and we just don't have the providers to care for them. So, it's pretty heartbreaking, when you have to deal with that day in day out. So I'm really part of this group. I love Oregon. It's my home. I want to make a difference. And that's why I wanted to be in this group and I appreciate being in the group because I think something has to change, a lot of things have to change. If we're on the bottom four for the country for behavioral health, there's obviously a problem. So I'm hoping we can all be the part of the solution to the problems. That's pretty much it. Can't really add too much more to everything important that everybody said already.

Vitalis Ogbeama: Thank you Lorie. Thank you for sharing. I appreciate it.

Kelli Bosak: Thank you. Hi everyone. My name is Kelly, my pronouns are she/her, professionally I identify as a licensed clinical social worker and I'm here in the role of a non CMHP director. So I work at the intersection of primary care and behavioral health. So I work in integrated behavioral health and primary care. I'm in Coos Bay, so I'm a rural coastal area, which I know we have some other Coos Bay residents here. Hey David, this is great to see you on here, and I've only been in Oregon for 4 years come this July. I'm originally from Illinois and so really what my passion is in the work that I do too is to really kind of disrupt the normal systems of care which I found such a home and integrated care that it starting with the work I was doing in Chicago, we just had this mentalities in FQHC to bring it inside and we would hire peers, we would hire CADCs, we would hire whoever we needed to to meet the community where they were at coming to the clinic that they could start to build some trust with. So I was really excited to see some of what Oregon had done an integrated care. However, when I got here, similar to what Lorie was saying, I was shocked by how difficult it was to recruit, how while we have some excellent institutions for training clinicians, there are few and far between and few and far between that they're really creating pipelines to create really the cultural responsivity and diversity that we need as Oregon continues to change and evolve. And so what I'm, why I'm here is I'm also represent being almost full-time clinician, so I see patients almost 36 hours a week or work alongside primary care providers and work in a medical system that is just so biased and fractured and horrible for so many people to access. And so I see myself as one small tiny change agent and I try to train more people and doing integrated work so that they can try and create a more compassionate care environment that's rooted in the context of each person's life and hopefully then the medicine that we offer is actually healing. And so that's what I love to do. So I supervise CSWA's, LPC's, QMHA's, all certifications I didn't know existed until I moved here. So cool, you have so many. It's great that we can try and hire and retain them here if we can. So I'm really here to learn from all of you. I love learning and really learning across the systems. It's clear we can't do this without each other. And hopefully we can work together to try and more create a more functioning system of care where I can send you people you can send them back to me and all these levels and can work better together and we can all have the staff to do it. So I was honored to be here.

Vitalis Ogbeama: Wow. Thank you Kelli. Thank you for sharing. I appreciate you.

Tony Lai: Good afternoon, everyone. I'm an LPC, licensed professional counselor. I work two days a week for Yamhill County family and youth programs, community mental health center, the last 13 years, I think. The reason why I'm here is because about the first 10 years we really at the agency created a culture where we refused to let the system bring us down, we fought back. All the leadership people, we were in line with what we can do to take care of our staff and be well and take good care of each other. I think for the last three years there was a change in the top, in some of the managers and our commissioners, and I started to feel like my voice was being silenced on different things we can do to improve the system. And it's just gotten so frustrating to the point where my health is being affected.

I see my colleagues leave one after the other. We used to have people in a community mental health center setting. What's unheard of to me is like, we all have been there averaging 5 to 10 years, you know, just the longevity to me. Kind of, tell you the culture that we have. But then now we're literally losing people left and right. So I think the reason why I decided to apply when I saw this opportunity is because if I no longer can have a voice within my system I need to go somewhere else to make those words heard. And that's what brought me here. I do work also three days a week I do have a private practice where I'm doing only licensing supervision and consultation and I really put an emphasis on trying to recruit BIPOC therapist. That's something I can have a heart for to train up more BIPOC therapists. Thank you for listening.

Vitalis Ogbeama: Thank you, Tony. And thanks for sharing. I appreciate it.

Quryynn Hale: Yeah, I really appreciate this question and it's so cool to hear. Everybody's different, you know, like journey into this space. It's just so interesting and I'm really glad that we're doing this. I too have, you know, a lot of lived experience that brought me into social work. I'm a social worker and I think that's off, you know, like that's what brings people into that type of work, right? But today I work with CareOregon as a behavioral health manager for children, youth and families with Columbia Pacific Coordinated Care Organization as my home in CareOregon. And when I think about like what really brought my passion about behavioral health workforce or like developing behavioral health work force, I've been driven by this since working in psychiatric residential treatment about 10 years ago. I mean, I started like many people do working in psychiatric residential and I worked as a milieu counselor in psychiatric residential for about two years early in my career and just having like knowing that though there were these resources needed both in that space but also in the community and being fully aware why those resources aren't available is because of how that type of work is. And how quickly the staff in those settings can be burned out. I remember working 22 hour awake shifts on wing where I had to physically hold children you know like this really intense environment where you're sometimes literally holding them to keep them alive from different kinds of you know, things that they're accessing. And it was really traumatizing for myself and coworkers and it was just so easy to get burned out in that setting and you know we weren't getting paid enough at the time I think I was making like \$11 an hour and we're all super young, right? We were like, 22-23 years old. And, I mean, I just saw so many of my friends experience their own mental health crisis having worked in these settings where they're like driven to drugs and alcohol and it's just perpetuating this really horrible cycle and so being aware of this need and I think you know having worked in residential like I am hard-pressed to be convinced that's like a good setting, you know what I mean? Like where I'm like, it takes a lot for me to be like, okay, I think like this is what we need to do for this child or youth, but I do know that community-based therapy is like the best prevention. And so if we could get away from that and get more intensive in-home supports, I think that's really a good place to start. But that too is a super intense job to have. And so how do we support people who are serving in those roles? You know we got to pay them better we got to provide them with the tools so that they feel confident to be able to provide that level of care. It's a lot of education and training and support and just like not overdoing it with the caseloads, I mean there are like really specific things that we can do to make those jobs sustainable because they're really needed. But the way that they're structured and have been not even currently but like have always been. It's just not sustainable. And so that's why I have been passionate about that work and that's really what drove me to the CCO. And so hearing about this opportunity here in this workgroup. I was, immediately like, please, I would love to participate and work with all of you really like incredible people who are so smart and have so much experience to talk about and how we can bolster this need. And that is what I'd like to share with you all now. Thank you.

Vitalis Ogbeama: Thank you, Quryynn. And thank you for sharing. I didn't get the chance to share before, but that was how I started, was working with those kids. Thank you. Next.

Deanna Cor: I think that's me. This is so cool. I'm so glad we're doing this. As I'm talking, if you hear some noises, my kid is home now. So there may be an interruption or two, but. I'm just I'm so glad we're having this conversation. And really grateful for this conversation just kicking things off. I think it already builds more trust and safety for me. Yeah, so I guess professionally I'll start with just the perspective that I come with. I have been a clinician for many years, but my primary perspective that I

can hopefully offer this group and the work that we're doing is as a professor of counseling students. I came to Oregon in 2016, which is wild. And I've taught hundreds of students at this point. And I'm seeing more and more students come through the program where we can't get them excited about working in community mental health and I think it's a real loss for the state for our clients and for them more and more of my students leave the program graduate and go right into private practice. You know, I can't tell them what to do, but I want them to have the experience of being in on a team working in these settings but I also don't want it to be and I quote from my students, soul sucking. I want them to be humans who can sustain and thrive in these settings because that's where people are needed. I've been to supervisor for, for registered associates for many years as well. And I have one supervisee who is in you know, an emergency room setting. And I'm so grateful and he is the one person that I've been lucky enough to teach and work with it. He's exactly who needs to be there and he has sustained this for a decade or more. But he's tired and he can't get more people excited about that. So that's one aspect. And then the other aspect for me is really I also see students come in because they're passionate and compassionate and have amazing reasons for wanting to enter into these this field. And they want to balance that with, with social justice work. Boots on the ground and policy and all of the other ways that we can show up as clinicians. That makes me incredibly proud and I watch them just get beat down in the process and I want more for them. I want them to land in softer places because I don't want them to be the ones who are like, hey, we should talk about this and then get into settings or internships and be a sort of silenced as Tony was talking about. So I want them to sustain that. One of the ways that I think, and this is partly why I'm here, is they need to be able to afford their education. You know, I work for PSU. It's a state university. There's budget cuts and crises all the time from what I understand is a pretty regular occurrence and tuition is being raised and not necessarily you know with our with our input and that and I it's pricing students out even at the state university level. And the people who are disproportionately affected of course are queer and trans folks of color in particular but lots of folks with vital experience that that we need in this field. So I want them to get money. OHA just had a grant that came through that Lewis and Clark is benefiting from that significantly. Our students will too. But we're going to need that many times over for our students to be able to, yeah, learn and grow and affect change. So that is a major reason why I'm here. On a personal level. I am a queer parent and a non-binary parent and a parent of a queer gender expansive kiddo. And I know that, you know, she's perfect in every way and I know she's going to get out in the world and it's going to be harder. And if she needs to access services, I don't want that to be traumatizing. So. That's also a pretty big reason why I'm here. So. Really grateful to be with all of you.

Vitalis Ogbeama: Thank you, Deanna. We're glad to have you. Thank you. Thank you for sharing.

Jen Eisele: It looks like that's everyone that has put their name in the chat, we have three members who haven't share, no pressure, this have been a pretty awesome past 48 minutes but if anyone else like to go, I'm so thankful to all of you. Go ahead and raise your hand, jump in, see where this takes us.

Christa Jones: Tony, I saw your hand go up for a second, was that just a mistake or?

Tony Lai: I was clapping. I was clapping Deanna's statement.

Christa Jones: What was that, Tony? I'm sorry, I didn't catch that.

Tony Lai: Oh, I was just clapping Deanna's, what she, sorry, what they said.

Christa Jones: I see, awesome.

Vitalis Ogbeama: So who's next? We haven't heard from David or Anthony.

Jen Eisele: Go ahead David

Christa Jones: You're on mute, David,

David Geels: Sorry about that. Too many things going on at some same time. I shared a lot, I think, last time, so I won't say a whole lot. I do, you know, I'm the community mental health director here in Coos County. I've been working for the county in organization for 23 years. I've been the director here for 13 years, so I've lived with the workforce problems. And I think I shared last time. I'm just tired of spending most of my time trying to keep, keep my program staffed. You know I constantly feel like I'm not able to do good enough job because I'm constantly filling in for leaky holes in the ship and then in order to do things new requirements and I'm trying to patch those together. And it's tiring and I'm okay with that. I mean, I'm. I would say I'm not quite at the end of my career, but I'm on the downslope, But I try to

mentor, you know, the new generation of leaders. I'm trying to set the organization up for success. And so I really feel an obligation to try to try to address what I can to move things forward. And you know, when I look at what's realistic, I mean, I've worked with the state and OHA and a number of groups. And so try to be realistic about what we can accomplish. And honestly, if we can put forward 3 or 4 good recommendations to OHA about things that maybe would help, I'll feel pretty accomplished. You know, we're not going to get, I don't think we're going to get a. We're not going to solve everything. So trying to figure out realistically about where our priorities are. Where are we going to address and what we can put forward is really important. I do think in my mind at least there's a couple of sort of low hanging fruit areas that I think we could make recommendations. I mean. You know, payment structure is, you know, there's been a lot of new money put into our system, but there's not really been good thought about how it got spent and how it went out. And so it's. It was just sort of splattered against the wall all the same. And so it's created some inequities in terms of how it's being administered. So and you know, I really appreciate people's comments about the work environment and the stress level because I mean, honestly that is a real thing is how do we create an environment that is really one that we that people want to come and work and feel good about at the end of the day, feel accomplished not burnt out and not sitting in the corner at the end of the day drooling. So, I mean, we have to have an environment that's attractive to people. Given that, you know, people have a lot of choices these days sometimes in terms of what they want to do. So how do we how do we create something that really is something that people say hey I want to be a part of this. And I don't think I have a great answer sometimes for that when a lot of my clinicians are dealing with one, you know, one patient or the other with a trauma related and things like that and lack of resources and feeling they don't have the answers. So, but that's why I'm here and you know, I know that at some point it's going to be the next group that's going to have to figure this out and I'd like to try it on my watch. Do what I can to try to move things forward. So thanks.

Vitalis Ogbeama: Thank you, David. Thank you. Thank you.

Anthony Cordaro Jr.: Let me say, yeah, I got to unmute it. Where do I start? Well, I guess, that'd be like, so I'm at Anthony Cordaro Jr. I'm a child psychiatrist that works at Kaiser. But I'm really here as a representative of OCAP, which is basically a state chapter of the American Academy of Child Analysts and Psychiatrists, our national organization kind of representing all the child psychiatry interest but that I like my role but the reason why I wanted to do this is really just you know, very passionate about a few things, but really, access, is such a big issue. You know, I think just across the board, I think we're all preaching to the choir. I think this is why this work group is here. But also like, I, you know, yes, I'm here as a child psychiatrist, but I also hear somebody with lived experience, not only my own personal experience, who haven't taken a medical leave in college because I was dealing with depression. Even though I got that under my heart condition really because the stigma with it and stuff. But you know, getting diagnosed with the dyslexia, you know, in college too and having to go back, retake classes and, you know, really. Luckily fell into a lot of good friends who are just like dude, you've got some good ideas. You can do this. Let's do this together. Now some of them we're all doctors and doing our thing, you know, etc. But also have family members that have gone through a lot and have, you know, I probably you know, like many of us, unfortunately, we have all known somebody who's died by suicide, you know, whether it be a colleague or somebody went to school with, etc, etc. And I think it was Clark who mentioned, you know, just how hard it is even when you're quote unquote in the system, finding care for yourself or family members is just phenomenally challenging, you know, and not just finding somebody but finding a good quality fit for somebody you can open up. I think everybody knows the data that you know therapy works first and foremost when you feel comfortable to open up. And then making sure that therapist knows what to do and is well-trained can do ERP for OCD or you know, etc. In my own clinical kind of background as, you know, it's like grew up in Texas, did med school there, residency, child fellowship at the University of Colorado was on staff for a couple of years actually, did a post doc on parent child relational issues. Was on staff as a junior, kind of attending there and then. By that time we're having we had our second kid said you know I need to work it. I need the work less. This is just you know burnt out too stressed not present for my kids. That was kind of hard to do in an academic setting at least at that time at the University of Colorado. So I jumped ship. Started working

at a mental health center in the Room Phil Boulder area, which is Denver Metro for those who may not know and spent about two years there before I convinced my wife who grew up in Portland to move back to Portland. Because I missed the coast. Even though the Pacific Ocean is very different than the Gulf of Mexico that I grew up with. And warm sand and water. But I love Oregon here. It's great. Been here about seven years. And I I'm happy at Kaiser, but, for the reason why I ended up at Kaiser, was it was really hard to find a job that I used to have in Colorado working at our mental health center. You know, 90, 95% of my caseload was the equivalent of OHP for Colorado. I couldn't find it. I knocked on doors. I just could not find even where a child psychiatrist were just even employed, and stuff so you know, here I am at Kaiser. But it's I mean, just across the board there's burnout just I think everywhere. You know, I take a very family focused approach to my work where yes, I do prescribe medications as a psychiatrist and that's quote unquote what my job is, my main role on somebody seeing me. But really, you know, I think I'm preaching to the choir that there's so many different ways to get people better. And let's start with that, with exercise. Let's go learn some instrument. Let's address any family dynamics. Let's get all that straightened out first because all of that has good data. In fact, exercise changes the frame. Anyway, I won't get up on my stump speech, but. You know, I partly went into child psychiatry because you know, as you'll probably know a lot of the kids, and probably adults too, but I'm a child provider get over medicated. And you know, as a child psychiatrist, I can go in and be like, look, you don't know why you're on these meds and it's not your fault it's because somebody didn't tell you why they're putting you on them and you know they just kept adding meds, adding meds, adding meds. Let's just, if we're not clear while you're taking something let's get it off in short to de-prescribe kids rather than simply prescribe and add stuff on. But to do that. I need people to refer to the help, you know, and there are just access issues across the board at higher levels of care all the way down. And it you know, gummies up the system where, you know, I think people may or may not know, you know, there's so many. Not to say I'm very much on, inpatient is the last thing we should do, but sometimes it is needed. Just like if somebody has asthma, it is needed. You know, to be hospitalized sometimes, but we have such a lack of beds as it is and some of these organizations they don't have a child psychiatrist to fill them so they're actually running even below census because of that or they don't have enough, you know, frontline staff, etc.

Kelli Taylor: I'm sorry to interrupt Anthony, we only have two minutes left.

Anthony Cordaro Jr.: That's pretty much is my jam and honored to be here with everybody else.

Vitalis Ogbeama: Thank you. Anthony, thank you. Thank you. Appreciate you.

Jen Eisele: Go ahead Sahand, I saw you.

Sahand Kianfar: Thank you. I just, wanted to come on camera and say quick hi, but before I introduce myself, just, wanted to take a moment and express my heartfelt appreciation for each one of you, sharing your lived experiences and passion for the work that we're here to tackle. Really hearing your stories and what you bring here underscores the dedication and commitment to the work. Really appreciating you all. My name is Sahand, I am with Behavioral Health Equity and Community Partnerships, and I've been a part of the Steering Committee. Oh, it's my first work group session, that I'm attending and I am hoping to join more frequently, understand the needs of the work group and if and when needed to offer support and technical assistance. Thank you so much again to all of you.

Vitalis Ogbeama: Thank you Sahand for being here. Bret quickly I see your hand is up.

Bret Golden: Yeah, thank you, Vitalis. I just wanted to jump in and just kind of piggyback on what Sahand was saying there. Really nice to meet everyone. I want to introduce myself quickly. I know folks are trying to get out. But, I'm very excited to be a part of this work group now. My name is Brett Golden, he/him/his, I am the Incentives Coordinator, for the BHWI team. And I look forward to working with you all. Really enjoyed this conversation meeting everyone and more to come. So what a great space to share with everyone. And I look forward to working with that from you on out. Cheers everyone.

Vitalis Ogbeama: Thank you Bret. It looks like out of 22 workgroup members we have heard from 14 so far. I'm hoping next meeting we would like to hear from the rest. With that, Kelli can you please put the wrap-up slide up.

Christa Jones: I want to quickly apologize. I'm facilitating another space and so I do need to run. Thank you all so very much for sharing. It was great to see you and I look forward to next time. Take care.

Vitalis Ogbeama: Thank you. Alright, on to our wrap up and next steps. We have assigned reading. I forgot the title of the article on retention, Kelli do you have the title? It will be sent to you before the next meeting. We will send the article on retention.

Kelli Taylor: We do have three bios that are missing, I am going to reach out to each one of you individually. So please keep an eye out for that so we can update our charter and get our bios published. And if you have not already, do the topic priorities survey and our next meeting is going to be March 20th from 1 – 3 pm.
