



Behavioral Health Talent Council

Question and Answer (May 28th Meeting)

1) What was the methodology used to identify participants for surveys, focus groups, and interviews?

To identify interview and focus group participants, AHP presented categories of people proposed to interview to the steering committee. The Higher Education Coordinating Commission (HECC) collected names and contact information for people recommended for key informant interviews or focus groups from the Governor's Office, HECC's Healthcare Industry Consortium, and members of the BH Talent Assessment Steering Committee. Well over 100 potential research participants were identified. AHP reviewed the list and selected participants based on number of times recommended, recommender notes, and region. AHP then worked with HECC to modify the list to best meet the needs of regional and organizational representation.

Focus group participants included five BH educators (one community college, three public universities, and one postsecondary education training and support provider) and five BH oversight authorities (one OHA representative, one Oregon Council for Behavioral Health representative, one representative from CareOregon, one MHACBO representative, and one Oregon Community Health Workers Association representative).

Key informant interviews included five employers (four working in administrative/leadership roles in both public and private sectors, and one currently working for a regional workforce partnership in a leadership role with prior experience as an employer), five BH workforce educators (one high school, one private university, and three community colleges), and five people working in the BH field (one clinical director, two state-level training trainer/supporter of the BH workforce and experienced practitioners, and two practicing therapists working in either public or private practices).

AHP surveyed 326 behavioral health workers in Oregon. Survey-based demographic characteristics for QMHA, QMHP, and CADC participants can be found in Table 2 on page 16 of the Oregon Behavioral Health Talent Assessment. Additionally, survey-based demographics, employment status, and educational achievement data can be found in Table 3 on page 17 of the Oregon Behavioral Health Talent Assessment. The HECC has reached out to AHP for additional information about participant characteristics and survey methodology.

2) Are there non-degree pathways? Can people utilize their experience to become credentialed or licensed. In other words, can people be grandfathered in?

Credit for Prior Learning (CPL) is a strategy that values the life and work experience of individuals and can accelerate progress toward credential attainment as well as licensure. It is available at many Oregon higher education institutions but varies by discipline. Depending on certification and licensure requirements, there may be some limitations on when and where CPL can be awarded and applied. Further work is needed to identify where this is currently offered for behavioral health programs and opportunities for expansion.

3) Is there any data on the number of people who are certified or licensed without a degree or certificate (college)?

Yes, this data is provided by MHACBO and is included in the follow up materials.

4) What did AHP use in their definition of “mental health providers” when determining the rates per 1,000 residents?

Pages 18-21 of the Oregon Behavioral Health Talent Assessment present a series of county-level maps of the state that “illustrate designation, levels of unmet need, service capacity, workforce, and educational opportunities.” These data reference the Oregon Office of Rural Health’s (ORH) *Oregon Areas of Unmet Health Care Need Report (September 2024)*. This report can be accessed here – [AUHCN Report_2024 - FINAL 9-17-24 6.pdf](#) – and pages 20-21 detail “Mental Health Providers per 1,000 Population.” According to the report, mental health providers include: “Count of all psychiatrist FTE, psychologist FTE, licensed professional counselor/marriage and family therapist FTE, clinical social worker FTE, psychiatric nurse practitioner FTE, and psychiatric physician associate FTE as a ratio to the local population.” (Oregon Office of Rural Health (ORH) (2024, September). *Oregon Areas of Unmet Health Care Need Report September 2024*, p. 20. Oregon Health & Science University.) The HECC has reached out to AHP to see if additional information is available.

5) Is there any data on how many providers are seeing clients full-time vs. those who are managers, etc.? Does the data distinguish between full-time and part-time?

Table 3 on page 17 of the Oregon Behavioral Health Talent Assessment details the demographics, employment status, and educational achievement of the 326 survey participants. These data include a breakdown of employment status, including several full-time and part-time categories. A breakdown of survey findings by employment status is not included in the report, and the report does not distinguish whether behavioral health workers who participated in the survey are seeing clients. The HECC has reached out to AHP to see if additional information is available.