



Behavioral Health Talent Council: Subcommittee Scopes of Work

The Behavioral Health Talent Council (BHTC) is charged to develop a behavioral health workforce action plan to advance the recommendations of the [Behavioral Health Talent Assessment](#), which was commissioned by the Higher Education Coordination Commission (HECC). The talent assessment identified the drivers of the behavioral health workforce crisis in Oregon, and proposed over sixty recommendations to address it. The BHTC will adopt a prioritization framework to prioritize the recommendations.

In alignment with the findings of the talent assessment, the council's overarching goals are to:

- Address the shortage of behavioral health workers as outlined in the behavioral health talent assessment;
- Prevent the loss of behavioral health workers at high risk of turnover as outlined in the behavioral health talent assessment;
- Increase the cultural competency, preparedness, and diversity of the workforce; and
- Improve recruitment and retention outcomes for providers who bill Medicaid.

The council will also establish three subcommittees that will be responsible for applying the framework to prioritize the recommendations assigned to their subcommittee. Once recommendations are prioritized, the subcommittees will be responsible for developing implementation plans to advance the recommendations.

Deliverable: Council

Final Recommended Action Plan: The Council will produce a comprehensive action plan that will consist of detailed implementation strategies related to the recommendations in the HECC talent assessment. The strategies will initially be developed in subcommittees but reviewed and approved by the full council. The plan will be submitted to the Governor no later than January 31 2026, for her consideration.

Deliverables: All Subcommittees

To make efficient use of the time and expertise of council members, staff will develop initial drafts of all deliverables for subcommittee consideration. Council members will provide strategic direction and feedback on the drafts that staff will incorporate prior to bringing a deliverable to the subcommittee for a decision.

Prioritization recommendation: Once the BHTC adopts a prioritization framework, each subcommittee should meet to apply the framework to the recommendations assigned to them and prioritize them. The subcommittees prioritization recommendation will go to the full council for consideration and approval.

Subject matter expert recommendation: Subcommittees should identify the subject matter experts relevant to their subcommittees scope of work. Subject matter experts should fill current gaps in expertise on the subcommittee. SMEs have direct and relevant expertise that is greater than that of the general public. The general public will have opportunities to provide public testimony when the council is considering recommendations, and they may submit written feedback to the council at any time through the council's e-mail address. Subject matter experts may listen in on subcommittees to facilitate provision of written feedback to the committee members of the chair as they do their work, but they will not be able to participate in the work group meeting unless invited by the Chair to provide a presentation or information on an agenda.

Stakeholder engagement plan: In addition to subject matter experts, subcommittees should identify a proactive outreach plan to facilitate getting feedback from stakeholders who may not identify themselves as SMEs or have capacity or interest to listen in on all work group meetings. Subcommittees should identify highest priority communities and stakeholder groups that should receive proactive outreach (e.g., the workforce). In addition to recommended high priority stakeholders to engage, they should recommend strategies to get feedback and recommend highest priority items to get feedback on (e.g., listening sessions with workforce about highest priority recommendations to get feedback before developing an action plan for those recommendations).

Action/implementation plans: For each talent assessment recommendation assigned to the subcommittee, the subcommittee will develop a recommended implementation or action plan for the full council's consideration and approval. The action/implementation plans will have an aligned template across all subcommittees and include the following elements: desired outcome, lead implementor, milestones, timelines, budget impact, staff impact, legislative changes required, equity strategy, and data strategy to track progress towards outcomes. Subcommittees should start developing implementation plans for their highest priority recommendations first and elevate them to the full council when they are done on a rolling basis. Approved action plans from subcommittees will then move to the full council plan.

Subcommittees: Overview

Subcommittee (Name)	Topics	Lead Agency	Support Agency
Educational and Training Pathways	Pathways: do we have the right pathways Access: are pathways accessible Quality: are pathways adequately preparing people for the work Work based learning/apprenticeships Communications (terminology) Navigation, demand based, wrap around supports and services Recruitment and retention (pathways)	HECC	OHA
Licensing and credentialing	Streamlining licensing and credentialing Research best practices from other states Explore national initiatives Map credential and licensure requirements and coursework Improve data collection, sharing, and evaluation	Governor's Office	OHA HECC MHRA OSBN MHACBO BLSW
Recruitment and Retention (Providers)	Addressing current gaps (rural and Medicaid providers) Clinical supervision Compensation Worker safety and supports Professional development	OHA	
All subcommittees	Equity Outcome evaluation		

Key Deadlines

DATES/DEADLINE	Milestone or Deliverable	Council Action
MAY 28TH	Council meeting: kick off	
JUNE 12TH	Council meeting: Prioritization Framework (draft) Subcommittee scopes (draft)	Discussion
JUNE 26TH	Council meeting Prioritization framework (final) Subcommittee scopes (final) Subcommittee membership (final) Next steps (discussion)	Discussion
JUNE 30-JULY 11TH	Subcommittees meet: SME recommendations (draft) Stakeholder engagement plan (draft) Prioritization recommendation (draft)	N/A
JULY 17TH	Council meeting Stakeholder engagement plan (report outs) Prioritization recommendations (council decision)	Decision
JULY 18TH – NOVEMBER 28TH	Subcommittees meet: Develop recommended action plans	N/A
JULY 31ST – DECEMBER 31ST	Council meets: Public testimony Consider subcommittee action plans (council decisions)	Decisions
JANUARY 1 TO 31ST	Council meets: Adopt draft action plan	Decision

Education and Training Pathways Subcommittee

Problem statement: Oregon is facing a critical shortage in its behavioral health workforce, marked by high turnover, limited diversity, and acute staffing gaps, particularly in rural and underserved areas. The *2025 Oregon Behavioral Health Talent Assessment Report* identifies significant gaps in the state's education, training, and career development pathways that impede the recruitment and retention of a qualified, culturally responsive behavioral health workforce.

Objective: Develop actionable strategies grounded in the recommendations of the talent assessment to expand, strengthen, and align behavioral health education and training pathways. The work of the subcommittee will ensure that careers in behavioral health are accessible, equitable, and prepare professionals to effectively serve all Oregonians, especially those enrolled in the Oregon Health Plan.

Work Scope (Talent Assessment Recommendations):

This subcommittee will prioritize and develop recommended action plans for the following HECC talent assessment recommendations in Table 1 below. See Attachment A for a full list of subcommittee assignments by talent assessment recommendation.

Table 1. “Educational and Training Pathways” Recommendation Assignments

Rec (#)	Rec (Title)	Recommendation (Description)	Other committees with this assignment	HECC Report Page Number
1	Academic pathway efficacy	Evaluate the efficacy of academic pathways leading to employment in the BH sector. Conduct further investigations into successful practices and outcomes based on educational data tables (Table 9, 10, and 11) to determine and help inform initiatives to bolster enrollment, career guidance, and entry into the BH sector.	None	52-53
2	Early career exploration, work-based learning experiences, career guidance	Craft a set of statewide initiatives to provide early career exploration, appropriate work-based learning experiences, and career guidance based on individual interest, skills, and career fit.	Recruitment and retention (lead)	53
2A	Marketing campaign	Design and disseminate a marketing campaign for a broad audience of stakeholders from high school students to legislators that answers a set of basic questions: (1) what is BH, (2) what skills are needed or preferred, and (3) what is the scope of roles from entry-level direct service to management to analysts?	Recruitment and retention	53
2B	Career guidance	Establish and disseminate best practices in BH career guidance to better assess, inform, and encourage job fit (e.g., personality/skill inventories to inform career exploration, encourage a discursive process, information interviews)	None	53

2C	High-school curriculum development	Define and pilot high school-level curriculum unit(s) or electives that reflect authentic rewards and challenges in providing BH care services (e.g., virtual reality/experiential modules), including individual and group mentoring to explore and develop transferable skills. Support state initiatives to minimize the urban/rural divides in education about and access into the BH field	None	53
2D	Career experiences	Identify and pilot viable early BH career experiences such as partnering with social service agencies who address food and housing insecurities, job shadowing of nonclinical roles paired with informational interviews with clinicians, and wellness coaches/ambassadors in schools	None	53-54
3	Increase access to educational programs	Increase access to and financial support for BH-related educational programs to address faculty shortages and regional gaps in access, opportunities, and number of BH professionals.	Recruitment and retention	54
3A	Faculty salaries	Create pipelines for BH faculty with salaries that support the cost of living	None	54
3B	Degrees offered	Increase BH degrees offered (community college, bachelor's, and graduate degree levels) and slots within programs	None	54
3B(i)	Transferrable credits	Bolster Associate of Arts Oregon Transfer (A.A.O.T) and Associate of Science Oregon Transfer (A.S.O.T) degree pathways concentrated in psychology/social work so that students have complete transferrable credits in Oregon public universities	None	54

3B(ii)	Alternate Pathways	Communicate how Associate of Applied Science (A.A.S) degrees from BH workforce and allied professional Career and Technical Education (CTE) programs in community colleges are a viable pathway	Licensing and credentialing (lead)	54
3C	Community College Outcomes	Investigate further the trend of declining number of students entering the BH field from community colleges (Table 10).	None	54
3E	Education and training program funding	Recognize that state funding for educational/training programs needs to come with a 5-to-6-year timeline so that programming can be fully developed and sustainable; accreditation for programs can take up to three years	None	54
3F	Cost of education	Lower the cost of education to increase access, especially for community college and public universities	Recruitment and retention (lead)	54
3G	Financial aid	Support financial aid, scholarships, tuition reimbursement, and loan forgiveness programs	Recruitment and retention (lead)	54
3H	Loan forgiveness	Explore alternative options to cumbersome and confusing loan forgiveness programs	Recruitment and retention (lead)	54

4	Clearly communicate what behavioral health is to support people navigating BH pathways	Create clear language to define BH and manage publicly accessible resources to help guide and support those entering and working within the BH field.	None	55
4A	Communication: Clear language	Convene a working group of stakeholders to create clear language around BH (e.g., as well defined as physical health) to foster more cohesive and consistent vocabulary and structure	None	55
4B	Career pathway mapping	Create information for career pathways that outlines clear steps to obtain various BH careers (e.g., human services, social work, counseling) informed by BH professionals' experiences; offer comprehensive, publicly accessible career and credentialing information with no fee, membership, or registration required	None	55
4E	Transparency about licensure requirements	Be transparent about the time commitment and costs to get licensure or further degrees (e.g., supervision hours, costs associated with supervision) so students and newcomers to the field understand the full breadth of requirements	Licensing and credentialing	56
5	Define and expand educational pathways	Define and expand support for educational pathways from high school and across all postsecondary options.	None	56

5A	Pathways: pre-med	Create a curriculum akin to a "premed" path for BH careers that has a recognized value when applying to the next level of education. Work with the boards or education to include BH as a focus within health career pathways. The National Occupational Competency Testing Institute (NOCTI) could be contracted to work with a cohort of leaders to craft curricula and develop micro-credentials in BH	None	56
5B	Community College Funding	Expand support for community colleges as a step to a bachelor's and beyond: give additional funding to community colleges that have students going on to bachelor's programs.	None	56
5B(i)	Community College Collaboration	Incentivize collaboration (i.e. articulation agreements) with community colleges to facilitate a viable career pathway	None	56
5C	Completion rates	Work within bachelor's and graduate degree programs to support BH pathways to raise completion rates	None	56
7	Increase access: education and professional development	Expand funding and resources for education and professional development	Recruitment and retention (lead)	57
7D	Collaboration	Foster collaboration across agencies and stakeholders	All subcommittees	57
7E	Collaborations: Partnerships	Continue to create partnerships between employees and higher education	None	57

8	DEI	Infuse principles of equity and inclusion to diversify and expand the talent pipeline	All subcommittees	58
8B	DEI: barrier busting	Identify and then reduce barriers for BIPOC individuals seeking a career in BH	All subcommittees	58
8C	Retention: Professional development	Increase opportunities for the workforce to learn evidence-based practices, professional boundaries and safety, professional writing and digital literacy skills, resilience and self-care, cultural humility, and team-based care skills	Recruitment and Retention	58
8E	Culturally responsive services	Focus on rural and culturally relevant services	Recruitment and Retention	58
8E(ii)	Increase providers: multilingual and culturally responsive	Increase the share of providers who are multilingual and represent populations that are underserved, underrepresented and under-resourced	All subcommittees	58
8F	Retention: compensation	Develop clear career pathways that are supported, well compensated, and sustainable to attract and retain a more diverse workforce	All subcommittees	58
8G	Diversity: data	Use data to intentionally inform initiatives focused on increasing workforce diversity	All subcommittees	58

Licensing and Credentialing

Problem statement: Oregon is facing a critical shortage in its behavioral health workforce, marked by high turnover, limited diversity, and acute staffing gaps, particularly in rural and underserved areas. The *2025 Oregon Behavioral Health Talent Assessment Report* identifies improvements that can be made to the state's licensing and credentialing systems, and to communicating the requirements of those systems to potential workforce members, that would help the state to recruit and support a qualified, culturally responsive behavioral health workforce.

Objective: Develop actionable strategies to streamline and improve the processes by which behavioral health professionals attain and maintain the credentials necessary to do their work. The Subcommittee's goal is to ensure that the credentialing processes for behavioral health professionals are as accessible, equitable, and efficient as possible, and that those processes create as few barriers to entry to the profession as possible while continuing to serve as an effective tool of quality assurance and information gathering.

Work Scope (Talent Assessment Recommendations):

This subcommittee will prioritize and develop recommended action plans for the following HECC talent assessment recommendations in Table 2 below. See Attachment A for a full list of subcommittee assignments by talent assessment recommendation.

Table 2. “Licensing and Credentialing” Recommendation Assignments

Rec (#)	Rec (Title)	Recommendation (Description)	Other subcommittees with this assignment	HECC Report Page Number
2E	BH technicians	Promote BH technician roles as a pathway for younger demographics into the BH workforce as this is a position that pays well, serves as an entry point, and does not require lived experience	None	54
3B(ii)	Alternate Pathways	Communicate how Associate of Applied Science (A.A.S) degrees from BH workforce and allied professional Career and Technical Education (CTE) programs in community colleges are a viable pathway	Educational and Training Pathways	54
3D	Mobile positions	Analyze which credentials offer limited career mobility and which provide broader opportunities to better inform investments intended to bolster the BH workforce	None	54
3I	Micro-credentials	Provide funding for micro-credentials	None	55
4C	Streamline licensure and credentialing	Streamline and standardize licensure process and requirements	None	55
4C (i)	Licensure process: Best practices	Research best practices from other states and apply them to Oregon's situation while honoring and preserving a local and responsive quality of care. One example is how Washington State is approaching licensing reciprocity. Utah is working to reduce unnecessary barriers to workforce development and Massachusetts has created a state-level resource for SUD career development	None	55

4C (iii)	Licensure process: national initiatives	Explore national initiatives such as the National Center for Interstate Compacts, the social work licensure compact, as well as the National Mental Health Workforce collaborative	None	55
4C(ii)	Licensure process: Map requirements	Work to create a crosswalk of BH credential and licensure requirements and standard coursework in relevant fields. Important partners might include the association of multidisciplinary education and research in substance use and addition	None	55
4E	Transparency about licensure requirements	Be transparent about the time commitment and costs to get licensure or further degrees (e.g., supervision hours, costs associated with supervision) so students and newcomers to the field understand the full breadth of requirements	Educational and Training Pathways (lead)	56
7D	Collaboration	Foster collaboration across agencies and stakeholders	All subcommittees	57
7E(i)	Pathways	Add tiered pathway into BH jobs that support education and employment together as one, not separately	None	57
8	DEI	Infuse principles of equity and inclusion to diversify and expand the talent pipeline	All subcommittees	58
8B	DEI: barrier busting	Identify and then reduce barriers for BIPOC individuals seeking a career in BH	All subcommittees	58
8E(ii)	Increase providers: multilingual and culturally responsive	Increase the share of providers who are multilingual and represent populations that are underserved, underrepresented and under-resourced	All subcommittees	58

8F	Retention: compensation	Develop clear career pathways that are supported, well compensated, and sustainable to attract and retain a more diverse workforce	All subcommittees	58
8G	Diversity: data	Use data to intentionally inform initiatives focused on increasing workforce diversity	All subcommittees	58
9	Data: data center	Create a state data center overseen by a data methodologist	None	59
9A	Data: collection	Enhance IPEDS and BH data processes/protocols to consistently capture primary, relevant, and current data	None	59
9B	Data: sharing	Make data readily available for others to access and analyze, for use across stakeholders	None	59
9C	Data: benchmarks and ongoing eval	Fund a large, primary data collection initiative that leverages an annual longitudinal survey to establish benchmarks and assess where legislative and regulatory initiatives are effectively improving the workforce	None	59

Recruitment and Retention

Problem statement: Oregon is facing a critical shortage in its behavioral health workforce, marked by high turnover, limited diversity, and acute staffing gaps, particularly in rural and underserved areas. The *2025 Oregon Behavioral Health Talent Assessment Report* identifies barriers to recruiting and retaining behavioral health workers that are leading to those workers leaving (or never entering) the workforce, along with steps that can be taken to mitigate or eliminate those barriers.

Objective: Develop actionable strategies to expand, strengthen, and retain the behavioral health workforce. The Subcommittee's goal is to ensure that the Oregon has the workforce it needs to serve individuals and families across the lifespan, in a manner that reflects their cultural values and experiences and across the continuum of care, particular for our most vulnerable Oregonians.

Work Scope (Talent Assessment Recommendations):

This subcommittee will prioritize and develop recommended action plans for the following HECC talent assessment recommendations in Table 2 below. See Attachment A for a full list of subcommittee assignments by talent assessment recommendation.

Table 3. “Recruitment and Retention” Recommendation Assignments

Rec (#)	Rec (Title)	Recommendation (Description)	Other subcommittees with this assignment	HECC Report Page Number
2	Early career exploration, work-based learning experiences, career guidance	Craft a set of statewide initiatives to provide early career exploration, appropriate work-based learning experiences, and career guidance based on individual interest, skills, and career fit.	Educational and Training Pathways	53
2A	Marketing campaign	Design and disseminate a marketing campaign for a broad audience of stakeholders from high school students to legislators that answers a set of basic questions: (1) what is BH, (2) what skills are needed or preferred, and (3) what is the scope of roles from entry-level direct service to management to analysts?	Educational and Training Pathways (lead)	53
3	Increase access to educational programs	Increase access to and financial support for BH-related educational programs to address faculty shortages and regional gaps in access, opportunities, and number of BH professionals.	Educational and Training Pathways (lead)	54
3F	Cost of education	Lower the cost of education to increase access, especially for community college and public universities	Educational and Training Pathways	54
3G	Financial aid	Support financial aid, scholarships, tuition reimbursement, and loan forgiveness programs	Educational and Training Pathways	54

3H	Loan forgiveness	Explore alternative options to cumbersome and confusing loan forgiveness programs	Educational and Training Pathways	54
4D	Grow your own	Offer region-specific BH career roadmaps to encourage a grow-you-own approach for Tribal, rural, and frontier communities	None	56
6	Compensation	Address inequities between community-based and private practice providers.	None	56
6A	Compensation: progressive reimbursement rates	Develop progressive reimbursement rates and billable services, which currently undervalue community-based health care as well as client needs and outcomes and fail to support culturally responsive care	None	56
6B	Compensation: incentives for specialized roles	Explore and fund financial incentives for specialized workforce roles (e.g., position/job role, region, underserved communities) that align with union regulations and are equitable	None	56
6C	Compensation: incentives for specialized roles	Redefine and provide the resources to community mental health work as a sustainable career choice rather than a steppingstone to private practice	None	56
7	Increase access: education and professional development	Expand funding and resources for education and professional development	Educational and Training Pathways	57
7A	Increase access: subsidize training and certification	Expand tuition reimbursement programs; subsidize training opportunities and certification costs	Educational and Training Pathways	57

7B	Increase access: other costs	Subsidize housing, relocation, and childcare costs, particularly in rural areas and within underserved communities	None	57
7C	Support workers and supervisors	Establish best practices for supporting workers and supervisors	None	57
7C (v)	Support workers: reduce staff to client ratio	Reduce staff-to-client ratio	None	57
7C(i)	Support workers and supervisors: clinical supervision	Subsidize clinical supervision	None	57
7C(ii)	Support workers and supervisors: reduce admin burden	Review and simplify administrative burdens placed on BH providers and supervisors to strike a balance between ensuring high-quality patient care without over-burdening providers	None	57
7C(iii)	Support workers and supervisors: work-based learning	Fund work-based learning experiences (internships, apprenticeships)	Educational and Training Pathways	57
7C(iv)	Support workers and supervisors: acuity matching	Pair acute clients with appropriately trained providers	None	57
7D	Collaboration	Foster collaboration across agencies and stakeholders	All subcommittees	57

7D(ii)	Administrative barriers	Address the administrative burden on care providers and supervisors; rethink, revise, and simplify reporting, billing, and current redundancies in process and protocols	None	57
7E(ii)	Recruitment incentives	Fund students in predesignated areas/fields that are experiencing shortages and pair this with a two-year working commitment (e.g., CA title IV-E program focused on child welfare)	None	58
8	DEI	Infuse principles of equity and inclusion to diversify and expand the talent pipeline	All subcommittees	58
8A	DEI: training leadership	Expand training towards culturally responsive workforce starting with leadership (e.g., training leaders and management to better set the tone for workplace culture, cultural responsiveness, inclusive practices, community engagement and voice)	None	58
8B	DEI: barrier busting	Identify and then reduce barriers for BIPOC individuals seeking a career in BH	All subcommittees	58
8C	Retention: Professional development	Increase opportunities for the workforce to learn evidence-based practices, professional boundaries and safety, professional writing and digital literacy skills, resilience and self-care, cultural humility, and team-based care skills	Educational and Training Pathways (lead)	58

8D	Retention: support staff	Create programming within organizations that have supportive services, mentorship, and wraparound support built in for staff	None	58
8E	Culturally responsive services	Focus on rural and culturally relevant services	Educational and Training Pathways (lead)	58
8E(i)	Increase access: rural and culturally competent providers	Increase access to in person and virtual BH resources in rural areas with culturally competent providers	None	58
8E(ii)	Increase providers: multilingual and culturally responsive	Increase the share of providers who are multilingual and represent populations that are underserved, underrepresented and under-resourced	All subcommittees	58
8F	Retention: compensation	Develop clear career pathways that are supported, well compensated, and sustainable to attract and retain a more diverse workforce	All subcommittees	58
8G	Diversity: data	Use data to intentionally inform initiatives focused on increasing workforce diversity	All subcommittees	58

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