Estado de Oregon

Informe final del Consejo de Talento en Salud Conductual

Febrero de 2026

Estado de Oregon

Informe final del Consejo de Talento en Salud Conductual

Contenido

Carta del presidente y los vicepresidentes

Gobernadora Kotek y socios de salud conductual, ha sido un honor desempeñar los cargos de presidente y vicepresidentes del Consejo de Talento en Salud Conductual. La crisis de personal de salud conductual en Oregon es uno de los problemas más acuciantes que enfrenta nuestro estado, y les agradecemos su liderazgo a la hora de tomar medidas firmes para abordarla.

Durante los últimos ocho meses, el Consejo ha trabajado sin descanso para desarrollar un plan de acción integral destinado a fortalecer y ampliar el personal de salud conductual de Oregon. Este informe recoge la experiencia colectiva de veintidós miembros del Consejo y los aportes de innumerables proveedores de primera línea de todo el estado, y se basa en la investigación de la evaluación de talento en salud conductual de la Comisión Coordinadora de Educación Superior. Hemos elaborado diecisiete planes de acción que abordan cada etapa del proceso de desarrollo de la fuerza laboral, desde la educación y la capacitación hasta la obtención de licencias y acreditaciones, así como la contratación y retención.

Gracias por encargar la evaluación de talento, por consolidar años de investigación fragmentada y subsanar carencias críticas, y por crear este Consejo y darnos la oportunidad de ser sinceros sobre las barreras y audaces a la hora de identificar soluciones. Gracias al personal de la Comisión Coordinadora de Educación Superior, la Oregon Health Authority y la Oficina de la Gobernadora, que nos han brindado un apoyo incansable. A los miembros de nuestro Consejo, a los responsables de los subcomités y a los expertos en la materia, gracias por aportar sus conocimientos y su experiencia de vida. Y a los trabajadores de salud conductual de primera línea, estudiantes, educadores y socios que han compartido sus opiniones, gracias por confiarnos sus historias. Sus aportes dieron forma a cada plan de acción de este informe.

Somos conscientes de que muchas de nuestras recomendaciones se entrecruzan con cuestiones políticas más amplias sobre la financiación de la atención médica, los marcos normativos y la asignación de recursos en un entorno presupuestario complicado para el estado de Oregon. Algunas pueden aplicarse de inmediato mediante medidas administrativas; otras requerirán cambios legislativos o nuevas inversiones. La tarea de equilibrar las prioridades contrapuestas y determinar el camino a seguir recae en ustedes y en la Legislatura. Este informe representa una nueva fase de esfuerzo sostenido, no el fin de la crisis. Nos comprometemos a colaborar con ustedes en la labor de implementación que está por venir.

Debemos cuidar de las personas que nos cuidan. Los profesionales que acuden cada día a ayudar a los residentes de Oregon en situaciones de crisis merecen lugares de trabajo que los apoyen y sistemas que les permitan prestar una atención de calidad. Cada día que pasa, los residentes de Oregon se quedan sin atención oportuna y hay más profesionales calificados que abandonan el sector, pero cada acción que ustedes emprendan nos acercará a un sistema en el que los residentes de Oregon puedan acceder a la atención cuando la necesiten y donde los profesionales cuenten con el apoyo que se merecen.

Con gratitud y compromiso,

Aimee Kotek Wilson, MSW
Presidenta del Consejo de Talento en Salud Conductual

Eli Kinsley, MSW, LCSW, Vicepresidente de Licencias y Acreditaciones

Julie Ibrahim, LPC, Vicepresidenta de Contratación y Retención

Robin Sansing, MSW, LCSW, Vicepresidenta de Educación y Capacitación

Resumen ejecutivo

Antes de que la gobernadora asumiera el cargo, muchas entidades habían llevado a cabo investigaciones sobre la crisis de personal de salud conductual y, si bien era importante, el trabajo estaba fragmentado entre disciplinas y carecía de un análisis integral y unificado. Al encargarle a la Comisión Coordinadora de Educación Superior que realice la evaluación de talento en salud conductual (la evaluación), la gobernadora Kotek tomó la iniciativa y centralizó todas las valiosas investigaciones, datos y aportes de las partes interesadas en un único recurso integral. La evaluación recopiló las investigaciones existentes, realizó nuevos análisis y concluyó que la crisis se ve impulsada por los siguientes factores:

- La escasez de trabajadores, especialmente en las zonas rurales.
- Dificultades para contratar y retener a los trabajadores en las organizaciones que prestan servicio a los miembros del Plan de Salud de Oregon.
- Alta rotación de personal provocada por condiciones de trabajo insostenibles: pesadas cargas administrativas, problemas de seguridad, número de casos abrumador y exposición a situaciones traumáticas sin el apoyo adecuado, una compensación que no refleja la complejidad del trabajo y oportunidades limitadas de desarrollo y crecimiento profesional.

La evaluación incluyó más de sesenta recomendaciones para abordar la crisis y sentó las bases para que el consejo desarrollara estrategias viables basadas en una investigación exhaustiva.

Con una comprensión clara y completa del problema y de lo que se necesitaba para solucionarlo, la gobernadora creó el Consejo de Talento en Salud Conductual (el Consejo), presidido por la primera dama Aimee Kotek Wilson, con el fin de elaborar un plan de acción antes del 31 de enero de 2026 para abordar la crisis de personal en Oregon. El Consejo estaba compuesto por veintidós miembros con conocimientos especializados fundamentales para desarrollar planes de acción eficaces:

- Proveedores de servicios directos.
- Administradores que prestan servicio a clientes con bajos ingresos.
- Autoridades de concesión de licencias.
- Profesionales de desarrollo de la fuerza laboral.
- Responsables de programas educativos.

> "La composición del BHTC fue fundamental para su éxito: representábamos a todo el espectro de personas vinculadas a esta fuerza laboral, desde especialistas en apoyo entre pares hasta profesionales de primera línea, pasando por educadores y administradores de todos los niveles. Escuchar directamente a las personas más cercanas a muchos de estos problemas nos reveló formas específicas en las que nuestros sistemas les están fallando a nuestro personal y a nuestras comunidades, pero también nos orientó hacia estrategias y soluciones concretas".
>
> **Alice Gates**, MSW, PhD
> Profesora adjunta en la Escuela de Salud Pública de OHSU-PSU
> y directora de la Iniciativa de Prácticas de Salud Pública Rural

El Consejo creó tres subcomités con miembros de distintos sectores, situando a algunos de ellos fuera de sus áreas principales de experiencia para romper barreras y fomentar soluciones innovadoras. A cada subcomité se le asignaron recomendaciones derivadas de la evaluación de talento y se le encomendó el desarrollo de planes de acción detallados para llevar adelante dichas recomendaciones, lo que incluía estrategias, hitos, plazos y posibles cambios legislativos e inversiones necesarias para implementar las recomendaciones:

1. **El subcomité de Contratación y Retención**, presidido por Julie Ibrahim, desarrolló cinco planes de acción con veinticinco estrategias específicas para apoyar a los trabajadores para que permanezcan en el sector, especialmente aquellos que atienden a los clientes de mayor complejidad clínica y menores ingresos. Los planes de acción tienen como objetivo reducir la carga administrativa y otras barreras para la prestación de atención, aumentar el acceso a la supervisión clínica, mejorar la seguridad en el lugar de trabajo, proporcionar apoyos culturalmente específicos y oportunidades de desarrollo profesional, y trazar una vía hacia mejores modelos de compensación para el futuro de la profesión.
2. **El subcomité de Licencias y Acreditaciones**, presidido por Eli Kinsley, desarrolló cuatro planes de acción con catorce estrategias específicas para garantizar que las personas calificadas y preparadas para atender a los residentes de Oregon puedan obtener sus licencias y acreditaciones sin demoras innecesarias. Estos planes de acción eliminan las barreras en los procesos de concesión de licencias y acreditaciones, al tiempo que mantienen los altos estándares de los organismos estatales encargados de la concesión de licencias y acreditaciones.
3. **El subcomité de Educación y Capacitación**, presidido por Robin Sansing, desarrolló ocho planes de acción con treinta y cinco estrategias específicas para aumentar la fuerza laboral, centrándose en los tipos de profesiones en las que el estado tiene escasez actual o prevista. Los planes de acción garantizan que Oregon cuente con trayectos educativos y de capacitación adecuados, que dichos trayectos sean accesibles y preparen eficazmente a las personas para el trabajo, y que conecten a las personas con oportunidades laborales que se ajusten a sus habilidades e intereses.

El pleno del consejo consideró los planes de acción individuales desarrollados por los subcomités, y todos los miembros aportaron ideas y comentarios adicionales. En conjunto, los planes de acción propuestos por el consejo tienen como objetivo:

1. Evitar la pérdida de trabajadores de salud conductual con alto riesgo de rotación, tal y como se describe en la evaluación de talento en salud conductual.
2. Mejorar los resultados de contratación y retención de los proveedores que prestan servicio a los miembros del Plan de Salud de Oregon.
3. Abordar la escasez de trabajadores de salud conductual, tal y como se describe en la evaluación de talento en salud conductual.
4. Aumentar la competencia cultural, la preparación y la diversidad de la fuerza laboral.

Para fundamentar mejor el trabajo del consejo, la primera dama y la Oficina de la Gobernadora realizaron e informaron al pleno del consejo sobre: dieciocho visitas a centros en todo el estado, diez reuniones con proveedores culturalmente específicos, siete mesas redondas con trabajadores de primera línea, estudiantes y socios, reuniones con estudiantes de salud conductual, una reunión de coordinación tribal con las tribus soberanas de Oregon y una coordinación continua con grupos de trabajo legislativos centrados en la salud conductual. Las personas que están en la primera línea de esta crisis fueron esenciales para fundamentar las recomendaciones sobre la fuerza laboral que realmente funcionarán para los proveedores y para los residentes de Oregon a quienes sirven. Las opiniones de los estudiantes fueron fundamentales para garantizar que estas recomendaciones se adecuen a la fuerza laboral del futuro. Estos esfuerzos produjeron una considerable alineación con los comentarios recibidos y los planes de acción desarrollados por el consejo. Cuando se recibieron comentarios sobre un plan de acción que había sido presentado por el pleno del consejo y que aún no había sido incluido, se hizo constar en el informe para que la gobernadora lo tenga en cuenta en el futuro.

Al presentar este informe para su consideración, la gobernadora evaluará los planes de acción recomendados por el consejo, incluyendo cualquier recomendación adicional derivada de la participación de organizaciones culturalmente específicas, la coordinación tribal, la participación de la fuerza laboral y los grupos de trabajo legislativos.

Miembros del Consejo de Talento en Salud Conductual

Nombre	Función	Afiliación
Aimee Kotek Wilson, MSW	Presidenta del Consejo	Primera dama de Oregon
Eli Kinsley, LCSW, CADC III, CGAC II	Vicepresidente del Consejo	Director de Operaciones, Bridgeway
Julie Ibrahim, LPC	Vicepresidente del Consejo	Directora ejecutiva, New Narrative
Robin Sansing, MSW, LCSW	Vicepresidente del Consejo	Directora de BHI, Southern Oregon University
Alice Gates, PhD, MSW	Miembro del Consejo	Profesora adjunta, Oregon Health and Sciences University-Portland State University
Bethany M. Wallace, MSW, LCSW	Miembro del Consejo	Profesora adjunta de prácticas, Portland State University
Clarissa Carson, PMHNP-BC, MSN, APRN	Miembro del Consejo	Rogue Community Health
Ebony Clarke, LCSW, MSW	Miembro del Consejo	Directora de la División de Salud Conductual, Oregon Health Authority
Jamie Vandergon, LPC	Miembro del Consejo	Directora ejecutiva, Trillium Family Services
Janie Gullickson, MPA, CRM II, PSS	Miembro del Consejo	Directora ejecutiva, The Peer Company
Julia Mines, QMHP, CRM	Miembro del Consejo	Directora ejecutiva, Miracles Club
Julia Pontoni, MPA	Miembro del Consejo	Directora de Inversiones en la Fuerza Laboral, Comisión Coordinadora de Educación Superior
Liz O'Connor, QMHA	Miembro del Consejo	Médica de triaje, Cascadia Project Respond
Mary Peterson, PhD	Miembro del Consejo	Rectora, George Fox
Monica Vines, MA, LPC	Miembro del Consejo	Directora de programas, Central Oregon Community College
Rachel Prusak, MSN, APRN, FNP	Miembro del Consejo	Directora ejecutiva, Junta Estatal de Enfermería de Oregon
Rick Treleaven, LCSW	Miembro del Consejo	Director ejecutivo, BestCare Treatment Services, Inc.
Shyra Merila Simmons, LPC	Miembro del Consejo	Directora ejecutiva, Clatsop Behavioral Healthcare
Sommer Wolcott, LPC, CRC	Miembro del Consejo	Directora ejecutiva, OnTrack Rogue Valley

Nombre	Función	Afiliación
Tammi S. Paul, MA	Miembro del Consejo	Directora ejecutiva, Red de apoyo familiar de Oregon
Todd Younkin	Miembro del Consejo	Director ejecutivo, Agencia Reguladora de Salud Mental
Van Burnham, CRM	Miembro del Consejo	Director ejecutivo, Junta de Certificación de Salud Mental y Adicciones de Oregon

Personal del Consejo de Talento en Salud Conductual

Nombre	Afiliación
Jennifer Purcell	Comisión Coordinadora de Educación Superior
Shalee Hodgson	Comisión Coordinadora de Educación Superior
Bret Golden	Oregon Health Authority
Cissie Bollinger	Oregon Health Authority
Kristen Donheffner	Oregon Health Authority
Kristy Alberty	Oregon Health Authority
Neelam Gupta	Oregon Health Authority
Sabrina Raqueño-Angel	Oregon Health Authority
Tim Nesbitt	Oregon Health Authority
Yudi Liu	Oregon Health Authority
Amy Baker	Oficina de la gobernadora Tina Kotek
April Rohman	Oficina de la gobernadora Tina Kotek
Chad Albright	Oficina de la gobernadora Tina Kotek
Hanna Seay	Oficina de la gobernadora Tina Kotek
KC LeDell	Oficina de la gobernadora Tina Kotek
Sarah Means	Oficina de la gobernadora Tina Kotek
Taylor Smiley Wolfe	Oficina de la gobernadora Tina Kotek

Comprender la crisis

Muchos residentes de Oregon no pueden recibir la atención que necesitan, no porque no existan los servicios, sino porque Oregon no cuenta con suficientes profesionales para prestar dichos servicios.

Los trabajadores están abandonando el sector, alegando condiciones de trabajo insostenibles: pesadas cargas administrativas, problemas de seguridad, número de casos abrumador y exposición a situaciones traumáticas sin el apoyo adecuado, una compensación que no refleja la complejidad del trabajo y oportunidades limitadas de desarrollo y crecimiento profesional. Cuando los profesionales se ven desbordados, todos sufren: los clientes no reciben la atención que necesitan y los trabajadores calificados abandonan el sector por completo. Esta crisis afecta con mayor dureza a nuestras comunidades rurales y a las comunidades de personas negras, indígenas y de color (Black, Indigenous and People Of Color, BIPOC), así como a las organizaciones que atienden a clientes de bajos ingresos y alta complejidad clínica, donde los problemas de contratación y retención son más graves.

Esta es la crisis de personal de salud conductual de Oregon, que exige una acción integral, urgente y sostenida.

Demanda creciente, oferta insuficiente: desde hace años, Oregon tiene dificultades para capacitar y acreditar a suficientes profesionales de salud conductual. La pandemia de COVID-19 aceleró esta crisis de forma drástica; las listas de espera se dispararon de dos semanas antes de la pandemia a dos meses para los jóvenes y hasta seis meses para los adultos en 2021 (CareOregon, 2021). Aunque las medidas recientes han reducido los tiempos de espera, muchos residentes de Oregon siguen esperando semanas para recibir atención, especialmente los nuevos pacientes que solicitan servicios.

Alto riesgo de rotación: la evaluación de talento analizó 14 tipos de profesiones relacionadas con la salud conductual y descubrió que 9 de ellas presentan un riesgo de rotación de personal alarmantemente alto; más de dos tercios de los trabajadores tienen intención de dejar su empleo. Las profesiones con mayor riesgo incluyen a los consejeros en adicciones (92 %), los psiquiatras (76 %), los profesionales de enfermería psiquiátrica (73 %) y los consejeros certificados en alcoholismo y drogadicción (71 %) (Adv25). Cuando los trabajadores con experiencia abandonan el puesto, la carga sobre el personal restante se intensifica, lo que crea un ciclo de agotamiento y deserción.

Barreras para el acceso y el avance: la ruta de acceso al sector es poco clara e innecesariamente complicada. La fragmentación de los trayectos educativos, la complejidad del proceso de obtención de licencias, el acceso limitado a la supervisión, la duplicación de acreditaciones y el apoyo financiero insuficiente impiden el acceso de personas calificadas a la profesión. Estas barreras afectan de manera desproporcionada a los proveedores BIPOC y multilingües, lo que limita la diversidad de la fuerza laboral.

Desigualdades estructurales: las organizaciones rurales y culturalmente específicas deben esforzarse de manera desproporcionada para contratar y retener a los profesionales. Las organizaciones que atienden a los miembros del Plan de Salud de Oregon y a las poblaciones de alta complejidad clínica se enfrentan a graves problemas de dotación de personal, lo que crea un sistema de dos niveles donde quienes más necesitan atención esperan más tiempo.

Panorama

Resumen de los informes que sirven de base para la evaluación de talento en salud conductual de Oregon

La gobernadora ordenó a la Comisión Coordinadora de Educación Superior (Higher Education Coordinating Commission, HECC) que realice la evaluación de talento en salud conductual para garantizar que el estado contara con una única evaluación integral de la crisis de personal, consolidando años de investigación fragmentada y aislada. La evaluación incluye un análisis exhaustivo de nueve informes clave proporcionados por la HECC y otras fuentes, y establece una base de referencia coherente y basada en datos para comprender las deficiencias en la fuerza laboral, las barreras sistémicas y los problemas educativos. En conjunto, estos informes ponen de relieve el aumento de la demanda de servicios de salud conductual (Behavioral Health, BH) tras el COVID, la persistente escasez de personal y las desigualdades estructurales en todo el sistema de salud de Oregon.

Informes incorporados

1. Effects of the Pandemic on Oregon's Healthcare Workforce (Efectos de la pandemia sobre el personal de atención médica de Oregon), EcoNW, noviembre de 2020: refleja la escasez de personal provocada por la pandemia y las tendencias de agotamiento en todos los sectores de la atención médica. (ECONorthwest, 2020)
2. Investing in Culturally and Linguistically Responsive BH Care (Invertir en atención de salud conductual que responda a las necesidades culturales y lingüísticas), Research Justice Institute de la Coalition of Communities of Color, enero de 2022: recomienda estrategias para mejorar el acceso y la equidad en los servicios de salud conductual. (Color, 2021)
3. Evaluation of Health Care Provider Incentive Programs (Evaluación de los programas de incentivos para proveedores de atención médica), Oregon Health Authority, enero de 2023: analiza la eficacia de las becas, el reembolso de préstamos y otros incentivos. (Authority O. H., Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon [Evaluación de la eficacia de los programas de incentivos para proveedores de atención médica en Oregon], 2023)
4. Postsecondary Healthcare Education Shortage in Oregon (Escasez de educación postsecundaria en el área de atención médica en Oregon), Oregon Longitudinal Data Collaborative, abril de 2023: examina las limitaciones de capacidad en los programas de enfermería y salud conductual; Oregon ocupa el último lugar a nivel nacional en cuanto a graduados de enfermería per cápita. (Jesse Heligso, 2023)
5. Health Care Trends in Oregon (Tendencias en la atención médica en Oregon), FutureReady Oregon, septiembre de 2023: proporciona datos del mercado laboral sobre vacantes, tendencias salariales y patrones de empleo. (Department, 2023)
6. Substance Use Disorder Financial Analysis (Análisis financiero del trastorno por consumo de sustancias), Public Consulting Group, abril de 2024: evalúa la idoneidad de las estructuras de financiación en salud conductual y las barreras de costo. (Group, 2024)
7. Oregon 2024 Talent Assessment (Evaluación de talento en Oregon 2024), SRI International, mayo de 2024: ofrece información a nivel estatal sobre la coordinación entre la fuerza laboral y el sistema educativo, incluida la salud conductual. (Internacional, 2024)
8. Oregon's Licensed Health Care Workforce Supply (Oferta de personal de atención médica con licencia de Oregon), Oregon Health Authority, noviembre de 2024: detalla la distribución de proveedores, destacando la escasez en zonas rurales y la concentración en zonas urbanas. (Authority H. C., 2024)
9. The Diversity of Oregon's Licensed Health Care Workforce (La diversidad de personal de atención médica con licencia de Oregon), Oregon Health Authority, enero de 2025: analiza la representación racial, étnica y lingüística; identifica la subrepresentación de los profesionales BIPOC. (Authority H. C., 2025)

Este análisis del panorama sirvió de base para la metodología de la evaluación de talento, dando forma al diseño de la encuesta, el análisis predictivo y las recomendaciones al identificar la alineación entre las investigaciones existentes y los nuevos hallazgos, las brechas en los datos sobre la fuerza laboral y las trayectorias educativas, y las prioridades estratégicas para la contratación, la retención y las intervenciones centradas en la equidad.

Resumen de los grupos de trabajo legislativos

Además de los estudios sobre la crisis, la Legislatura estableció múltiples grupos de trabajo para abordar problemas específicos y de alta prioridad relacionados con la fuerza laboral: reducir la carga administrativa, estabilizar a los proveedores de salud conductual que atienden a los miembros del Plan de Salud de Oregon y abordar las necesidades de personal para proveedores de servicios para jóvenes y para trastornos por consumo de sustancias (Substance Use Disorder, SUD). Estas prioridades legislativas se vieron reforzadas en la evaluación de talento en salud conductual, que identificó estas prioridades como deficiencias basadas en datos. El trabajo de estos grupos sirvió de base para el plan de acción integral para la fuerza laboral descrito en este informe. El Consejo de Talento se encargó de conectar este trabajo fundamental abordando todos los elementos que contribuyen a la crisis de personal: la contratación y la retención, la concesión de licencias y acreditaciones y los trayectos de educación y capacitación. La gobernadora encargó la evaluación de talento para crear una referencia basada en datos para todos los esfuerzos relacionados con el personal de salud conductual, sentando las bases para planes de acción significativos e integrales y para medidas decisivas.

Para garantizar que el informe final del consejo fuera integral y estuviera alineado con los esfuerzos de múltiples grupos de trabajo legislativos, el consejo trabajó para coordinar los esfuerzos mediante la revisión e incorporación de las recomendaciones existentes en el trabajo de los subcomités, la realización de reuniones con los grupos de trabajo y la revisión de sus informes finales, los cuales debían presentarse un mes antes del informe final del Consejo de Talento. Este proceso identificó claramente los aspectos donde las recomendaciones coincidían con el trabajo del Consejo y las recomendaciones adicionales que la gobernadora debía tener en cuenta junto con los planes de acción del Consejo.

Descripción general de los grupos de trabajo legislativos

Proyecto de Ley de la Cámara de Representantes N.° 2235 (2023): solicitó a la Oregon Health Authority (OHA) que convoque a un grupo de trabajo para que estudie las principales barreras para la contratación y retención de personal en el sistema de salud conductual financiado con fondos públicos de Oregon y que elabore un informe con sus recomendaciones de mejora.

- Miembros: mentores entre pares, trabajadores sociales clínicos, consejeros certificados en alcoholismo y drogadicción (CADC), asociados calificados en salud mental (QMHA), profesionales de salud mental calificados (QMHP), proveedores comunitarios de salud mental (CMHP), organizaciones de atención coordinada (CCO), asociaciones que representan a los usuarios de servicios de salud conductual, asociaciones que representan a los proveedores de salud conductual, organizaciones comunitarias (CBO).
- Informe final - Recomendaciones para estabilizar el sistema público de salud conductual de Oregon: informe final del grupo de trabajo sobre el Proyecto de Ley de la Cámara de Representantes N.° 2235. (Authority O. H., Stabilizing Oregon's Public Behavioral Health System HB 2235 Workgroup Final Report, 2025)

Proyecto de Ley de la Cámara de Representantes N.° 4092 (2024): solicitó a la Oregon Health Authority (OHA) que contrate al Consejo de Salud Conductual de Oregon (OCBH) para que facilite un grupo de trabajo que estudie el impacto de las leyes estatales en la capacidad de los proveedores para realizar su trabajo y que informe sus hallazgos y recomendaciones para reducir la carga administrativa.

- Miembros: usuarios, partes interesadas del sector laboral, organizaciones de atención coordinada (CCO), programas comunitarios de salud mental (CMHP), organizaciones culturalmente específicas (CSO), organizaciones de defensa, gobiernos de los condados, organizaciones comunitarias (CBO), hospitales, OHA, tribus, Departamento

Judicial de Oregon, Agencia Reguladora de Salud Mental (MHRA) y Junta de Certificación de Salud Mental y Adicciones de Oregon (MHACBO).

- Informe final - Abordar la carga administrativa en salud conductual: informe del grupo de trabajo sobre el Proyecto de Ley de la Cámara de Representantes N.° 4092 a la Legislatura de Oregon. (Grupo de trabajo, 2025)

Proyecto de Ley de la Cámara de Representantes N.° 4151 (2024): ordena al Consejo Asesor del Sistema de Atención (SOCAC) que establezca un subcomité sobre el personal de salud conductual juvenil y elabore un informe con sus recomendaciones.

- Miembros: jóvenes, organizaciones de atención coordinada (CCO), centros de tratamiento de trastornos por consumo de sustancias (SUD), proveedores de salud conductual, organizaciones comunitarias (CBO), escuelas, programas de educación secundaria y técnica, organizaciones culturalmente específicas (CSO), Agencia Reguladora de Salud Mental (MHRA), Junta de Trabajadores Sociales con Licencia (BLSW), Director del Sistema de Aprendizaje Temprano, miembros del Consejo Asesor del Sistema de Atención (SOCAC).
- Informe final - Subcomité sobre el personal de salud conductual juvenil: informe final para el Consejo Asesor del Sistema de Atención. (Consejo, 2025)

Comisión de Políticas sobre Alcohol y Drogas (ADPC): encargada de mejorar el acceso a servicios de prevención, tratamiento y recuperación del consumo de sustancias basados en la evidencia, fundamentados en datos y adaptados a la cultura mediante el establecimiento de políticas estatales.

- Miembros: usuarios, especialistas en prevención, consejeros certificados en alcoholismo y drogadicción (CADC), investigadores de trastornos por consumo de sustancias (SUD), epidemiólogos, tribus, comisionados de los condados, tribus, proveedores de tratamiento y especialistas en prevención de SUD, proveedores de seguros de salud, hospitales, proveedores de medicamentos para adicciones, proveedores de recuperación de vivienda, proveedores de servicios sociales, fiscales de distrito, policías, abogados defensores, departamentos de libertad condicional y libertad bajo supervisión.
- Informe final - Prioridades estratégicas de la ADPC 2026-2030. (Comisión A. a., 2025)

Para obtener más información sobre las recomendaciones específicas que surgieron de estos esfuerzos legislativos, su alineación con los planes de acción del consejo y recomendaciones adicionales para consideración de la gobernadora, consulte el Apéndice F.

La evaluación de talento en salud conductual

Análisis integral de la escasez de personal de salud conductual en Oregon

Enfoque

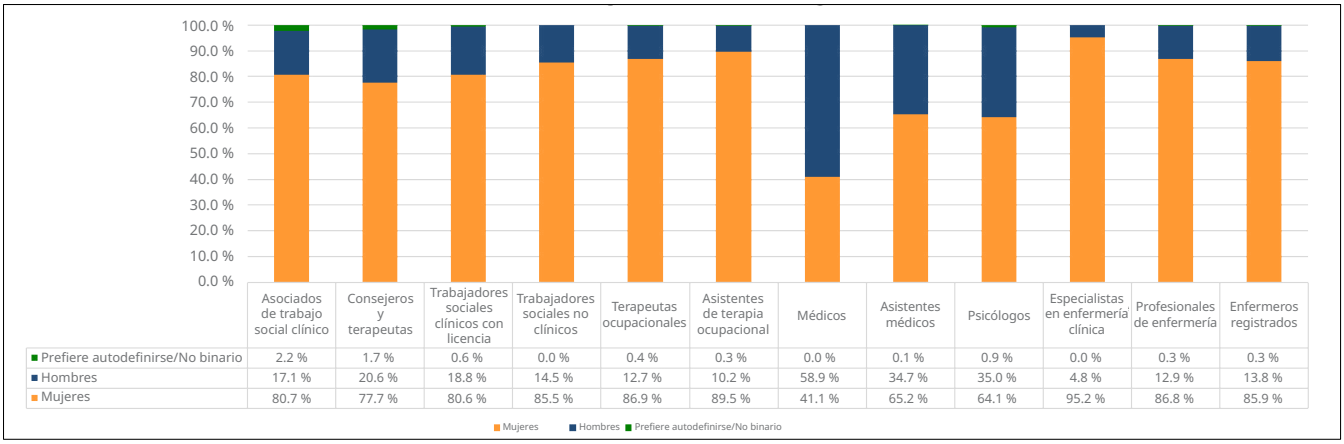
La evaluación de talento en salud conductual de Oregon, encargada por la Comisión Coordinadora de Educación Superior a petición de la gobernadora, se basa en una revisión integral de la documentación existente, incluye el análisis de nuevos datos y se ha elaborado con la colaboración de trabajadores de primera línea y un comité directivo formado por múltiples partes interesadas, que incluye representantes de: atención médica, atención de la salud conductual, organizaciones sin fines de lucro dedicadas al desarrollo de la fuerza laboral, universidades y centros de enseñanza superior y organismos del sector público dedicados a la salud conductual y el desarrollo de la fuerza laboral.

Análisis de la fuerza laboral y la demanda

La evaluación de talento revisó la documentación existente sobre las brechas de acceso a los servicios de salud conductual según las necesidades específicas de la población, las características demográficas de la fuerza laboral en comparación con la población general y las diferencias geográficas en el acceso a la atención. Estas evaluaciones identificaron las siguientes brechas (Adv25):

- En consonancia con las tendencias nacionales, Oregon experimenta una escasez de especialistas en salud conductual infantil.
- Hay una necesidad crítica de más proveedores especializados en trastornos por consumo de sustancias (SUD), incluidos especialistas certificados en prevención y profesionales de salud mental calificados.
- La crisis de personal es especialmente grave en los condados rurales y fronterizos, donde 32 de los 36 condados no tienen ni un solo profesional de salud mental con licencia para atender de forma presencial por cada 1,000 residentes.
- El sector está predominantemente compuesto por mujeres, pero estas están subrepresentadas en los puestos mejor remunerados.
- Hay una importante subrepresentación de proveedores de zonas rurales, latinos, indígenas de América del Norte o nativos de Alaska, negros e isleños del Pacífico.

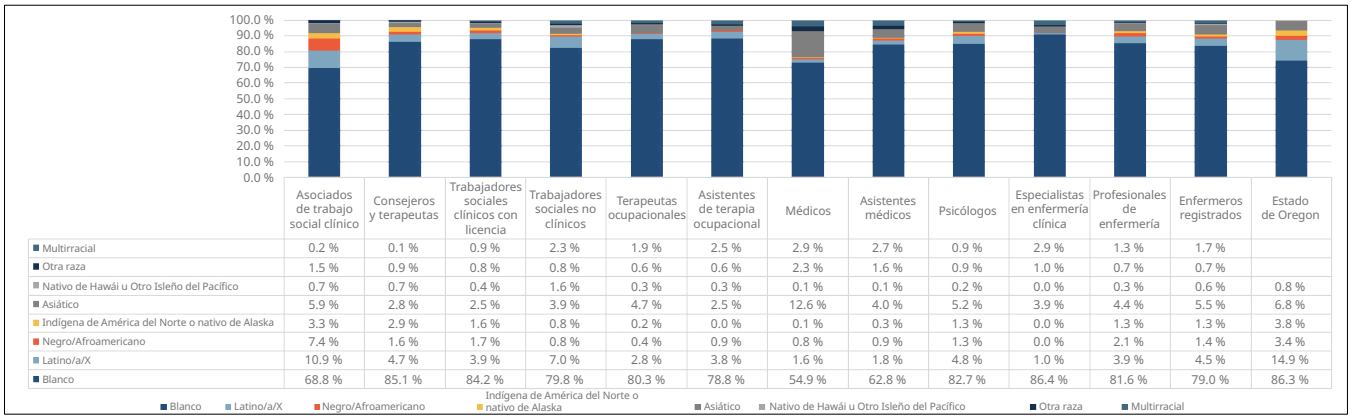
Gráfico 1. Género del personal de salud conductual en ejercicio en Oregon, 2022



	Asociados de trabajo social clínico	Consejeros y terapeutas	Trabajadores sociales clínicos con licencia	Trabajadores sociales no clínicos	Terapeutas ocupacionales	Asistentes de terapia ocupacional	Médicos	Asistentes médicos	Psicólogos	Especialistas en enfermería clínica	Profesionales de enfermería	Enfermeros registrados
Prefiere autodefinirse/No binario	2.2 %	1.7 %	0.6 %	0.0 %	0.4 %	0.3 %	0.0 %	0.1 %	0.9 %	0.0 %	0.3 %	0.3 %
Hombres	17.1 %	20.6 %	18.8 %	14.5 %	12.7 %	10.2 %	58.9 %	34.7 %	35.0 %	4.8 %	12.9 %	13.8 %
Mujeres	80.7 %	77.7 %	80.6 %	85.5 %	86.9 %	89.5 %	41.1 %	65.2 %	64.1 %	95.2 %	86.8 %	85.9 %

(Adv25, pág. 15)

Gráfico 2. Raza y etnicidad del personal de salud conductual en ejercicio en Oregon, 2022



	Asociados de trabajo social clínico	Consejeros y terapeutas	Trabajadores sociales clínicos con licencia	Trabajadores sociales no clínicos	Terapeutas ocupacionales	Asistentes de terapia ocupacional	Médicos	Asistentes médicos	Psicólogos	Especialistas en enfermería clínica	Profesionales de enfermería	Enfermeros registrados	Estado de Oregon
Multirracial	0.2 %	0.1 %	0.9 %	2.3 %	1.9 %	2.5 %	2.9 %	2.7 %	0.9 %	2.9 %	1.3 %	1.7 %	
Otra raza	1.5 %	0.9 %	0.8 %	0.8 %	0.6 %	0.6 %	2.3 %	1.6 %	0.9 %	1.0 %	0.7 %	0.7 %	
Nativo de Hawái u Otro Isleño del Pacífico	0.7 %	0.7 %	0.4 %	1.6 %	0.3 %	0.3 %	0.1 %	0.1 %	0.2 %	0.0 %	0.3 %	0.6 %	0.8 %
Asiático	5.9 %	2.8 %	2.5 %	3.9 %	4.7 %	2.5 %	12.6 %	4.0 %	5.2 %	3.9 %	4.4 %	5.5 %	6.8 %
Indígena de América del Norte o nativo de Alaska	3.3 %	2.9 %	1.6 %	0.8 %	0.2 %	0.0 %	0.1 %	0.3 %	1.3 %	0.0 %	1.3 %	1.3 %	3.8 %
Negro/Afroamericano	7.4 %	1.6 %	1.7 %	0.8 %	0.4 %	0.9 %	0.8 %	0.9 %	1.3 %	0.0 %	2.1 %	1.4 %	3.4 %
Latino/a/X	10.9 %	4.7 %	3.9 %	7.0 %	2.8 %	3.8 %	1.6 %	1.8 %	4.8 %	1.0 %	3.9 %	4.5 %	14.9 %
Blanco	68.8 %	85.1 %	84.2 %	79.8 %	80.3 %	78.8 %	54.9 %	62.8 %	82.7 %	86.4 %	81.6 %	79.0 %	86.3 %

(Adv25, pág. 13)

Competencia cultural

Cuando las personas sienten que su proveedor las entiende, es más probable que continúen buscando atención médica. Para hacer realidad la visión de garantizar que todas las personas que lo necesiten tengan acceso a la atención de salud mental y de adicciones, es fundamental garantizar que el personal pueda brindar una atención culturalmente competente. Es fundamental apoyar la creación y retención de una fuerza laboral que refleje las ricas y profundas culturas de los residentes de Oregon. Aunque todas las personas pueden y deben ser capacitadas para brindar atención culturalmente competente, la fuerza laboral también debe reflejar a las comunidades a las que presta servicios. La evaluación de talento identificó una subrepresentación tanto de proveedores de zonas rurales como de proveedores latinos, indígenas de América del Norte o nativos de Alaska, negros e isleños del Pacífico.

Escasez de tipos de profesiones críticas

La evaluación de talento analizó la oferta y la demanda de doce tipos de profesiones críticas relacionadas con la salud conductual para proyectar la futura escasez o exceso de profesiones específicas. Al no haber datos de oferta y demanda de trabajadores de salud comunitarios, terapeutas matrimoniales y familiares, trabajadores sociales de salud mental y abuso de sustancias, asistentes de terapia ocupacional, asistentes psiquiátricos o técnicos psiquiátricos, la evaluación de talento no pudo proyectar las brechas en este tipo de puestos.

Tabla 1. Oferta y demanda de determinadas ocupaciones de salud conductual

Ocupación	Oferta estimada para 2024	Crecimiento estimado de la oferta	Oferta prevista para 2034	Demanda estimada para 2024	Crecimiento estimado de la demanda	Demanda prevista para 2034	Oferta prevista (menos) demanda para 2034
Consejeros en adicciones	2220	-80	2140	2160	770	2930	-790
Psiquiatras de adultos	520	-30	490	690	230	920	-430
Psiquiatría de niños y adolescentes	140	30	170	160	30	190	-20
Trabajadores sociales infantiles, familiares y escolares	1520	-260	1260	1820	580	2400	-1140

Ocupación	Oferta estimada para 2024	Crecimiento estimado de la oferta	Oferta prevista para 2034	Demanda estimada para 2024	Crecimiento estimado de la demanda	Demanda prevista para 2034	Oferta prevista (menos) demanda para 2034
Trabajadores sociales de atención médica	1040	1050	2090	1100	490	1590	500
Consejeros de salud mental	1330	100	1430	1680	590	2270	-840
Terapeutas ocupacionales	1380	380	1760	1810	170	1980	-220
Asistentes de terapia ocupacional	310	100	410	580	60	640	-230
Profesionales de enfermería psiquiátrica	410	240	650	260	90	350	300
Asistentes médicos psiquiátricos	30	50	80	50	10	60	20
Psicólogos	2100	780	2880	1470	420	1890	990
Consejeros escolares	1970	1070	3040	1690	390	2080	960

(Adv25, pág. 24)

La evaluación de talento identificó una escasez prevista de consejeros en adicciones, psiquiatras de adultos, psiquiatras de niños y adolescentes, trabajadores sociales infantiles, familiares y escolares, terapeutas ocupacionales y asistentes de terapia ocupacional.

Problemas de contratación y retención

Además de identificar la escasez de tipos de profesiones específicas, la evaluación de talento también detalló problemas ampliamente conocidos de contratación y retención en el sector de la salud conductual. Los problemas de contratación y retención, especialmente graves para los proveedores de salud mental comunitarios que atienden a miembros del Plan de Salud de Oregon, dan como resultado una fuerza laboral con poco personal, lo que provoca directamente una disminución de las opciones y de la calidad de la atención para los residentes de Oregon que buscan servicios de salud conductual.

Tabla 2. Problemas de contratación y retención en el sector de salud conductual

Contratación	Retención
• Salarios bajos • Oportunidades limitadas de desarrollo profesional • Falta de trayectorias profesionales claras • Barreras culturales y lingüísticas • Desigualdades en la representación cultural y lingüística en el campo • Desequilibrios geográficos (urbano y rural) • Infraestructuras deficientes y entornos de trabajo traumáticos	• Salarios bajos • Oportunidades limitadas de desarrollo profesional • Falta de trayectorias profesionales claras • Barreras culturales y lingüísticas • Desigualdades en la representación cultural y lingüística en el campo • Desequilibrios geográficos (urbano y rural) • Infraestructuras deficientes y entornos de trabajo traumáticos

Contratación	Retención
• Barreras en la verificación de antecedentes	• Carga administrativa • Reducción de personal (tras el COVID-19) • Aumento de la competencia

(Adv25, pág. 22)

Otra forma de comprender los problemas de retención es evaluar el riesgo de rotación del personal de salud conductual. La evaluación de talento identificó un riesgo significativo de rotación entre los profesionales de salud conductual, medido como intención de renunciar este mes. La intención de renunciar es mayor entre los consejeros en adicciones (CADC-III), los psiquiatras, los profesionales de enfermería psiquiátrica y los consejeros certificados en alcoholismo y drogadicción.

Tabla 3. Porcentajes de intención de renunciar este mes según la encuesta (n=248)

Título del puesto de salud conductual	% que tiene intención de renunciar este mes
Consejero en adicciones (CADC-III)	92 %
Consejero certificado en alcoholismo y drogadicción	71 %
Especialista certificado en prevención	68 %
Trabajador de salud comunitario	18 %
Médico	86 %
Consejero de salud mental	8 %
Otro	9 %
Profesional de enfermería psiquiátrica	73 %
Psiquiatra	76 %
Asociado calificado de salud mental	20 %
Profesional calificado de salud mental	40 %

(Adv25, pág. 25)

Al profundizar en los problemas de retención identificados en la Tabla 2, la evaluación de talento destacó los siguientes factores que contribuyen a la intención de renunciar y a la consiguiente deserción del personal:

- Avance profesional limitado: la falta de trayectorias claras para el crecimiento profesional desalienta el compromiso a largo plazo con el sector.
- Problemas organizativos: la fragmentación de los sistemas, la supervisión inconstante y una incorporación inadecuada contribuyen a la insatisfacción.
- Compensación y beneficios: los profesionales de salud conductual suelen ganar mucho menos que sus colegas en otros campos de la atención médica, lo que dificulta la retención.
- Preocupaciones de seguridad: el personal indica sentirse inseguro en determinados entornos de trabajo, especialmente cuando atienden a clientes de alta complejidad clínica sin el apoyo adecuado.
- Presiones por el número de casos: las cargas de trabajo y administrativas excesivas provocan agotamiento y fatiga emocional.

Impacto en el acceso y los resultados

La escasez de profesionales de salud conductual tiene consecuencias de gran alcance para las personas, las familias y las comunidades. Los retrasos en la atención agravan las afecciones de salud mental, aumentan la dependencia de los servicios de emergencia y contribuyen a mayores tasas de hospitalización y encarcelamiento. Para las poblaciones más vulnerables de Oregon, incluidas las zonas rurales, las comunidades de color, las personas con necesidades complejas y los beneficiarios del Plan de Salud de Oregon, la falta de acceso oportuno a una atención culturalmente competente agrava las desigualdades en materia de salud. En concreto, la evaluación de talento reveló que la alta rotación desestabiliza los equipos de atención, lo que conduce a lo siguiente:

- Interrupción de la continuidad de la atención: los cambios frecuentes de personal dificultan las relaciones terapéuticas y el progreso del tratamiento.
- Aumento de los tiempos de espera: los puestos vacantes retrasan el acceso a los servicios, especialmente en los condados rurales y fronterizos que ya enfrentan una grave escasez de proveedores.
- Mayores costos: la contratación y capacitación de personal sustituto es costosa y desvía recursos de la atención directa.
- Agotamiento entre el resto del personal: mientras persisten las vacantes, el resto de los empleados asumen mayores cargas de trabajo, lo que perpetúa el ciclo de deserción.

Recomendaciones

La evaluación de talento incluye más de sesenta recomendaciones para abordar la crisis de personal de salud conductual, entre las que se incluyen:

1. Retener al personal actual mejorando las estrategias de retención, centrándose en las zonas con mayor necesidad, como las zonas rurales.
2. Reducir las barreras para las personas que han completado programas de educación o capacitación y que buscan una licencia o credencial para ingresar a la fuerza laboral.
3. Incrementar la cantidad total, la calidad y la competencia cultural de los profesionales de salud conductual mediante el aumento y la mejora de las trayectorias educativas y de capacitación.
4. Abordar las disparidades en el acceso a la atención mejorando tanto la contratación como la retención de los proveedores que atienden a los miembros del Plan de Salud de Oregon en general, con especial atención a las zonas rurales.

La solución

La evaluación de talento en salud conductual identificó lo que es necesario cambiar. Este informe describe cómo llevar a cabo estos cambios.

Los planes de acción que se presentan a continuación transforman las recomendaciones respaldadas por investigaciones de la evaluación de talento en salud conductual de la HECC en estrategias de implementación. Cada plan incluye el problema que se aborda, los pasos específicos de implementación, los organismos responsables, los plazos, los requisitos de recursos y los resultados esperados, lo que proporciona a la gobernadora las herramientas para tomar medidas decisivas y calculadas ante la crisis de personal. Estas soluciones se basan en la evidencia y se fundamentan en la experiencia de primera línea, de modo que estas recomendaciones realmente funcionan para los proveedores y para los residentes de Oregon a los que atienden.

Las recomendaciones del Consejo abordan el amplio espectro de problemas de la fuerza laboral mediante acciones inmediatas, estrategias a mediano plazo e inversiones a largo plazo. Algunas pueden aplicarse mediante medidas administrativas; otras requieren cambios legislativos o un análisis más detallado. Varias recomendaciones identifican desafíos políticos complejos que requieren investigación adicional y participación de las partes interesadas más allá del plazo del Consejo; no son elementos de menor prioridad, sino pasos claramente definidos para continuar el trabajo después de enero de 2026, descritos en el Apéndice G.

Este informe representa una nueva fase de esfuerzo sostenido, no el fin de la crisis. La crisis de personal de salud conductual se ha desarrollado a lo largo de décadas y requerirá un compromiso a largo plazo para abordarla por completo. No obstante, estos planes de acción representan un esfuerzo integral y coordinado para abordar la crisis, y trazan un camino claro desde donde estamos hasta donde necesitamos llegar.

Resumen ejecutivo del plan de acción

Contratación y retención

1. Mejorar la atención al cliente y reducir la rotación de personal eliminando la carga administrativa innecesaria y duplicada.
2. Mejorar la contratación y la retención mejorando la seguridad de los trabajadores de primera línea, desarrollando y reteniendo a los supervisores, e incorporando servicios de apoyo para la fuerza laboral y mentoría dentro de las organizaciones de salud conductual.
3. Fomentar una fuerza laboral más sensible a las diferencias culturales y contratar y retener talento de salud conductual financiando la educación, ofreciendo pasantías remuneradas, incentivos para la supervisión y desarrollo del apoyo entre pares.
4. Reducir las disparidades salariales, contratar y retener personal especializado y mantener salarios competitivos mediante ajustes bienales de las tarifas.
5. Mejorar la contratación y retención de proveedores de salud conductual en comunidades rurales y marginadas.

> "El Consejo de Talento en Salud Conductual fue diferente a cualquier comité en el que haya participado. Reunimos a la educación superior, el gobierno, organizaciones comunitarias y trabajadores de primera línea para abordar la crisis de personal con un enfoque verdaderamente integral y centrado en la equidad, desarrollando soluciones que van desde la concientización profesional en la escuela secundaria hasta la capacitación avanzada y la retención de personal. Este Consejo se centró en las fases iniciales y creó estrategias ambiciosas, pero alcanzables, que abarcan todo el espectro del personal de salud conductual".
>
> **Janie Gullickson**, MPA: HA, CRM II, PSS
> Directora ejecutiva de The Peer Company

Licencias y Acreditaciones

1. Desarrollar y apoyar al personal de salud conductual proporcionando trayectorias claras para la obtención de licencias, conectando al personal existente con oportunidades de avance profesional y mejorando el servicio al cliente para facilitar la gestión de estos procesos.
2. Fortalecer al personal incrementando el acceso a los principales puntos de entrada al sector de la salud conductual y reduciendo las barreras para que los trabajadores de nivel inicial accedan a más oportunidades de crecimiento profesional.
3. Desarrollar una fuerza laboral culturalmente competente apoyando a los solicitantes para que adquieran las habilidades y conocimientos necesarios para cumplir con los requisitos de licencia, y haciendo que el proceso de obtención de licencias sea más equitativo, eficiente y oportuno.
4. Aumentar la accesibilidad al sector de la salud conductual para las personas con experiencia de vida simplificando y optimizando los sistemas de acreditación entre pares, mejorando el sistema de verificación de antecedentes y proporcionando recursos para facilitar su gestión.

Educación y Capacitación

1. Ampliar la fuerza laboral y su competencia cultural mediante el fortalecimiento y la alineación de las trayectorias educativas en salud conductual.
2. Aumentar la transparencia sobre los requisitos de licencia para preparar de manera más eficaz a los estudiantes para tener éxito durante el proceso de obtención de licencias.
3. Atraer a un sólido grupo de talentos a los programas de educación y capacitación comunicando de manera eficaz el valor y el trayecto de una carrera en salud conductual.
4. Ampliar el acceso equitativo a los servicios de salud conductual en comunidades rurales, fronterizas y culturalmente distintas mediante iniciativas específicas para la fuerza laboral y modelos de servicio basados en la comunidad.
5. Ampliar y fortalecer las asociaciones en materia de salud conductual entre el sector educativo, los empleadores y las organizaciones comunitarias para expandir las experiencias profesionales coordinadas y de alta calidad, así como las oportunidades de capacitación en todo el estado.
6. Incrementar el acceso equitativo y la finalización de programas de salud conductual en colegios comunitarios, con especial atención a los estudiantes BIPOC, rurales, inmigrantes y lingüísticamente diversos, mediante la identificación de barreras y la implementación de nuevos apoyos.
7. Ampliar los trayectos de salud conductual claros e inclusivos que ayuden a más residentes de Oregon, incluidos los estudiantes BIPOC, de zonas rurales y con experiencias de vida, a acceder y completar estudios que conduzcan a carreras profesionales significativas.
8. Ampliar las oportunidades equitativas para que los estudiantes de Oregon exploren, accedan y progresen en las trayectorias profesionales de salud conductual, comenzando desde una etapa temprana y abarcando desde la escuela secundaria hasta los títulos superiores.

Contratación y retención

El problema: los profesionales de salud conductual que atienden a clientes de bajos ingresos y trabajan en entornos comunitarios realizan un trabajo profundamente complejo y emocionalmente exigente —a menudo con pacientes de mayor complejidad clínica— pero ganan significativamente menos que los colegas que trabajan con otras poblaciones y en disciplinas de salud con niveles de educación similares. Las personas atendidas por los servicios comunitarios de salud conductual pueden tener necesidades significativamente mayores debido a la falta crónica de vivienda y a la falta de acceso a apoyos para el tratamiento a largo plazo. Al igual que la población de clientes, a muchos trabajadores de salud conductual les cuesta vivir en las comunidades donde prestan servicios. Enfrentan una elevada carga administrativa, presiones de productividad que entran en conflicto con el criterio clínico y una exposición habitual a situaciones traumáticas sin el apoyo suficiente. Los recién graduados cargan con deudas que les cuesta mucho pagar con los salarios del sector de la salud conductual. Los profesionales clínicos en mitad de su carrera abandonan el sector debido al agotamiento y a la falta de oportunidades de desarrollo profesional. Los proveedores con experiencia se jubilan anticipadamente o pasan a la práctica privada, dejando a las organizaciones comunitarias a cargo de atender a los pacientes de mayor complejidad clínica sin contar con proveedores experimentados. Oregon no puede salir de esta crisis solo mediante la contratación de personal; la retención es la estrategia más urgente y rentable.

Los avances en Oregon: el poder ejecutivo gestionó más de 85 millones de dólares en inversiones para el personal de salud conductual aprobadas por la legislatura entre 2021 y 2025 (Proyecto de ley de la Cámara de Representantes N.º 2949, Proyecto de ley del Senado N.º 5525 y Proyecto de ley de la Cámara de Representantes N.º 2024). La legislatura estableció los parámetros para la inversión de estos fondos y dirigió una amplia gama de herramientas de inversión para estabilizar la fuerza laboral. Siguiendo las instrucciones de la legislatura, estas inversiones financiaron bonificaciones por contratación y retención, becas, ayudas para el pago de matrículas, supervisión clínica, estipendios para viviendas y guarderías y programas de formación profesional. La información sobre cómo se asignaron las inversiones para la fuerza laboral dirigidas por la legislatura en virtud del Proyecto de ley de la Cámara de Representantes N.º 2949 (2021) se puede encontrar aquí. Estas inversiones se gestionaron para abordar los problemas de alta prioridad del personal que enfrentan los proveedores de salud mental comunitarios. No obstante, sin una evaluación de referencia de los patrones de contratación y retención en salud mental comunitaria, no es posible evaluar si estas inversiones generaron un cambio en general. El estado necesita comprender mejor los problemas de contratación y retención de los proveedores que atienden a los miembros del Plan de Salud de Oregon para poder hacer un seguimiento más eficaz del impacto de las futuras inversiones en la fuerza laboral.

Se espera que el Consejo de Salud Conductual de Oregon, que representa a 70 proveedores de salud conductual privados y sin fines de lucro, y que informa sobre sus problemas de contratación y retención, publique un informe actualizado en febrero de 2026, poco después de que el Consejo de Talento en Salud Conductual presente este informe final a la gobernadora. Como siguiente paso (consulte la sección Próximos pasos), el consejo recomienda que la Oficina de la gobernadora revise y considere dicho informe y establezca una referencia para la retención en salud mental comunitaria (similar a la evaluación de talento de la HECC) con el fin de medir mejor el progreso a lo largo del tiempo. El seguimiento de la rotación de personal entre los proveedores públicos puede ayudar a identificar dónde se necesita apoyo. Una alta rotación puede generar deficiencias en el servicio y fragmentación de la atención para las personas más necesitadas, lo que aumenta los costos y reduce los resultados.

Las recomendaciones del Consejo de Talento en Salud Conductual se centran en garantizar que las futuras inversiones en la fuerza laboral sean eficaces, se basen en datos y estén vinculadas a resultados medibles que marquen la diferencia en la crisis de personal.

Los planes de acción: el subcomité de Contratación y Retención desarrolló planes de acción para apoyar, fortalecer y retener al personal de salud conductual existente en Oregon, centrándose en los que prestan servicio a las comunidades rurales, a las poblaciones de mayor complejidad clínica y a las personas afiliadas al Plan de Salud de Oregon. Estos planes buscan ampliar el acceso a la supervisión clínica

y a oportunidades de desarrollo profesional, apoyar la seguridad y el bienestar emocional de los trabajadores, abordar los problemas de compensación, diversificar la fuerza laboral mediante estrategias centradas en la equidad, reducir la carga administrativa y preparar la cultura laboral para la próxima generación de trabajadores de salud conductual.

Carga administrativa (Plan de acción RR.1)

Mejorar la atención al cliente y reducir la rotación de personal eliminando la carga administrativa innecesaria y duplicada.

Estrategias:

RR 1.1 Crear plantillas estandarizadas para la elaboración de registros y documentación. Implementar tecnología de inteligencia artificial para la documentación clínica que cumpla con las regulaciones de privacidad (HIPAA y Título 42 del CFR) e identificar las vías de adquisición más eficaces para implementar estas tecnologías de salud.

Agencia responsable: *OHA*

RR 1.2 Optimizar las normas, la presentación de informes y el cumplimiento. Revisar las normas y políticas de la OHA relativas a los requisitos de documentación, presentación de informes y auditoría con el fin de simplificarlas y garantizar la paridad entre disciplinas. Optimizar la documentación clínica mediante la revisión de las normas administrativas 309 para cumplir los requisitos mínimos necesarios federales.

Seleccionar una plataforma centralizada de acreditación que todas las CCO estén obligadas a utilizar para eliminar los procesos duplicados.

Utilizar la inteligencia artificial para identificar todos los informes requeridos para los proveedores de salud conductual y luego eliminar los informes duplicados y de escaso valor. Redefinir las auditorías para centrarse en los resultados orientados al cliente. Contratar a una organización externa para que preste asistencia técnica a las organizaciones que la necesiten, según lo demuestren las auditorías deficientes, los problemas de seguridad u otros factores desencadenantes. Modernizar los requisitos del programa de fidelidad, adaptarlos a las comunidades rurales y eliminar las auditorías específicas de fidelidad.

Agencia responsable: *OHA*

RR 1.3 Definir y preservar el tiempo dedicado a tareas administrativas para la fuerza laboral. Definir y preservar el tiempo remunerado dedicado a tareas administrativas en los contratos de la OHA y/o en los modelos de dotación de personal de las agencias.

Agencia responsable: *OHA*

RR 1.4 Crear una mejora del sistema centralizado de administración de ayuda económica para la OHA. Implementar una unidad interinstitucional centralizada dentro de la OHA para la administración de la ayuda económica y la responsabilidad de todos los informes requeridos. La centralización de la responsabilidad sobre los informes eliminará la duplicación y garantizará la elaboración de informes de gran valor. La OHA informará sobre la carga administrativa a un órgano rector compuesto por organizaciones de proveedores, CCO, CMHP y defensores de los consumidores, y presentará informes bienales a la legislatura y a la gobernadora.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora examine las oportunidades para abordar los problemas relacionados con los registros electrónicos de salud (EHR), lo que incluye alinear de manera más eficaz los sistemas médicos y de salud conductual para mejorar la atención y reducir la carga del personal, que tiene que revisar los registros para comprender el panorama médico y de salud conductual completo de los pacientes.

> "Uno de los problemas más inmediatos que enfrentamos es la duplicación de las acreditaciones. Los programas comunitarios de salud mental contratan habitualmente a profesionales calificados y con licencia que están listos para trabajar, pero que se ven retrasados durante semanas o meses porque deben ser validados por la OHA y luego acreditados por múltiples entidades de facturación. Durante ese tiempo, estamos pagando a personal que aún no puede atender a los clientes, mientras que las listas de espera siguen creciendo. Esto afecta especialmente a los proveedores rurales más pequeños, como mi organización".
>
> **Rick Treleaven**, LCSW
> Director ejecutivo de BestCare Treatment Services

Apoyos para la fuerza laboral (Plan de acción RR.2)

Mejorar la contratación y la retención garantizando la seguridad, desarrollando y reteniendo a los supervisores e incorporando servicios de apoyo y mentoría dentro de las organizaciones de salud conductual.

Estrategias:

RR 2.1 Invertir en supervisores. Desarrollar a nuestros supervisores clínicos dentro del sistema de salud conductual financiado con fondos públicos de Oregon a través de capacitación a nivel estatal, promoción legislativa de créditos fiscales personales basados en el empleo para supervisores clínicos y la provisión de unidades de educación continua gratuitas para supervisores en entornos de salud mental comunitarios financiados con fondos públicos.

Agencia responsable: *OHA*

RR 2.2 Seguridad en el lugar de trabajo. Realizar evaluaciones de seguridad de la fuerza laboral en la organización para abordar de manera proactiva las áreas de preocupación; desarrollar pautas de mejores prácticas de seguridad laboral que se alineen con los planes de seguridad de la organización; y proporcionar financiación mediante ayuda económica para tecnologías de seguridad, como cámaras y sistemas de botones de alerta/pánico que activen una respuesta.

Agencia responsable: *OHA, OSHA*

RR 2.3 Representación cultural en el campo. Establecer procesos de mentoría para el personal y los supervisores con conocimientos culturales específicos a través de una red estatal de proveedores culturalmente específicos.

Agencia responsable: *OHA*

RR 2.4 Apoyo a la fuerza laboral. Para apoyar el bienestar de la organización, se contratarán organizaciones estatales como Riverside Trauma y el Programa de Bienestar de Oregon para prestar servicios de postvención después de eventos traumáticos. Promover legislación para que la restricción y el aislamiento indebidos se consideren una cuestión de licencia en lugar de una investigación por abuso infantil, y proporcionar pautas sobre el número recomendado de casos por persona para los puestos clave.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora se ponga en contacto con la familia de Haley Rogers para proponerle nombrar o dedicar un futuro proyecto de ley o programa en su honor.
- Que la Oficina de la gobernadora colabore con la legislatura para garantizar que los conceptos legislativos que exigen a los proveedores de salud conductual adoptar planes de seguridad se ajusten a las mejores prácticas adoptadas por la Oregon Health Authority, en consonancia con este plan de acción.

> "Asistí a la mesa redonda con la primera dama y los miembros del sindicato AFSCME, quienes compartieron con nosotros sus experiencias en materia de seguridad en el lugar de trabajo. Me impresionó mucho el valor de estos trabajadores de primera línea y la dedicación que muestran hacia sus pacientes, a pesar de las condiciones inseguras que a menudo enfrentan, especialmente en el trabajo de campo. Esta reunión fue fundamental para que me comprometa a mejorar la seguridad de nuestro personal de salud conductual".
>
> **Julie Ibrahim**, LPC
> Vicepresidenta del Subcomité de Contratación y Retención y directora ejecutiva de New Narrative

Incentivos y costo de la educación para una fuerza laboral culturalmente sensible (Plan de acción RR.3)

Fomentar una fuerza laboral más sensible a las diferencias culturales y contratar y retener talento de salud conductual financiando la educación y ofreciendo pasantías remuneradas, incentivos para la supervisión y desarrollo del apoyo entre pares.

Estrategias:

RR 3.1 Elaborar planes de carrera regionales propios. Colaborar con las agencias locales, los organismos de concesión de licencias y acreditaciones y las tribus para desarrollar planes de carrera en salud conductual específicos para cada región, en consonancia con los valores culturales de la comunidad y las necesidades de servicios locales.

Agencia responsable: *OHA*

RR 3.2 Incentivar los puestos especializados del personal. Priorizar la ayuda económica para el personal con el fin de crear incentivos financieros para los puestos de respuesta a crisis, áreas rurales y servicios cultural y lingüísticamente específicos en entornos de salud conductual financiados con fondos públicos con compromisos de servicio.

Agencia responsable: *OHA*

RR 3.3 Incentivos para preceptores de PMHNP que trabajan en organizaciones rurales o culturalmente específicas. Financiar incentivos para que los preceptores acepten supervisar a los estudiantes, y financiar las organizaciones de los preceptores para cubrir el tiempo de los PMHNP en organizaciones más pequeñas que no pueden prescindir de un PMHNP.

Agencia responsable: *OHA*

RR 3.4 Ampliar el acceso a supervisión y apoyo para la obtención de licencias. Financiar estipendios de supervisión, desarrollar modelos de supervisión grupal y subvencionar la supervisión clínica a través de oportunidades de ayuda económica.

Agencia responsable: *OHA*

RR 3.5 Incentivar el avance profesional mediante la financiación de la educación. Financiar becas de salud conductual, condonación de préstamos y ayuda económica para certificaciones vinculadas a un compromiso de servicio en el sector de la salud conductual financiados con fondos públicos.

Agencia responsable: *OHA*

RR 3.6 Incentivar la educación continua (CE). Financiar ayudas económicas para la educación continua (CE) para el personal con licencia que necesite ayuda financiera para continuar con la formación académica.

Agencia responsable: *OHA, HECC*

RR 3.7 Pasantías remuneradas para estudiantes. Financiar pasantías remuneradas para estudiantes de programas de formación para el personal de salud conductual.

Agencia responsable: *OHA*

RR 3.8 Poner en marcha programas de apoyo entre pares. Establecer un programa estatal para proporcionar asistencia técnica gratuita a las organizaciones sobre la puesta en marcha del apoyo entre pares.

Agencia responsable: *OHA*

RR 3.9 Desarrollo de liderazgo culturalmente específico. La OHA contratará a organizaciones culturalmente específicas con el fin de brindarles mentoría y apoyo para el bienestar del liderazgo, en particular a las que estén sufriendo estrés debido a decisiones de políticas federales. Apoyar a los líderes de entornos culturales específicos para que puedan respaldar mejor al personal de primera línea y fortalecer las estructuras organizativas.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora estudie la posibilidad de alinear los requisitos para la supervisión clínica presencial frente a la virtual, prestando especial atención a la flexibilidad para los proveedores culturalmente específicos.

> "Hubo un momento en nuestro subcomité de Contratación y Retención que cambió radicalmente mi forma de pensar. Una colega contó que su superior la reprendió por utilizar una intervención culturalmente adecuada y acorde a los valores de su comunidad. Cuando los supervisores no comparten o no comprenden el marco cultural del profesional clínico o de la comunidad, perpetuamos el daño, socavamos la confianza y perdemos un talento increíble. Esto me hizo ver la urgente necesidad de una supervisión culturalmente adecuada en el ámbito de la salud conductual. No podemos abordar la retención sin potenciar el liderazgo diverso en todos los niveles".
>
> **Clarissa Carson**, PMHNP-BC, MSN, APRN
> Profesional de enfermería de salud mental psiquiátrica en Rogue Community Health

Compensación (Plan de Acción RR.4)

Reducir las disparidades salariales, contratar y retener personal especializado y mantener salarios competitivos mediante ajustes bienales de las tarifas.

Estrategias:

RR 4.1 Definir e implementar metodologías de tarifas actualizadas para los proveedores comunitarios de servicios de alta complejidad clínica. Desarrollar criterios y metodologías para identificar a los proveedores de servicios de alta complejidad clínica y aplicar tarifas de reembolso mejoradas.

Agencia responsable: *OHA, Medicaid*

RR 4.2 Incentivar los puestos especializados del personal. Modernizar y actualizar los procesos de pago de Medicaid para la salud conductual con el fin de incentivar a los proveedores que ofrecen servicios de crisis o servicios culturalmente específicos, así como en zonas rurales.

Agencia responsable: *OHA, HECC, CCO*

RR 4.3 Desarrollar un modelo de reembolso progresivo. Desarrollar un concepto legislativo para ajustes bienales de las tarifas vinculados a la inflación o a índices de costos.

Agencia responsable: *OHA, Medicaid*

RR 4.4 Apoyo a la infraestructura existente. Elaborar un marco de financiación que no promueva inversiones significativas en nuevos servicios sin prever ajustes de tarifas basados en la inflación o en índices de costos para la infraestructura de salud conductual ya existente.

Agencia responsable: *OHA, Medicaid*

RR 4.5 Establecer códigos de facturación para la estabilización de crisis. Implementar nuevos códigos de facturación para servicios de estabilización de crisis a corto plazo (4-24 horas) para Medicaid y pagadores comerciales.

Agencia responsable: *OHA, Medicaid, DCBS*

Plan de acción completo en el Apéndice H.

Incentivos de contratación y retención en comunidades marginadas (Plan de acción RR.5)

Mejorar la contratación y retención de proveedores de salud conductual en comunidades rurales y marginadas.

Estrategias:

RR 5.1 Apoyar el acceso a guarderías. Crear un subsidio estatal para guarderías o un crédito fiscal para los proveedores de salud conductual con dependientes en zonas rurales.

Agencia responsable: *OHA*

RR 5.2 Financiar estipendios para reubicación y vivienda. Desarrollar un programa de estipendios o ayudas económicas para ayudar a los nuevos empleados con la reubicación y la vivienda en áreas rurales y remotas.

Agencia responsable: *OHA*

RR 5.3 Alinear los incentivos con la fuerza laboral. Utilizar los datos existentes sobre la escasez de personal y las necesidades no cubiertas para priorizar las inversiones de financiación.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora examine de manera integral las oportunidades para mejorar el acceso y la asequibilidad del cuidado infantil, a fin de determinar el mecanismo de financiación más eficaz y equitativo, incluida, entre otras cosas, una estructura de financiación basada en créditos fiscales.
- Que la Oficina de la gobernadora examine legislaciones o acciones administrativas para alinear las definiciones de “personal de salud conductual”, a fin de garantizar que los psicólogos, psiquiatras, PMHNP y otros tipos de profesiones sean mencionados de manera constante y precisa como parte del personal de salud conductual y de los programas de incentivos asociados.

Licencias y Acreditaciones

El problema: la mayor parte del personal de salud conductual debe contar con licencia o ser acreditado, a menudo múltiples veces, para sus puestos. Las barreras innecesarias en la concesión de licencias y acreditaciones impiden que personas calificadas obtengan o mantengan sus acreditaciones y perpetúan las desigualdades en la fuerza laboral.

Los avances en Oregon: cuando la gobernadora Kotek asumió el cargo, ordenó a las agencias de concesión de licencias y acreditaciones que mejoren el servicio al cliente y reduzcan las barreras. Las agencias han logrado avances cuantificables. La Junta de Consejeros y Terapeutas Profesionales con Licencia y la Junta de Psicología ahora tramitan de forma sistemática las solicitudes en un plazo de 1 a 2 días —muy por debajo de sus objetivos—, a pesar del aumento constante del volumen de solicitudes en los últimos tres años. Ambas juntas también han registrado un aumento significativo en los resultados de las encuestas de satisfacción de los clientes. Durante el mismo periodo, la Junta de Trabajadores Sociales con Licencia eliminó el retraso en la tramitación de solicitudes e implementó políticas para reducir los tiempos de espera de los titulares de licencias que tienen preguntas sobre las solicitudes.

Los planes de acción: el subcomité de Licencias y Acreditaciones elaboró planes de acción para optimizar los procesos mediante los cuales los profesionales de salud conductual obtienen y mantienen sus acreditaciones, haciendo que estos procesos sean más accesibles, equitativos y eficientes, al tiempo que se mantienen los estándares de calidad. Estos planes tienen por objeto eliminar barreras innecesarias, aumentar la transparencia en torno a los requisitos, reducir las disparidades, especialmente para los proveedores BIPOC y multilingües, y garantizar que los procesos de acreditación apoyen, y no obstaculicen, el crecimiento de la fuerza laboral.

Comunicación de trayectorias y requisitos (Plan de acción LC.1)

Desarrollar y apoyar al personal de salud conductual proporcionando trayectorias claras para la obtención de licencias, conectando al personal existente con oportunidades de avance profesional y mejorando el servicio al cliente para facilitar la gestión de estos procesos.

Estrategias:

LC 1.1 Tabla de correspondencias de carreras en salud conductual. Crear una tabla de correspondencias de carreras en salud conductual que contenga información precisa, accesible y actualizada sobre trayectorias profesionales y los requisitos en el ámbito de la salud conductual.

Agencia responsable: *OHA*

LC 1.2 Centro de recursos para el personal de salud conductual. Crear un sitio web centralizado de recursos para el personal de salud conductual que sea una fuente de información única y de fácil acceso para los trabajadores y empleadores del sector de la salud conductual, con el fin de proporcionar información sobre cómo incorporarse, progresar y apoyar a la fuerza laboral. (Consulte también: ET 1.3)

Agencia responsable: *OHA en colaboración con la HECC y los organismos de concesión de licencias*

LC 1.3 Servicio de atención al cliente en tiempo real para titulares de licencias. Establecer un servicio de atención al cliente en tiempo real a través de chat para las juntas de concesión de licencias de salud conductual de Oregon, con el fin de ayudar a los trabajadores a eliminar los obstáculos para obtener y mantener sus licencias.

Agencia responsable: *organismos de concesión de licencias*

Plan de acción completo en el Apéndice H.

Puestos de nivel inicial en salud conductual (Plan de acción LC.2)

Fortalecer al personal incrementando el acceso a los principales puntos de entrada al sector de la salud conductual y reduciendo las barreras para que los trabajadores de nivel inicial accedan a más oportunidades.

Estrategias:

LC 2.1 Acreditación de nivel inicial en salud conductual. Crear una acreditación de nivel inicial en salud conductual que refleje que el titular ha recibido la capacitación exigida por las normas de la OHA para poder ejercer en el puesto.

Agencia responsable: *OHA y MHACBO*

LC 2.2 Revisar las estructuras de facturación para apoyar la atención en equipo. Revisar y modificar las estructuras de facturación de los proveedores de salud conductual para determinar si se pueden introducir cambios que faciliten a los proveedores la contratación de personal de apoyo de nivel inicial sin licencia.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Apoyo para los titulares de licencias y reducción de barreras (Plan de acción LC.3)

Desarrollar una fuerza laboral culturalmente competente apoyando a los solicitantes para que adquieran las habilidades y conocimientos necesarios para cumplir con los requisitos de licencia, y haciendo que el proceso de obtención de licencias sea más equitativo, eficiente y oportuno.

Estrategias:

LC 3.1 Actualizar la base de datos de licencias para las agencias de concesión de licencias. Invertir en una base de datos de licencias actualizada para la MHRA y la BLSW, ya que la base de datos actual está desactualizada y obstaculiza significativamente la eficiencia de ambas agencias.

Agencia responsable: *MHRA y BLSW*

LC 3.2 Reforzar el personal de las agencias de concesión de licencias. Incrementar el personal de la MHRA y la BLSW para permitir una tramitación más rápida de las licencias y un servicio al cliente más sólido para las personas que buscan obtener licencias.

Agencia responsable: *MHRA y BLSW*

LC 3.3 Crear vías alternativas para la obtención de licencias. Ordenar a la MHRA y a la BLSW que implementen vías alternativas para la obtención de licencias para las personas que no han podido aprobar el examen, pero que son capaces de demostrar un dominio completo a través de otros métodos.

Agencia responsable: *MHRA y BLSW*

LC 3.4 Apoyar a los titulares de licencias en la preparación de exámenes. Continuar con las inversiones actuales en la preparación de exámenes y explorar vías adicionales para ayudar a los posibles titulares de licencias a prepararse para los exámenes.

Agencia responsable: *organismos de concesión de licencias*

LC 3.5 Aumentar el acceso a supervisión y mentoría significativas. Explorar vías para reducir la presión sobre los supervisores clínicos para que se centren en prestar servicios facturables en lugar de proporcionar apoyo y preparación significativa.

Agencia responsable: *OHA*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora estudie la posibilidad de incluir la documentación como horas clínicas computables para el personal de salud conductual.
- Que las juntas de concesión de licencias amplíen el acceso a la supervisión clínica mediante la elaboración de normas que permitan que los asociados con título de maestría sean supervisados por cualquier profesional de salud mental adecuado y calificado.

> "Como proveedor indígena y trabajador social clínico con licencia, conozco de primera mano los desafíos de aprobar un examen psicométrico estandarizado. Esto se hizo evidente cuando no aprobé el examen de licencia en trabajo social en el primer intento. Admito que me sentí derrotado y desmoralizado, sentimientos que estoy seguro de que muchas otras personas han tenido antes que yo, especialmente otros proveedores indígenas y personas de color en general. Para mí, esto fue una prueba que confirmaba que las tasas de aprobación en los exámenes de licencia muestran claras disparidades raciales y culturales. Muchos tienen dificultades para aprobar el examen, pero demuestran su competencia en el campo a diario. Para abordar estas disparidades, debe haber vías alternativas para demostrar la competencia. Crear una vía alternativa no rebaja los estándares, sino que reconoce que un examen único no es la única forma de evaluar si alguien puede proporcionar una atención de calidad. Las vías alternativas pueden ayudar a abordar esta cuestión y mantener los estándares de calidad de la profesión".
>
> **Eli Kinsley**, LCSW, CADC III, CGAC II
> Director de Operaciones, Bridgeway Community Health

> "La falta de supervisores clínicos es uno de los mayores obstáculos para el crecimiento de nuestro personal. Los programas comunitarios de salud mental capacitan a futuros profesionales clínicos, pero las normas de supervisión restrictivas limitan la cantidad de personas a las que podemos brindar apoyo a la vez. Especialmente en las comunidades rurales, contamos con supervisores calificados dispuestos a proporcionar supervisión, pero no cuentan con el tipo de licencia específica que se exige para el asociado".
>
> **Rick Treleaven**, LCSW
> Director ejecutivo de BestCare Treatment Services

Apoyo a la experiencia de vida en el lugar de trabajo (Plan de acción LC.4)

Aumentar la accesibilidad al sector de la salud conductual para las personas con experiencia de vida simplificando y optimizando los sistemas de acreditación entre pares, mejorando el sistema de verificación de antecedentes y proporcionando recursos para facilitar su gestión.

Estrategias:

LC 4.1 Consolidar las acreditaciones de pares con capacitaciones duplicadas y agregar certificaciones/micro-acreditaciones para áreas de práctica más especializadas. Nuevo modelo de acreditación de pares basado en la recomendación de la MHACBO.

Agencia responsable: *MHACBO*

LC 4.2 Examinar las oportunidades para fusionar la acreditación de pares en SUD y salud mental, mejorar la accesibilidad a la acreditación y capacitación para personas que trabajan en ambos campos y eliminar requisitos innecesarios. Recomendaciones conjuntas de la OHA y la MHACBO para optimizar la acreditación de pares.

Agencia responsable: *OHA, MHACBO*

LC 4.3 Convocar un comité para mejorar el proceso de verificación de antecedentes de los trabajadores de salud conductual. Recomendaciones para mejorar el proceso de verificación de antecedentes, incluido un nuevo proceso para los proveedores de trastornos coexistentes integrados (ICOD).

Agencia responsable: *ADPC*

LC 4.4 Crear un kit de herramientas y una guía para personas con experiencia de vida que se enfrentan al proceso de verificación de antecedentes. El kit de herramientas y la guía deben estar a disposición del público y ser de fácil acceso.

Agencia responsable: *ADPC, OHA, Departamento de Servicios Humanos - Unidad de Verificación de Antecedentes (BCU) Agencias de concesión de licencias*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Oficina de la gobernadora estudie estrategias para reducir las barreras que impiden obtener una doble acreditación (de consumo de sustancias y de salud mental) tanto para profesionales de salud conductual como para organizaciones que brindan servicios, con un enfoque en los proveedores de servicios para jóvenes.
- Que la Oficina de la gobernadora estudie estrategias para alentar y apoyar a los actuales proveedores de servicios de salud mental para jóvenes a obtener la acreditación en trastornos por consumo de sustancias (SUD).

> "Nuestro sistema de acreditación de servicios de pares es innecesariamente complicado. Las soluciones incluyen revisar y optimizar los procesos de certificación y verificación de antecedentes, así como actualizar los requisitos de capacitación básica en salud mental y trastornos por consumo de sustancias y recuperación, ya que muchos de nosotros tenemos experiencia personal de vida en ambas áreas, al igual que muchas de las personas a las que prestamos servicios. Estos cambios eliminan los obstáculos al tiempo que mantienen los estándares de calidad y la fidelidad a la profesión de apoyo entre pares, reconociendo que la experiencia de vida es una forma de conocimientos especializados y contribuye a desarrollar y fortalecer la fuerza laboral de pares que Oregon necesita con urgencia".
>
> **Janie Gullickson**, MPA: HA, CRM II, PSS
> Directora ejecutiva de The Peer Company

Educación y Capacitación

El problema: desde hace años, Oregon tiene dificultades para capacitar a suficientes profesionales de salud conductual para satisfacer la demanda. Las trayectorias educativas son fragmentadas y poco claras. Los estudiantes carecen de apoyo financiero adecuado y servicios de apoyo integral. La capacidad de formación se ve limitada por el escaso número de supervisores clínicos calificados y de oportunidades de prácticas u otra capacitación práctica, especialmente en comunidades rurales y marginadas. Los programas no siempre se alinean con las necesidades del personal ni preparan a los graduados para brindar una atención culturalmente competente. Las oportunidades profesionales en el ámbito de la salud conductual se comunican de forma deficiente, y las vías alternativas para acceder a este campo son limitadas.

Los avances en Oregon: aunque aún queda mucho por hacer, la proporción de profesionales de salud conductual ha mejorado desde que la gobernadora Kotek asumió el cargo en 2023, lo que indica que ha aumentado la cantidad de personas que reciben educación y capacitación, así como la concesión de licencias y acreditaciones. Cuando la gobernadora asumió el cargo en 2023, había un profesional de salud mental por cada 170 residentes de Oregon. Ahora, hay un profesional de salud mental por cada 130 residentes de Oregon. El informe Mental Health in America (Estados Unidos, 2025) resume el personal de salud conductual por números NPI, que incluye asociados clínicos pero no asociados y pares de salud mental calificados. Aunque la proporción general de proveedores ha mejorado, persiste la escasez de personal por región, especialidad y población atendida. Esto pone de relieve la necesidad de seguir tomando medidas para mejorar la educación, la capacitación, la contratación y la retención para cubrir esas carencias de personal.

Los planes de acción: el subcomité de Educación y Capacitación desarrolló planes de acción para ampliar, fortalecer y alinear las trayectorias de educación y capacitación en salud conductual para profesionales de salud conductual en funciones clínicas, de apoyo entre pares y comunitarias. Estos planes tienen como objetivo hacer que las carreras de salud conductual sean más accesibles y equitativas, y preparar a los profesionales para atender eficazmente a todos los residentes de Oregon, especialmente a las personas inscritas en el Plan de Salud de Oregon, a quienes viven en comunidades rurales y en poblaciones culturalmente diversas. Estos planes de acción buscan ampliar las vías alternativas y no tradicionales para la obtención de licencias, mejorar la calidad de los programas educativos y su adecuación a las necesidades del personal, fortalecer los sistemas de apoyo estudiantil, promover la contratación y la retención de estudiantes diversos y profesionales al inicio de su carrera y mejorar la comunicación sobre las oportunidades profesionales en salud conductual.

Desarrollo de trayectorias claras (Plan de acción ET.1)

Ampliar la fuerza laboral y su competencia cultural mediante el fortalecimiento y la alineación de las trayectorias educativas en salud conductual.

Estrategias:

ET 1.1 Fortalecer y alinear las trayectorias educativas en salud conductual. Llevar a cabo una revisión interinstitucional de las trayectorias académicas actuales en salud conductual; elaborar un informe de análisis de deficiencias con recomendaciones para mejorar la coordinación y la equidad en la inscripción y la finalización de los estudios.

Agencia responsable: *HECC, OHA, ODE*

ET 1.2 Desarrollar y poner a prueba un plan de estudios inclusivo sobre salud conductual para la escuela secundaria. Redactar y poner a prueba una asignatura optativa o un módulo sobre salud conductual en al menos dos distritos (urbano y rural), que incluya componentes de mentoría.

Agencia responsable: *ODE, OHA*

ET 1.3 Mejorar y transferir las trayectorias de formación y la movilidad de créditos. Mapas de transferencia actualizados y estandarizados para el título de Asociado en Artes (transferencia a Oregon)/título de Asociado en Ciencias (transferencia a Oregon) en Psicología y Trabajo social, aprobados y compartidos con colegios comunitarios y universidades.

Agencia responsable: *HECC*

ET 1.4 Ampliar la información sobre trayectorias profesionales accesibles. Crear una guía pública y gratuita de trayectorias profesionales en salud conductual, incluida en un centro integral de recursos sobre salud conductual que muestre pasos claros, créditos transferibles y opciones profesionales.

Agencia responsable: *HECC, OHA*

Plan de acción completo en el Apéndice H.

> "Como profesora, trabajo con muchos profesionales al inicio de su carrera que están apasionados por la salud conductual y deseosos de incorporarse al sector, pero que tienen dificultades para gestionar los requisitos de licencia, acreditación y supervisión. Con demasiada frecuencia, la información que necesitan es difícil de encontrar y de entender. Un centro de recursos centralizado ofrecerá una guía clara y accesible y ayudará a eliminar barreras innecesarias. Este es exactamente el tipo de apoyo práctico que resulta fundamental para ayudarnos a desarrollar y mantener nuestro personal de salud conductual".
>
> **Robin Sansing**, MSW, LCSW
> Directora de la Iniciativa de Salud Conductual,
> Trabajadora social clínica con licencia de Southern Oregon University

Transparencia sobre los requisitos de licencia (Plan de acción ET.2)

Aumentar la transparencia sobre los requisitos de licencia para preparar de manera más eficaz a los estudiantes para tener éxito durante el proceso de obtención de licencias.

Estrategias:

ET 2.1 Desarrollar y lanzar un kit de herramientas multilingüe para la obtención de licencias. Desarrollar un kit de herramientas multilingüe y culturalmente sensible que describa los compromisos de tiempo, los costos y los requisitos de supervisión para las licencias de salud conductual; distribuido en línea y en formato impreso.

Agencia responsable: *OHA, juntas de concesión de licencias, HECC*

ET 2.2 Crear un portal de información sobre licencias provisionales. Crear un portal en línea centralizado básico que incluya información sobre la obtención de licencias, kits de herramientas, preguntas frecuentes y actualizaciones de la guía; un sitio accesible y compatible con dispositivos móviles.

Agencia responsable: *OHA, juntas de concesión de licencias*

ET 2.3 Crear un grupo de trabajo interinstitucional y asociaciones de educación. Se ha puesto en marcha un grupo de trabajo interinstitucional para la transparencia en la obtención de licencias; se integró la guía sobre licencias a los sistemas de asesoramiento de determinados colegios comunitarios.

Agencia responsable: *OHA, HECC, junta de concesión de licencias, colegios comunitarios*

ET 2.4 Programas piloto de apoyo de mentoría y orientación. Establecer un programa piloto de mentoría/orientación dirigido a candidatos BIPOC, de zonas rurales y multilingües; marco de evaluación para el seguimiento de la participación y los resultados.

Agencia responsable: *OHA, HECC, CBO*

Plan de acción completo en el Apéndice H.

Mejorar la comunicación y la transparencia (Plan de acción ET.3)

Atraer a un sólido grupo de talentos a los programas de educación y capacitación comunicando de manera eficaz el valor y el trayecto de una carrera en salud conductual.

Estrategias:

ET 3.1 Desarrollar y lanzar una campaña de marketing sobre salud conductual a nivel estatal. Lanzar una campaña de marketing multilingüe y culturalmente sensible y materiales de divulgación que respondan la pregunta: "¿Qué es la salud conductual?", que presenten amplias trayectorias profesionales y una representación diversa de la fuerza laboral

Agencia responsable: *HECC, OHA, ODE*

ET 3.2 Establecer y difundir las mejores prácticas en orientación profesional. Crear y distribuir un kit de herramientas de orientación profesional en salud conductual que incluya evaluaciones de competencias, plantillas de mentoría y recursos para entrevistas informativas, destinado a escuelas y programas para la fuerza laboral.

Agencia responsable: *HECC, ODE*

ET 3.3 Crear y estandarizar un lenguaje claro en materia de salud conductual. Iniciar la adopción a nivel estatal de definiciones coherentes y en lenguaje sencillo para los campos y funciones de salud conductual, revisadas a través de grupos de trabajo asociados.

Agencia responsable: *OHA, HECC, juntas de concesión de licencias*

ET 3.4 Desarrollar y poner en marcha un centro de recursos accesible sobre salud conductual. Crear un portal público interinstitucional en línea que agrupe materiales de marketing, herramientas de orientación y definiciones de salud conductual en varios idiomas, con pruebas de usuario para garantizar la accesibilidad.

Agencia responsable: *HECC, OHA*

Plan de acción completo en el Apéndice H.

Servicios culturalmente receptivos (Plan de acción ET.4)

Ampliar el acceso equitativo a los servicios de salud conductual en comunidades rurales, fronterizas y culturalmente distintas mediante iniciativas específicas para la fuerza laboral y modelos de servicio basados en la comunidad.

Estrategias:

ET 4.1 Identificar y abordar las deficiencias en los servicios rurales y culturales. Realizar mapeos y análisis de equidad a nivel estatal de comunidades rurales, fronterizas y culturalmente distintas para identificar servicios y personal de salud conductual, publicar tableros regionales para informar las prioridades de financiación y el desarrollo de programas.

Agencia responsable: *OHA, HECC, socios comunitarios*

ET 4.2 Ampliar las trayectorias profesionales culturalmente específicas. Desarrollar y ampliar las trayectorias culturalmente receptivas mediante esfuerzos coordinados de las instituciones de educación superior, la MHACBO, los colegios comunitarios, los programas de formación entre pares y los proveedores comunitarios de servicios. Ofrecer un plan de estudios alineado y capacitación en supervisión que refleje las necesidades culturales y regionales.

Agencia responsable: *HECC, OHA, MHACBO, socios comunitarios*

ET 4.3 Incentivar y mantener la práctica multicultural en el ámbito rural. Poner en marcha campañas de contratación específicas, reembolsos de préstamos e incentivos de vivienda para proveedores bilingües, biculturales y con experiencia de vida que prestan servicios en regiones rurales y fronterizas. Establecer redes regionales de mentoría y supervisión para los profesionales comunitarios.

Agencia responsable: *OHA, HECC, juntas laborales, CCO*

ET 4.4 Fortalecer los modelos de servicio innovadores basados en la comunidad. Poner a prueba y evaluar servicios móviles de telesalud conductual y bienestar comunitario a través de escuelas, centros religiosos y organizaciones locales de confianza. Integrar el seguimiento de datos en el centro de recursos de salud conductual para medir el acceso, la equidad y proporcionar retención.

Agencia responsable: *OHA, HECC, socios tribales, juntas laborales, CBO*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que la Comisión Coordinadora de Educación Superior analice más a fondo las formas de educar y capacitar a los supervisores para que apoyen al personal en el trabajo sostenible con poblaciones de alta complejidad clínica.

Mejora de las asociaciones y colaboraciones (Plan de acción ET.5)

Ampliar y fortalecer las asociaciones en materia de salud conductual entre el sector educativo, los empleadores y las organizaciones comunitarias para expandir las experiencias profesionales coordinadas y de alta calidad, así como las oportunidades de capacitación en todo el estado.

Estrategias:

ET 5.1 Poner en marcha experiencias profesionales tempranas en salud conductual. Implementar dos programas piloto regionales (rurales y urbanos) que ofrezcan una exposición temprana a la salud conductual a través de la observación del trabajo, mentorías y roles de embajador de bienestar estudiantil. Incluir la alineación con los marcos existentes de educación técnica y profesional (CTE), la supervisión informada sobre el trauma y la evaluación para su implementación a nivel estatal.

Agencia responsable: *OHA, ODE, HECC, distritos escolares, colegios comunitarios, comunidades tribales*

ET 5.2 Fortalecer las asociaciones entre los empleadores y la educación superior. Desarrollar e implementar marcos de colaboración estandarizados que conecten la educación superior, los empleadores y los proveedores de capacitación para ampliar las pasantías remuneradas, los programas de formación profesional y las prácticas en zonas rurales y tribales.

Agencia responsable: *HECC, OHA, fuerza laboral de Oregon*

Plan de acción completo en el Apéndice H.

ET 5.3 Establecer un consorcio de carreras profesionales en salud conductual de Oregon. Poner en marcha un consorcio estatal que coordine la comunicación, la contratación y la promoción profesional bajo una marca unificada. Elaborar materiales de marketing multilingües y organizar dos o tres eventos profesionales con representación de empleadores y de personal-pares.

Agencia responsable: *OHA, HECC, ODE, colegios comunitarios, juntas laborales*

ET 5.4 Fomentar vías equitativas y el crédito por aprendizaje previo. Desarrollar una guía estatal sobre el crédito por aprendizaje previo (CPL) para el reconocimiento de la capacitación entre pares y la fuerza laboral para la obtención de créditos académicos; poner a prueba acuerdos piloto de articulación del CPL entre 3 instituciones; monitorear la participación en materia de equidad y los resultados a través de los sistemas de datos de la HECC y la OHA.

Agencia responsable: *HECC, OHA, MHACBO, colegios comunitarios, juntas laborales*

Colaboración con colegios comunitarios (Plan de acción ET.6)

Incrementar el acceso equitativo y la finalización de programas de salud conductual en colegios comunitarios, con especial atención a los estudiantes BIPOC, rurales, inmigrantes y lingüísticamente diversos, mediante la identificación de barreras y la implementación de nuevos apoyos.

Estrategias:

ET 6.1 Analizar y comprender los patrones de inscripción. Elaborar un informe de análisis estatal sobre las tendencias de inscripción en salud conductual y las brechas de equidad en colegios comunitarios, con aportes de los socios.

Agencia responsable: *HECC, OHA, colegios comunitarios, CBO*

ET 6.2 Desarrollar y poner a prueba vías de acceso inclusivas. Poner a prueba vías de acceso y puntos de entrada, que incluyen créditos dobles, CTE, CPL y vías de acceso basadas en la experiencia de vida o entre pares, con planes de estudios y modelos de apoyo diseñados conjuntamente.

Agencia responsable: *ODE, HECC, OHA, colegios comunitarios, escuelas secundarias*

ET 6.3 Fortalecer la articulación y la movilidad de créditos académicos. Establecer acuerdos de articulación nuevos o revisados, mapas de transferencia y herramientas de orientación a nivel estatal que aclaren el movimiento de créditos y de CPL de los colegios comunitarios a las universidades.

Agencia responsable: *HECC, OHA, Consejo de Transferencia de Oregon, colegios comunitarios*

ET 6.4 Ampliar las asociaciones y la capacidad a nivel local. Desarrollar una red de asociaciones locales en regiones específicas que proporcionen mentoría, prácticas, apoyo para la enseñanza de inglés como segundo idioma (ESL)/educación para el desarrollo y alcance integral.

Agencia responsable: *colegios comunitarios, HECC, juntas laborales, empleadores, comunidades tribales*

ET 6.5 Garantizar una rendición de cuentas basada en la equidad y la mejora continua. Exigir informes interinstitucionales periódicos sobre inscripciones, transferencias, uso de CPL y finalización de estudios, desglosados por región/grupo de equidad y vinculados a ciclos de mejora.

Agencia responsable: *HECC, OHA, colegios comunitarios, juntas laborales*

Plan de acción completo en el Apéndice H.

Ampliar las trayectorias para obtener títulos y la finalización de los estudios (Plan de acción ET.7)

Ampliar los trayectos de salud conductual claros e inclusivos que ayuden a más residentes de Oregon, incluidos los estudiantes BIPOC, de zonas rurales y con experiencias de vida, a acceder y completar estudios que conduzcan a carreras profesionales significativas.

Estrategias:

ET 7.1 Fortalecer y alinear las trayectorias para obtener títulos en salud conductual. Revisión interinstitucional directa de las trayectorias académicas actuales en salud conductual; análisis de brechas que identifica áreas para la coordinación y mejoras en la equidad, incluido el reconocimiento de créditos por aprendizaje previo (CPL).

Agencia responsable: *HECC, OHA, ODE*

ET 7.2 Desarrollar y poner a prueba trayectorias inclusivas desde la escuela secundaria hasta la carrera profesional. Realizar el diseño colaborativo y la puesta en marcha de cursos de CTE en salud conductual y módulos de doble crédito que integren el CPL y la mentoría en diversos distritos/colegios.

Agencia responsable: *ODE, HECC, OHA, directores de CTE/distritos*

ET 7.3 Promover la colaboración, la movilidad de créditos y el intercambio de datos. Establecer vías de transferencia mejoradas, acuerdos de articulación y protocolos iniciales de intercambio de datos entre organismos con seguimiento de la utilización de CPL.

Agencia responsable: *HECC, OHA, ODE, Consejo de Transferencias de Oregon*

ET 7.4 Ampliar la contratación selectiva y los apoyos. Establecer un marco para la contratación selectiva, becas, mentorías y apoyos de CPL, adaptados a estudiantes BIPOC, rurales y con experiencia de vida.

Agencia responsable: *colegios, HECC, OHA, ODE*

ET 7.5 Fomentar la responsabilidad por la finalización y los resultados de la fuerza laboral. Crear un prototipo de panel de datos para la presentación de informes públicos sobre la inscripción, la finalización, el uso de CPL y los resultados de la obtención de licencias, desglosados por factores clave de equidad.

Agencia responsable: *HECC, OHA, Consejo de la Fuerza Laboral*

Plan de acción completo en el Apéndice H.

Además de las estrategias descritas en este plan de acción, el Consejo de Talento en Salud Conductual recomienda:

- Que las agencias que implementen este plan de acción se centren específicamente en ampliar las trayectorias para psicólogos y profesionales de enfermería psiquiátrica.

Exploración de carreras y desarrollo profesional (Plan de acción ET.8)

Ampliar las oportunidades equitativas para que los estudiantes de Oregon exploren, accedan y progresen en las trayectorias profesionales de salud conductual, comenzando desde una etapa temprana y abarcando desde la escuela secundaria hasta los títulos superiores.

Estrategias:

ET 8.1 Ampliar y alinear la exploración de carreras. Poner en marcha a nivel estatal jornadas de carreras en salud conductual alineadas con CCL, observaciones del trabajo y planes de pasantías y observaciones con orientación sobre confidencialidad y seguridad.

Agencia responsable: *HECC, ODE, ESD, juntas laborales, CBO*

ET 8.2 Aclarar las funciones, la certificación y las vías de acreditación. Establecer una guía integral y accesible y un asesoramiento integrado sobre las certificaciones/licencias en salud conductual (CADC, QMHA, LPC, funciones de apoyo entre pares, etc.).

Agencia responsable: *HECC, ODE, ESD, juntas laborales, CBO*

ET 8.3 Mejorar el desarrollo profesional y la retención. Desarrollar programas de desarrollo profesional modulares y transferibles en prácticas basadas en la evidencia, documentación, competencias digitales, cuidado personal y atención en equipo; poner en marcha programas de mentoría rural/entre pares.

Agencia responsable: *HECC, OHA, organizaciones de acreditación y concesión de licencias, colegios comunitarios, universidades, CBO*

ET 8.4 Apoyar los programas rurales y comunitarios. Proporcionar asistencia técnica, ayuda económica para recursos e iniciativas de participación a organismos rurales/culturalmente específicos para ampliar las oportunidades de aprendizaje en salud conductual.

Agencia responsable: *OHA, HECC, CBO, juntas laborales*

ET 8.5 Comunicación y comentarios continuos. Establecer grupos consultivos, encuestas a estudiantes/profesionales y foros, en colaboración con organizaciones de acreditación y concesión de licencias, para la mejora continua de las trayectorias de acceso, la certificación y la capacitación.

Agencia responsable: *HECC, ODE, juntas laborales, organizaciones de acreditación y concesión de licencias*

Plan de acción completo en el Apéndice H.

Participación y comentarios

Resumen

Además de la increíble experiencia de los miembros del consejo de talentos en salud conductual, las recomendaciones del consejo se basaron en una importante experiencia externa al propio consejo. La primera dama, los vicepresidentes y la Oficina de la gobernadora recabaron comentarios adicionales para garantizar que los planes de acción y el informe final del consejo se centren en la opinión de los trabajadores de primera línea y aborden las necesidades de todos los residentes de Oregon, incluidos aquellos que buscan y proporcionan atención culturalmente específica. Además, la primera dama invitó a las nueve tribus soberanas de Oregon para la coordinación, y ocho de las nueve tribus soberanas compartieron sus comentarios con el pleno del consejo con el fin de elaborar el informe final del consejo, que respeta la soberanía tribal y realza las necesidades y estrategias únicas de las naciones tribales de Oregon.

Cada reunión del consejo se retransmitió en directo y las grabaciones se publicaron en línea junto con un correo electrónico para enviar comentarios, con el fin de facilitar una vía para que todos los trabajadores de primera línea, los usuarios de servicios de salud conductual y los miembros del público pudieran aportar sus opiniones sobre el trabajo y las recomendaciones del consejo.

> "El consejo, junto con los expertos y las opiniones de primera línea consultadas, representan la diversidad de Oregon. Las perspectivas regionales que se compartieron han cambiado mi forma de pensar sobre el desarrollo de programas y trayectorias profesionales que respondan a las necesidades de las comunidades y aprovechen las fortalezas y los recursos de cada una de ellas".
>
> **Alice Gates**, MSW, PhD
> Profesora adjunta en la Escuela de Salud Pública de OHSU-PSU
> y directora de la Iniciativa de Prácticas de Salud Pública Rural

Reuniones del BHTC

A lo largo del trabajo del Consejo de Talento en Salud Conductual para desarrollar planes de acción, el Consejo recibió informes de expertos en las siguientes áreas temáticas para ofrecer a los miembros del consejo un análisis más profundo de los problemas únicos y las estrategias exitosas de las siguientes áreas:

- Juntas de Concesión de Licencias y Acreditaciones: Junta de Certificación de Salud Mental y Adicciones de Oregon (MHACBO). Agencia Reguladora de Salud Mental (MHRA), Junta de Trabajadores Sociales con Licencia (BLSW), Junta Estatal de Enfermería de Oregon (OSBN).
- Proveedores de tratamiento para el consumo de sustancias y las adicciones.
- Proveedores de salud mental.
- Pares, incluidos pares juveniles y familiares.
- Proveedores que trabajan con jóvenes.
- Proveedores culturalmente específicos.

Todas las reuniones del consejo se retransmitieron en directo y se grabaron. Visite el sitio web del Consejo de Talento en Salud Conductual para obtener más información.

Coordinación tribal

El personal del Consejo de Talento en Salud Conductual revisó el Plan Estratégico de Salud Tribal para facilitar la alineación entre las prioridades del personal de salud conductual de las tribus soberanas de Oregon y el trabajo de los subcomités del consejo. El personal trabajó en todo el consejo para apoyar la alineación con las prioridades de las tribus, y la primera dama y la Oficina de la gobernadora coordinaron intencionalmente con las tribus de Oregon para recoger comentarios sobre si esos esfuerzos de alineación habían tenido éxito.

Una vez que el Consejo presentó sus planes de acción, basados en el Plan Estratégico de Salud Tribal, los responsables y el personal de la Oficina de la gobernadora invitaron a representantes de las nueve tribus soberanas de Oregon a reunirse y debatir sobre la labor del Consejo de Talento en Salud Conductual y cómo puede alinearse mejor con la visión estratégica de las tribus y apoyarla para brindar servicios de salud conductual a sus comunidades.

La primera dama, el personal del Consejo de Talento y el director de Asuntos Tribales de la OHA se reunieron con representantes de ocho de las nueve tribus soberanas de Oregon el 7 de enero de 2025. El personal de la Oficina de la gobernadora presentó el trabajo realizado por el Consejo hasta ese momento, incluida la alineación del trabajo del Consejo de Talento con el Plan Estratégico de Salud Tribal de Oregon para 2025-2030. A continuación, los representantes tribales, la primera dama y el personal del Consejo de Talento debatieron sobre las brechas identificadas en la evaluación de talento, las necesidades de los trabajadores tribales de salud conductual y las estrategias exitosas que las tribus ya han implementado para apoyar a su personal.

Para obtener más información y comentarios sobre la reunión de coordinación con las tribus soberanas de Oregon, consulte el Apéndice C.

Participación de organizaciones culturalmente específicas

El personal de la Oficina de la gobernadora coordinó reuniones con diez organizaciones que prestan servicios de salud conductual culturalmente específicos en Oregon o que brindan apoyo a los proveedores de dichos servicios. El personal de la Oficina de la gobernadora se reunió con representantes de cada organización para revisar el trabajo del Consejo de Talento y recibir comentarios para incorporar al informe final del Consejo de Talento.

Lista de organizaciones:

- Adelante Mujeres
- AHO! Wellness Tech
- Asian Health and Service Center
- Avel Gordly Center for Healing
- Capaces
- Dian's Well
- Latino Network
- NARA NW
- Oregon Change Clinic
- Prism Health

Para obtener más información sobre los comentarios de organizaciones culturalmente específicas, consulte el Apéndice D.

Participación de los trabajadores de primera línea

El consejo participó directamente con los trabajadores de salud conductual de primera línea. Como presidenta del Consejo, la primera dama Aimee Kotek Wilson visitó organizaciones de salud conductual de todo el estado, desde centros con una grave escasez de personal hasta los que han implementado estrategias innovadoras para contratar y retener al personal. La primera dama, los miembros del consejo y el personal de la Oficina de la gobernadora se reunieron con los trabajadores, asistieron y organizaron mesas redondas, y alentaron a los trabajadores de primera línea a seguir aportando sus comentarios sobre la labor del consejo.

La mayoría de las recomendaciones compartidas por los trabajadores de primera línea se reflejan en los planes de acción que reducen la carga administrativa, apoyan a la fuerza laboral, reducen las barreras para la obtención de licencias y acreditaciones y crean más oportunidades de desarrollo profesional. Todas las recomendaciones recibidas de los trabajadores de primera línea se resumen para la consideración de la gobernadora en el Apéndice E.

Alineación con los grupos de trabajo legislativos

El Consejo de Talento en Salud Conductual priorizó la colaboración con los grupos de trabajo sobre el personal de salud conductual, establecidos por mandato legislativo, que estaban elaborando informes de recomendaciones en sus propios procesos paralelos para garantizar la alineación entre los planes de acción y los informes finales de los grupos de trabajo legislativos. Como resultado de la participación a lo largo de todo el proceso del consejo, de las cincuenta y cuatro recomendaciones de cuatro grupos de trabajo legislativos:

- Veintidós están directamente alineadas y representadas en los planes de acción del consejo de talento.
- Veinte recomendaciones están relacionadas con la fuerza laboral, pero no figuran en ningún plan de acción del BHTC.
- Doce recomendaciones no estaban relacionadas con la fuerza laboral y, por lo tanto, no se incluyeron.

Este análisis se detalla con mayor profundidad en el Apéndice F y las recomendaciones relacionadas con la fuerza laboral que no se incluyen en un plan de acción se siguen presentando a la gobernadora como parte del informe del consejo para su consideración.

Próximos pasos

Este informe se presenta a la gobernadora para su consideración. Los planes de acción elaborados por los subcomités son integrales y están sustancialmente alineados con los comentarios que el consejo recibió de los trabajadores de primera línea, las tribus de Oregon y las organizaciones culturalmente específicas y receptivas. No obstante, el consejo recomienda que la gobernadora tenga en cuenta la totalidad de los planes de acción y las recomendaciones adicionales descritas en la sección de participación y en los apéndices para definir los próximos pasos.

La gobernadora revisará y determinará qué planes de acción, estrategias y recomendaciones se llevarán adelante e instruirá a su equipo o al poder ejecutivo para que los pongan en práctica. La Oficina de la gobernadora informará al Consejo de Talento en Salud Conductual sobre el resultado de la revisión inicial de la gobernadora y podrá consultar al consejo según sea necesario en el futuro. La Oficina de la gobernadora elaborará un informe anual dirigido al público y a los miembros del consejo sobre los avances en la implementación de los planes de acción.

Para garantizar que el progreso hacia la solución de la crisis se base en datos completos y precisos, la gobernadora debería considerar la posibilidad de ordenar a la Comisión Coordinadora de Educación Superior (HECC) que actualice la evaluación de talento en salud conductual que sirvió de base para la labor de este consejo con los datos e información más recientes sobre la escasez de personal para finales de 2026. La HECC debe estudiar la viabilidad de obtener datos más específicos sobre los problemas de contratación y retención de proveedores que atienden a los miembros del Plan de Salud de Oregon, y debe estudiar la posibilidad de ampliar el alcance de los tipos de profesiones evaluadas para incluir la mayor cantidad posible de tipos de profesionales de salud conductual. Además de actualizar la evaluación para finales de 2026, la HECC debe realizar una evaluación completa de forma periódica para garantizar que los esfuerzos relacionados con la fuerza laboral sigan basándose en datos.

Por último, la gobernadora ya ha decidido presentar un proyecto de ley en la sesión legislativa de 2026 que incluye recomendaciones del Consejo de Talento en Salud Conductual (Proyecto de Ley de la Cámara de Representantes N.º 4083, Reducción de la burocracia para trabajadores de salud conductual). El proyecto de ley incluye los siguientes cambios normativos y administrativos:

- **Optimizar la acreditación de los profesionales de salud conductual:** actualmente, los trabajadores deben estar acreditados a través de la Oregon Health Authority (OHA), y por separado a través de cada entidad a la que su proveedor factura por sus servicios. Esto provoca retrasos innecesarios que impiden que profesionales calificados atiendan a pacientes que esperan recibir atención, y obliga a los proveedores a pagar a trabajadores que aún no pueden brindar atención. Este proyecto de ley exigirá a la OHA que adopte un proceso centralizado de acreditación de pagadores para los trabajadores de salud conductual, lo que permitirá que los trabajadores calificados comiencen a brindar atención más rápidamente y reducirá la carga administrativa para los proveedores.
- **Reducir la carga administrativa para que los trabajadores dispongan de más tiempo para atender a los pacientes:** los trabajadores de salud conductual informan que el aumento de los requisitos administrativos, incluida la duplicación de informes, quita tiempo para la atención de los pacientes y contribuye al agotamiento. Este proyecto de ley ordena a la OHA que elimine la carga administrativa innecesaria como parte de su misión, y que informe a la Legislatura y a la gobernadora cada dos años sobre las medidas que haya tomado para reducir la carga administrativa de los proveedores.

- **Implementar la supervisión de licencias cruzadas para ampliar el acceso a la supervisión clínica:** los futuros titulares de una licencia a nivel de maestría necesitan horas de supervisión para obtener su licencia, pero la falta de supervisores clínicos calificados ha creado un cuello de botella. Las normas actuales para algunos titulares de licencias de salud conductual permiten la supervisión por parte de "cualquier profesional de salud mental calificado", mientras que otras son más restrictivas. Este proyecto de ley ordena a las juntas de concesión de licencias que redacten e implementen normas que permitan que cualquier futuro titular de una licencia de salud mental calificado con un título a nivel de maestría reciba supervisión de cualquier profesional de salud mental calificado con licencia, independientemente de si esa persona y su supervisor poseen el mismo tipo de licencia. Esto reducirá las barreras para que los trabajadores calificados obtengan su licencia.

La Oficina de la gobernadora trabajará para impulsar este proyecto de ley en colaboración con los miembros del Consejo de Talento en Salud Conductual.

Los miembros del Consejo prestaron testimonio sobre el proyecto de ley 4083, "Reducción de la burocracia para los trabajadores de salud conductual", en la sesión legislativa de 2026, el primer proyecto de ley que incluye las recomendaciones del Consejo.

Appendices

Appendix A. Council Member Bios

Aimee Kotek Wilson, MSW, First Lady of Oregon

Aimee Kotek Wilson has been the First Lady of Oregon since 2023, having supported and worked alongside her wife, Governor Tina Kotek, for more than 20 years. The First Lady received her MSW from Portland State University. Prior to stepping back from her work as a social worker to take on her public role as First Lady, she worked for a community mental health provider working with high acuity clients. The First Lady has recent direct experience of navigating the education-to-credentialing-to-work continuum for behavioral health professionals. The First Lady also worked as a political campaign strategist, a union advocate, and senior staff in the legislative and executive branches. She has traveled to every corner of Oregon to meet with behavioral health providers, bringing their voices directly into the policy process. She now chairs the Governor's Behavioral Health Talent Council and continues to be a champion for both providers and consumers of mental health and addiction services.

Eli Kinsley, LCSW, CADC III, CGAC II, Director of Operations at Bridgeway Community Health

Eli Kinsley is a descendant of the Hopi and Turtle Mountain Chippewa/Cree tribe, and an enrolled member of the Tohono O'. Odham Nation. He is a graduate of Chemeketa Community College where he received an associate degree in addiction studies. He went on to Portland State University (PSU) where he completed a bachelor's and master's in social work degree. He is currently employed with Bridgeway Community Health as the Director of Operations, is an adjunct instructor in PSU's School of Social Work, as well as the owner of a private practice, Midewin Counseling and Consulting. He is a Licensed Clinical Social Worker and credentialed Certified Alcohol and Drug Counselor (CADC III) and Certified Gambling Addiction Counselor (CGAC II). He currently sits on the Marion County Sheriff's Office Community Advisory Board and a board member of Transformative Justice Community (TJC). He primarily provides services in Marion and Polk Counties.

Julie Ibrahim, LPC, CEO of New Narrative

Julie is the CEO for New Narrative, a non-profit mental health agency providing comprehensive mental health treatment, housing, and peer support services for adults with severe and persistent mental health challenges in Multnomah and Washington Counties. Julie is also a Board Member on the Tri-County Behavioral Health Providers Association (TCBHPA), as well as a Board Member on the Oregon Council for Behavioral Health (OCBH). Her experience and qualifications include over 30 years of leading and coaching business teams and individuals in two Fortune 500 companies and, in the past decade, two mental health agencies. She has built a career that includes a broad range of clinical and business experience including leadership of large department, clinic, and business operations, budgets, personnel and projects. Julie is also a Licensed Professional Counselor (LPC) in the State of Oregon where she has been providing mental health counseling for the past 12 years.

Robin Sansing, MSW, LCSW, Behavioral Health Initiative Director at Southern Oregon University

Robin Sansing is a Licensed Clinical Social Worker with leadership experience in higher education, behavioral health systems, and workforce development. Robin serves at Southern Oregon University as Director of the Behavioral Health Initiative where she leads regional efforts focused on workforce development, community partnership building, and applied research. Robin has maintained a private clinical practice since 2012, providing psychotherapy services alongside systems-level leadership work. Her work is grounded in community-based approaches and a commitment to strengthening Oregon's behavioral health workforce.

Dr. Alice Gates, MSW, PhD, Associate Professor at the OHSU- PSU School of Public Health

Alice is an Associate Professor at the OHSU-PSU School of Public Health and Director of the Rural Public Health Practice Initiative, where she leads statewide efforts to strengthen Oregon's public health workforce. Her work focuses on aligning graduate curriculum with community and workforce needs and building academic–practice partnerships that support "grow-your-own" strategies across Oregon. Dr. Gates brings more than two decades of experience in community-engaged practice and higher education leadership. She previously served as a Professor of Social Work and Program Director at the University of Portland. Her early career included work with PCUN, Oregon's farmworker union, and Virginia Garcia Memorial Health Center, where she supported initiatives integrating behavioral health and primary care. Dr. Gates earned her BA in Sociology from Grinnell College and holds an MSW and PhD in Sociology and Social Work from the University of Michigan.

Bethany Wallace (she/her), MSW, LCSW, Assistant Professor at the School of Social Work at PSU

Behtany is an Assistant Professor of Practice and Practicum Specialist in the School of Social Work at Portland State University. She earned her BS from the University of Oregon and her MSW from the University of Michigan, where she received a Child Welfare Fellowship. Bethany spent 12 years at Trillium Family Services in progressively responsible roles, including Child and Family Therapist, Clinical Manager, and Director of Quality Improvement. Since joining the PSU School of Social Work in 2019 and becoming full-time faculty in 2023, Bethany has supervised and supported bachelor's and master's level practicum students statewide, with a primary focus on Marion, Polk, and Linn-Benton counties. She teaches MSW practicum seminars and foundational courses, emphasizing the integration of theory and practice. Bethany is a doctoral student at the University of Kentucky's DSW program, focusing on leveraging lived experience to strengthen social work education, supervision, and practice.

Clarissa Carson, PMHNP-BC, MSN, APRN, Psychiatric Mental Health Nurse Practitioner at Rogue Community Health

Clarissa Carson, MSN, APRN, PMHNP-BC, is a board-certified Psychiatric Mental Health Nurse Practitioner with advanced training in nursing and psychiatry. She provides comprehensive psychiatric care at Rogue Community Health, serving a 500-square-mile region of Southern Oregon with a focus on trauma-informed care and patient-centered practice. Mrs. Carson serves on the Executive Committee of the Oregon Wellness Program and previously represented ICU nurses through the Oregon Nurses Association, contributing to key contract advancements. Her background includes multiple professional honors, prior board certification as an ICU nurse, and longstanding commitment to improving behavioral health access for Oregon communities.

Ebony Clarke, LCSW, MSW, Behavioral Health Director at Oregon Health Authority

Ebony Clarke is a seasoned behavioral health executive with over 25 years of leadership experience in publicly funded and nonprofit behavioral health systems. As the Behavioral Health Director for the Oregon Health Authority (OHA) appointed in February 2023, and former Director of the Multnomah County Health Department, she has been a driving force in shaping policy, bringing forward accountability, advancing equity-centered care, and strengthening behavioral health services across Oregon. Ebony has dedicated her career to developing comprehensive and responsive services, and leading large-scale organizational initiatives. Ebony holds a Bachelor of Arts in Community and Human Services from the University of Oregon and a Master of Social Work from Portland State University. With a steadfast commitment to building a comprehensive continuum of care, Ebony's mission is to ensure equitable access to high-quality behavioral health services that promote healing and well-being for individuals, families, and communities rooted in lived experience.

Jamie Vandergon, LPC, CEO of Trillium Family Services

Jamie serves as CEO of Trillium Family Services. With more than 22 years of experience in behavioral health, Jamie leads Oregon's largest provider of mental health services for youth and families, offering care across the full continuum—from community based prevention to state hospital inpatient services. Jamie has held multiple leadership roles across Trillium, guiding the growth and expansion of programs that strengthen outcomes for Oregon's children and families. A passionate advocate for youth mental health, Jamie is a recognized voice for trauma-informed systems, mental health equity, and the belief that mental health is health. Jamie began her career in community-based children's mental health at Johns Hopkins Hospital and joined Trillium in 2002 as a school-based Child & Family Therapist. She holds a Master of Science in Psychology from Loyola University Maryland and is a Licensed Professional Counselor in Oregon.

Janie Gullickson MPA: HA, CRM II, PSS, Executive Director of The Peer Company

Janie is a person in long-term recovery and for her means she has not used alcohol or other drugs in over 17 years. Janie is in recovery from both addiction and serious mental health issues as well as homelessness, incarceration, and criminal justice involvement. She navigated all types of systems and institutions that can accompany such life experiences, from frequent hospitalizations to prison. Janie first began her work as a Peer Support Specialist/Recovery Mentor in 2011. Janie joined the peer-run organization The Peer Company, formerly the Mental Health & Addiction Association of Oregon (MHAAO), as a project assistant in 2014 and in May of 2017 Janie became The Peer Company's Executive Director. She also earned her Bachelor's Degree in Social & Behavioral Health Sciences from Linfield College in 2014 and her Master of Public Administration: Health Administration (MPA: HA) degree from Portland State University in June of 2017. Janie is passionate about behavioral health systems change, the fidelity of peer services, growing and developing the peer services workforce and advocacy in these realms.

Julia Mines QMHP, CRM, Executive Director of Miracles Club

Julia's story is one of resilience and transformation. Today, she is a mother of three, a grandmother, and a dynamic leader known for her confidence, empathy, and vibrant personality. Her ability to listen and understand stems from staying true to herself and her complex history. Despite her current success, Julia has faced significant adversity. She rebuilt her life after incarceration and a halfway house, using her past as a source of strength. Her journey includes earning a bachelor's degree, two master's degrees and multiple certifications, including: Master's Certificate in Human Services Management, Master's Certificate in Alcohol and Drug Counseling, Level II Certified Recovery Mentor, Qualified Mental Health Professional. Julia serves in leadership roles such as: Oregon Black, Brown Indigenous Coalition, State Commissioner on Oregon Alcohol and Drug Policy Commission. For over 20 years, she has worked with vulnerable populations, helping clients rebuild their lives. Today, she leads Miracles Club in Northeast Portland, continuing her mission to support recovering addicts. Her rise from hardship was fueled by grit, love, hope for her community, and devotion to family.

Julia Pontoni, MPA, Director of the Office of Workforce Investments at HECC

Julia Pontoni (she/her) is the Director of the Office of Workforce Investments at the Higher Education Coordinating Commission (HECC). In her role, Julia leads an office committed to ensuring that job-seeking Oregonians statewide have the knowledge, skills, and work-related training they need to secure self-sufficiency wage jobs and meet the needs of our employers – now and in the future. Julia previously held several other positions at the HECC focused on STEM education, adult educational attainment, and transfer between community college and university.

Before joining the HECC in the spring of 2017, Julia worked in Washington, DC for eight years, most of which she spent as a staffer in the U.S. House of Representatives. She also worked at the National Head Start Association and for the U.S. Department of State.

Born and raised in Portland, Julia earned a BA from Amherst College and MPA from the George Washington University.

Liz O'Connor Triage Manager, QMHA, Triage Manager at Cascadia Project Respond

Liz O'Connor is a Qualified Mental Health Associate (QMHA) with seven years of service at Cascadia Health. Currently, they serve as the "air traffic control" for Project Respond, Multnomah County's mobile crisis team. In this role, Liz triages calls, dispatches teams, and provides on-site support to urban populations. Committed to systemic change, Liz serves as a Union Steward for Local 1790, representing colleagues in negotiations and collaborating with stakeholders to strengthen Oregon's behavioral health infrastructure. Liz holds a Bachelor's in Social and Behavioral Studies and is pursuing a Master's in Social Work. A primary goal of their work is increasing safety for both community members and frontline responders. Ultimately, Liz bridges crisis response with policy to ensure equitable mental health care for all.

Mary Peterson, Ph.D., ABPP/CL, Provost and Vice President of Academic Affairs at George Fox University

Mary Peterson, PhD, is the Provost and Vice President of Academic Affairs at George Fox University. She is a board-certified clinical psychologist, former program director of the clinical psychology doctoral program, and dean of behavioral health sciences. She served on the board of directors for the Oregon Psychological Association for nine years, serving as Vice President and President. She was the regional Federal Education Advocate for the American Psychological Association. She received the Presidential Award for service to the community, specifically focusing on service to rural areas. In 2019, she secured a 1.4 m HRSA grant to serve rural communities affected by opioid epidemic. Her research and professional interests are in health psychology, and she served on the board and as chair of the Service Advisory Council for Providence Newberg Medical Center and is currently vice-chair of the Oregon Community Ministry Board for Providence Health Systems.

Monica Vines, MA, LPC, Professor and Program Director at Central Oregon Community College

Monica Vines is a licensed professional counselor with a master's degree in counseling psychology, with an emphasis in marriage, child and family counseling. She studied psychology, women's studies, and addiction studies in her undergraduate work. She began working in the mental health field in 1997 with primary focus on trauma, attachment, and diversity, equity and inclusion. She has been teaching at Central Oregon Community College since 2005 and has been the program director for Addiction Counseling and Behavioral Health since 2007. In her role at COCC she works with students who plan to enter the Addiction Counseling and Behavioral Health fields. Her goal is to foster most ethical, empathetic, self-aware helpers students can be when they enter the workforce. She serves on local/regional boards for addictions and human services and serves as a resource for her community on topics related to ethics, trauma, DEI, and attachment.

Rachel Prusak, MSN, APRN, FNP, Executive Director of the Oregon State Board of Nursing

Rachel has been serving as the Executive Director of the Oregon State Board of Nursing since the summer of 2023. With a master's degree in nursing and board certification as a family nurse practitioner, she has over 25 years of experience in frontline healthcare, dedicating her career to uplifting vulnerable communities. Before her role in the executive branch, Director Prusak distinguished herself as a state representative in the Oregon Legislature, where she served two terms. She also chaired the Oregon House Healthcare Committee during the COVID-19 pandemic, skillfully navigating the complexities of healthcare. Her leadership was vital in safeguarding public health and ensuring the well-being of the workforce. Rachel's journey underscores her strong belief in the essential role that nurses play in shaping the future of our behavioral healthcare system.

Rick Treleaven, LCSW, Chief Executive Officer of BestCare Treatment Services, Inc. and Community Mental Health Director for Jefferson County and Crook County

Community Mental Health Director for Jefferson County and Crook County. Rick is a licensed clinical social worker who has worked in the fields of addiction and mental health since 1982. He has provided clinical services with diverse groups of people, including youth, families, veterans, victims of abuse, and people with severe and persistent mental illnesses. He has worked at all levels of the field, as a volunteer, a therapist, a clinical supervisor, and as an administrator of programs. He has worked for BestCare since 1999 and has been the CEO since 2001. Rick is currently a member of the Oregon Opioid Settlement Board. He is a past president of the Oregon Council for Behavioral Health and a member of the Oregon Association of Community Mental Health Programs. BestCare provides behavioral health services in Crook, Jefferson, Deschutes, and Klamath counties, employing around 370 staff. Our employees include peers, CADCs and other certified staff, licensed behavioral health professionals, nurses, PA's, PMHNP, and physicians.

Shyra Merila Simmons, LPC, Executive Director of Clatsop Behavioral Healthcare

Shyra has served in leadership at CBH since 2016. Prior to moving to Clatsop County, Shyra worked in Colorado at Griffith Centers for Children in varying clinical leadership roles across the state. Shyra spent most of her direct service years working with families and youth experiencing acute behavioral health symptoms, providing intensive services, EMDR and home-based care. Shyra brings a social justice lens to her work in behavioral health and believes we have an obligation to own and address the inherent flaws in the behavioral health system that have historically marginalized and pathologized populations. Shyra serves on the HB 2235, Behavioral Health Workforce workgroup. Shyra is a member of the Association of Oregon Community Mental Health Programs and serves on their legislative committee. Shyra also serves on the Columbia Pacific CCO Clinical Advisory Panel. Shyra was appointed to the Alcohol and Drug Policy Commission in 2025.

Sommer Wolcott, LPC, CRC, Executive Director of Continuum Behavioral Health & Recovery Services

Sommer Wolcott is the Executive Director at Continuum Behavioral Health & Recovery Services (Formerly OnTrack Rogue Valley) and has been with OnTrack since October 2018. Sommer has worked in Oregon's non-profit behavioral health system for 25 years and holds an MS in Counseling Rehabilitation from Portland State University and a BS in Psychology from Western Oregon University, is a Licensed Professional Counselor (LPC) and Certified Rehabilitation Counselor (CRC). After spending 18 years working in the children's system. Sommer joined the new leadership team at OnTrack seeing the possibilities of integrating child, family, mental health and substance use treatment to support the entire family system and interrupt the in intergenerational cycle that leads to childhood aversity, poverty, addiction, and mental illness. Continuum is located in Southern Oregon serving Jackson and Josephine Counties with a full continuum mental health and substance use treatment, recovery services, and housing supports. Sommer serves on various local steering committees, the board of Jefferson Regional Health Alliance and is Vice President of the Board for Oregon Council for Behavioral Health.

Tammi Paul, MA, Executive Director of Oregon Family Support Network

Tammi S. Paul currently serves as the Executive Director for Oregon Family Support Network, a statewide, peer run organization that supports parents and caregivers raising children or youth with behavioral health or other complex health needs. Tammi is a certified Traditional Health Worker with a specialty of Family Support Specialist in the state of Oregon and has worked in higher education, special education law and holds a Master's degree in Intercultural Relations. Tammi currently serves as an appointment member of the Children's System Advisory Council (CSAC); Addictions and Mental Health Policy Advisory Council (AMHPAC); and serves as a faculty member for the Oregon ECHO (Extension for Community Healthcare Outcomes) Program through OHSU. Tammi lives on a small farm in rural Oregon and is the parent of 3 youth (now young adults) who have all navigated mental health and developmental disabilities.

Todd Younkin, Executive Director of Mental Health Regulatory Agency

Todd Younkin is the Executive Director for the Mental Health Regulatory Agency, which supports and oversees Oregon's Boards of Psychology and Licensed Professional Counselors and Therapists. Todd's prior work experience includes positions in Montana state government as Legislative Staff,

Workforce Information Director, and Director of Montana's umbrella agency for occupational licensing, overseeing more than 40 boards and programs, 100 license types, and 100,000 licensees.

Van Burnham, CRM, Executive Director of MHACBO

Van holds a bachelor's degree in accounting from the University of Mississippi and has spent the past 15 years specializing in behavioral health workforce credentialing. Van has collaborated with numerous certification boards across the country, helping to support their operations, legislative advocacy, and credentialing requirements. Van currently serves as Oregon's representative to the International Certification & Reciprocity Consortium (IC&RC), the national leader in substance use disorder examinations. In addition to credentialing work, Van has a robust background in data management and technology and works closely with behavioral health agencies and the Oregon Health Authority to assist in workforce data needs and analytics. Van serves as the Executive Director of the Mental Health & Addiction Certification Board of Oregon (MHACBO), where they manage statewide certification for non-licensed behavioral health workers (CADCs, QMHPs, CRMs), Van holds a Certified Recovery Mentor (CRM) credential. Van serves on the Board of Directors for IC&RC, the national leader in substance use disorder examinations. Van also serves on the Board of Directors for True Colors, a Portland-based nonprofit organization supporting LGBTQ+ youth and communities.

Appendix B. Council Values

The council intentionally adopted values that would inform their work early in their process to ground their work in shared values.

- Equity and Inclusion: Increasing the cultural competency and diversity of the workforce to serve all Oregonians fairly, especially communities most harmed by health inequities.
- Access to Care: Addressing the worker shortage to ensure that all people in Oregon can access timely and responsive behavioral health support.
- Support for the Workforce: Creating sustainable careers and supporting the well-being of both providers and the communities they serve, including focusing on competitive pay and work-life balance.
- Community-Informed Solutions: Utilizing a collaborative approach that brings together experts and honors the lived experiences of the behavioral health workforce and people who use services.
- Innovation: Developing new strategies and "practical, actionable solutions" to tackle the ongoing workforce crisis.
- Accountability and Stewardship: Committing to the responsible use of public resources to achieve measurable outcomes.

Appendix C. Tribal Coordination

Governor Kotek is committed to partnering with Oregon's nine sovereign Tribes and to coordinating and collaborating with the Tribes on policy initiatives that have the potential to affect them, which informed the council's Tribal engagement. The Behavioral Health Talent Assessment identifies a number of gaps in the support provided to Tribal behavioral healthcare providers, and specifically to American Indian and Alaska Native workers. Among them:

- "Underrepresentation of Latino/a/x/, American Indian or Alaska Native, Black, and Pacific Islander health care professionals… particularly in higher-paying roles."
- "Lack of appropriate training in schools and on the job for cultural responsivity, specifically for American Indian or Alaska Native, Latinx, and rural communities."
- "Rural workers have less access to training and workforce support services (e.g., internships, mentorship programs, career counseling, job placement services)."

The assessment also identified a critical shortage of mental health providers in Oregon's rural and remote counties, with 32 of 36 lacking even one in person, licensed mental health provider per 1,000 residents. In many rural communities, Tribal providers are the primary healthcare system available to both Tribal and non-Tribal community members.

The Talent Assessment presents several recommendations specific to supporting Tribal providers and providers in rural communities. They include:

- "Support statewide initiatives to minimize the urban/rural divides in education about and access into the BH field."
- "Offer region-specific BH career roadmaps to encourage a grow-your-own approach for Tribal, rural, and remote communities."
- "Subsidize housing, relocation, and childcare costs, particularly in rural areas with underserved communities."
- "Increase access to in-person and virtual BH resources in rural areas with culturally competent providers."

The Nine Tribes have also produced a five-year strategic plan to improve health outcomes for Tribal communities across Oregon, which was reviewed by Talent Council staff and incorporated into their work throughout the Council's processes. The Oregon Tribal Health Strategic Plan highlights the importance of supporting workforce as one of its central strategic pathways:

"Nurturing a healthy workforce – This pathway seeks to support the existing Tribal health workforce and promote its continued growth. This will be done by supporting accreditation programs, enhancing provider incentives for retention, continuing to offer Tribal-specific cohorts across the health field, and supporting mentorship opportunities and cross-training activities to connect one another in this work"

The Strategic Plan identifies three strategic outcomes to serve as clear indicators of progress under this pathway:

- Achieve measurable staff growth and retention across Tribal health care positions.
- Increase access to workplace wellness, training, and support.
- Increase knowledge transfer and workforce proficiency in identified core competencies.

The Plan also identifies eight action steps to support this pathway:

- Work with the Nine Tribes to define health care positions and categories of departments (administration, public, physical and behavioral health, oral/dental, eye care, traditional health)
- Create a comprehensive job description repository with standardized pay grade ranges.
- Implement an enhanced provider retention incentive system.
- Deliver a Tribal-specific, trauma-informed care and historical trauma training program with a 50% staff completion rate.
- Implement workforce wellness and self-care initiatives with measurable outcomes.
- Establish a trauma-informed mentorship program with impact metrics.
- Support training programs specifically for working in Tribal communities.
- Map Tribal-specific credentialing systems for behavioral health and public health workers.

All of these action steps are in alignment with the action plans put forth by the Behavioral Health Talent Council.

The Governor's Office invited the nine Tribes to meet to discuss the work that the Talent Council had done and the recommendations that they anticipated putting forward. Representatives from eight of the nine Tribes met in person with the First Lady, OHAs' Tribal Affairs Director, and staff from the Governor's Office. BHTC staff presented on the existing alignment between the Tribal Strategic Plan and the recommendations of the Talent Council and then solicited feedback from Tribal representatives. Find below a summary of the feedback that emerged from that conversation:

- Tribes have to be creative in finding BH workers. They often have to pay above market rate or contract with remote workers. It can be expensive for them.
- Workers are needed who can work with both adult and adolescent/youth populations.
- BH workers need to understand the effects of intergenerational trauma on all native clients they work with and be culturally competent to address that trauma.
- Flexible hours could help incentivize workers to work in rural settings, including allowing some workers to work part-time.
- Young people may not be interested in becoming BH workers and we must help to support more interest.
- It is important to continue focusing on prevention and valuing prevention specialists.
- The Tribes stick together and learn from each other. Best practices are adopted by other Tribes. This could be a model for the counties.
- The Community Health Aide Program (started in Alaska) is a fantastic program for creating an entry-level behavioral health work pipeline. It allows for "grow-your-own" model and teaches culturally sensitive care. More work needs to be done on billing to allow it to expand.
- Culturally sensitive training should include tools to work with members from all different Tribes, as all have different trauma to understand.
- Certified Recovery Mentors are an important part of the workforce and need better stepping stones to advance through the field.
- Behavioral health workers are still very underpaid compared to other masters-level positions. We have come a long way in recognizing that mental health is as important as physical health but pay has lagged.
- Administrative rules need to be reviewed and updated so that Tribes and other providers can properly bill for certain employees/services.
- Mismatches in supervision are making it more difficult to hire in some settings, we need to expand the type of people who can provide supervision hours for both licensed staff and peers.
- There are still significant structural barriers to providing integrated mental health and substance use services, even though that is the most effective model. Providers have to do a lot of work to maintain firewalls between different services, and even people who don't work directly with clients (i.e. finance department) have to go through onerous background checks for mental health system. This burden is preventing expansion for some providers.

Appendix D. CSO Engagement

The Behavioral Health Talent Assessment identified a lack of access to culturally competent behavioral health services as a critical gap in Oregon's behavioral health system. This gap is largely driven by a shortage of culturally specific and multilingual behavioral health providers; it is crucial that we develop systems to educate, recruit, and support those providers if we want to meet the needs of our communities.

The First Lady and staff from the Behavioral Health Talent Council met with organizations that provide or support culturally specific behavioral health services to receive feedback on the work of the Talent Council and provide a forum for discussing the needs of the culturally specific behavioral health workforce. Below, find a summary of the themes and recommendations that emerged from those conversations.

Participants:

Adelante Mujeres: *Founded in 2002, Adelante Mujeres provides holistic education and empowerment opportunities to marginalized Latina women and families to ensure full participation and active leadership in the community. Through their Clinica Esperanza they provide inclusive, compassionate, and comprehensive mental health services to women and families in their community. They also serve as a training site for mental health practicum students.*

AHO! Wellness Tech: AHO! Wellness Tech partners with organizations to help emerging and senior leaders to build Wellness-Conscious Leadership cultures grounded in traditional and multilingual practices, replacing burnout and survival mode with sustainable energy, emotional resilience, and aligned decision-making.

Asian Health and Service Center: First opened in 1983 in the basement of the Chinese Presbyterian Church with one and half employees, the Asian Health and Service Center provides physical and mental health services, public health and wellness programs, and community engagement opportunities for the Portland Metro region's growing Asian population. They provide culturally specific therapeutic services in Cantonese-Chinese, Mandarin-Chinese, Korean, Vietnamese, and English, and their vision is to reduce health inequity and improve health care quality for all Asians.

Avel Gordly Center for Healing: The Avel Gordly Center for Healing at the Oregon Health and Science University provides mental health services to all while also providing Afro-centric, culturally responsive and specific services. The Center uses trauma-informed practices and helps with healing in children, adults, couples, families, and community while engaging the community through teaching and training.

Capaces: *The Capaces Leadership Institute strengthens the wellness, capacity, and political consciousness of individuals, organizations, movements, and community to eliminate social disparities. Their Alianza Poder Community Health Workers Hub certifies local BIPOC Community Health Workers and provides seed funding to expand CHW teams across partner organizations, enhancing community well-being and promoting health equity through culturally tailored training focused on social determinants of health and challenging community environments.*

Dian's Well: Dian's Well Counseling specializes in serving trans and gender expansive adults living in Oregon. They are dedicated to providing quality mental health services, including therapy, groups, peer support, and more. They are social justice oriented and believe strongly in the tenets of cultural humility.

Latino Network: Latino Network is a Latine-led education organization, grounded in culturally specific practices and services, that lifts up youth and families to reach their full potential. Their Zenit Centro de Serenidad was founded to advance the mental health of Latines by increasing access to high-quality, culturally relevant treatment services. They are committed to expanding and diversifying the culturally specific mental health workforce to better serve Latine communities.

NARA NW: *Founded in 1970 in Portland, Oregon, the Native American Rehabilitation Association of the Northwest, Inc. is an American Indian-owned, American Indian-operated, non-profit agency. Originally an outpatient substance abuse treatment center, NARA NW now operates a residential family treatment center, an outpatient treatment center, a child and family services center, a primary health care clinic, several adult mental health locations, a wellness center, and transitional housing for AI/AN participants.*

Oregon Change Clinic: The Oregon Change Clinic is a culturally specific outpatient treatment facility for substance use recovery and mental health treatment. OCC specializes in working with Black, Indigenous, and People of Color (BIPOC) communities in Portland, Oregon. They also provide highly supported, temporary housing for clients in their Intensive Outpatient Treatment program.

Prism Health: Prism Health is a center of excellence for comprehensive, compassionate, and culturally affirming healthcare for everyone, addressing long-standing gaps in healthcare. Originally created to meet the evolving care needs of our LGBTQ+ community and beyond, their goal is to create a safe and affirming atmosphere that ensures everyone receives the comprehensive care they deserve.

Themes and Recommendations

Note: *The majority of the recommendations that came out of these discussions were in alignment with existing Behavioral Health Talent Council Action Plans, and those recommendations have been listed here with references to those action plans. Recommendations that were not included in an existing plan have been listed at the bottom of this appendix and have been flagged for the Governor's Office for additional implementation planning.*

Educating Young People and Fighting Stigma

Many providers mentioned the challenge of addressing stigma in their communities against mental illness and mental health treatment. While the form that that stigma takes can vary from community to community, the common solution is to normalize talking about mental health from a young age and expose young people to opportunities for mental health careers from middle school onward.

- Support opportunities for young people to shadow behavioral health workers or otherwise gain real life experience in the field. **Included in action plans.**
- Offer early behavioral health education opportunities in multiple languages. **Included in action plans.**
- Continue to support educational programs that provide culturally responsive education in the face of federal pressure on those programs. **Included in action plans.**
- Educate supervisors/mentors in culturally humble and trauma-informed methods of supervision. Eliminate "suck it up" mentality. **Included in action plans.**

Supporting International/Out-of-State/Immigrant Workers

Often workers coming to the United States or to Oregon from elsewhere have vital skills and experience to the workforce, but there can be significant barriers to them being able to work in Oregon.

- Fund H1-B visas for behavioral health workers in Oregon. **Additional feedback.**
- Provide guidance on navigating licensure for people with out-of-state or out-of-country licenses/professional experience. **Included in action plans.**
- Streamline the variance process for licensing/credentialing. **Additional feedback.**

Building Community and Resilience in the Workforce

Having access to a meaningful community of peers and mentors is crucial to reducing burnout and building investment in the profession for workers. Isolation and uncertainty make the already-difficult work of behavioral health workers even more difficult; Knowing that you have people who can support you, answer questions, or just be a welcoming space for you can help people maintain strength and hope.

- Pilot inclusive behavioral health curricula with mentorship. **Included in action plans.**
- Pay increase for culturally specific clinical supervisors to recognize the value of what they teach and give them the opportunity to remain with organizations that share their values. **Included in action plans.**
- Restore funding for a coordinator for the Cultural Alliance. **Additional feedback.**
- Support the building of culturally specific spaces and communities for workers, including group chats, regular meetings, and retreats/trainings. **Included in action plans.**
- Provide continuous professional development funding, including funding to attend culturally specific conferences. **Included in action plans.**
- Create and/or support behavioral health councils/advisory groups for culturally specific workers. **Additional feedback.**

Expanding Pathways for Traditional Health Workers (THWs)/Community Health Workers (CHWs)

THW/CHW roles provide an opportunity for people to begin a career in the behavioral health field for people without master's degrees and can be an opportunity to bring bilingual workers and immigrants with training and experience in their previous countries into the workforce. Supporting organizations in incorporating THWs/CHWs into their teams would make it more feasible for organizations to employ these valuable workers in roles such as case management, while freeing up licensed personnel to operate at the top of their licenses.

Create more opportunities for THWs/CHWs, which in turn will create a pipeline into other licensures/positions. **Included in action plans.**

- Expand the services for which THWs and CHWs can bill. **Additional feedback.**
- Simplify billing processes for THWs and CHWs. **Additional feedback.**
- Create templates for approved traditional treatments that are effective but not regularly documented. **Additional feedback.**

Supporting Culturally Specific Organizations in Training and Retaining Their Workers

Culturally specific organizations often serve as a training ground for new workers, including recent immigrants, because of the depth of experience that the provide. However, due to the demands of the work and the relatively low pay that they can offer, those workers often end up leaving for larger organizations or private practice after getting their licensure.

- Continue to support CSOs financially through CLSS coding. **Additional feedback.**
- Create a how-to guide for culturally specific clinical supervision. **Included in action plans.**
- Provide funding to CSOs to sponsor staff to get their master's degrees in exchange for continuing to work with the organization for some period. **Included in action plans.**
- Provide additional incentives for behavioral health workers to work for culturally specific organizations (scholarships/loan forgiveness, pay differentials, retention bonuses) and make sure that existing incentives are distributed equitably. **Included in action plans.**
- Provide funding for smaller organizations to adopt workable Electronic Health Records systems. **Additional feedback.**

Expanding Access for Rural Communities

Providing culturally specific services to rural communities comes with its own unique challenges. Many of those communities are too small to support culturally specific providers of their own, and members of some minority communities do not necessarily feel safe seeking out behavioral health treatment (or know who is safe to seek it from) in some rural communities.

- Support models for larger CSOs to partner with rural providers to provide support and training. **Included in action plans.**

- Create clearer maps of resources in rural areas and connect them to resources in urban areas that may not be available in rural areas. **Included in action plans.**

Supporting the Peer Workforce

Peers are particularly vital in delivering culturally specific behavioral health services, since they come from the communities they serve and are often able to communicate, build trust, and relate to clients in ways that people outside of the community cannot.

- Clearly communicate the value and role of peers in the behavioral health workforce (professionals with robust training and experience, not just "volunteers that used to be clients.") **Additional feedback.**
- Invest in a peer career pipeline starting in high school. **Included in action plans.**
- Integrate peers into policy development and curriculum-building for the peer workforce. **Additional feedback.**
- Create more peer-specific training and education that recognizes their unique role in behavioral health treatment. **Included in action plans.**
- Encourage clinicians to engage in peer coursework to give them a deeper understanding of the roles peers can play on their teams. **Additional feedback.**

Fostering a Bilingual/Multilingual Workforce

Bilingual/multilingual behavioral health workers are crucial to providing services to diverse communities. While employing translators or interpreters can help to bridge language gaps, these services can be expensive and inefficient at a time when provider hours are a crucial resource. Additionally, being able to speak directly with the provider helps to establish rapport and openness for the client.

- Expand the availability of Spanish-language behavioral health education. Many bilingual providers actually have to be able to speak Spanish with clients, then chart in English, and know clinical terms in both Spanish and English, which is challenging even for many bilingual people. **Included in action plans.**
- Encourage bilingual/multilingual people to enter the field through scholarships and other supports. **Included in action plans.**
- Provide support for bilingual/multilingual workers in their documentation. **Additional feedback.**

Supporting Culturally Specific Organizations through Crises in their Communities

Many minority communities have recently been targeted by the federal government, leading to increased trauma for those communities and increased acuity being treated by culturally specific providers. This in turn makes those providers more susceptible to burnout and compassion fatigue.

- Provide emergency funding for culturally specific providers whose communities are experiencing severe systemic trauma, to allow them to reduce the caseloads of their providers/provide more intensive services to their community members. **Additional feedback.**
- Support workforce wellness efforts through culturally specific organizations. **Included in action plans.**
- Provide legal rights training/other trainings for emergent situations. **Additional feedback.**
- Provide grants for securing spaces and keeping people safe. **Included in action plans.**

Recognizing and Valuing Behavioral Health Workers as a Crucial Part of our Community

Many people, particularly young people, never consider behavioral health careers because they see "caring professions" as underpaid and undervalued, with workers expected to accept poor conditions simply because they care about helping others. It is important to clearly show how vital behavioral health workers are, both through material support and elevation of their importance in our communities.

- Publicly recognize the importance of behavioral health workers, and specifically of culturally responsive behavioral health workers. **Additional feedback.**
- Fund and support bilingual/bicultural leadership capacity, not just pipelines into entry-level support roles. **Included in action plans.**

- Create more opportunities for behavioral health workers, including peers, to engage in policy-making discussions, providing education and training, and curriculum development (this will also help with burnout by letting those workers take some time away from direct service to do other work). **Additional feedback.**
- Work to build a less oppositional and more supportive relationship with the State. The State is often in an oppositional position to providers (auditing, monitoring) which creates a sense of fear rather than support. The State should work to provide guidance, catch potential problems early, and help to solve them rather than look to punish them. Consider more frequent audits for small/recently established providers, with a focus on guidance and support. **Additional feedback.**

The following additional recommendations were not included in the initial action plans and have been identified above as "additional feedback" which should be considered for further implementation work by the Governor with the report.

- Fund H1-B visas for behavioral health workers in Oregon.
- Streamline the variance process for licensing/credentialing for workers with out-of-state/out-of-country credentials/experience.
- Restore funding for a coordinator for the Cultural Alliance
- Create and/or support behavioral health councils/advisory groups for culturally specific workers.
- Expand the services that THWs/CHWs can bill for and simplify their billing processes.
- Create templates for approved traditional treatments that are effective but not regularly documented.
- Work to build a less oppositional and more supportive relationship between providers and the State and focus on problem-solving instead of punishment.
- Provide funding for smaller organizations to adopt workable Electronic Health Records systems.
- Clearly communicate the value and role of peers in the behavioral health workforce.
- Integrate peers into policy development and curriculum-building for the peer workforce.
- Encourage clinicians to engage in peer coursework to give them a deeper understanding of the roles peers can play on their teams.
- Provide support for bilingual/multilingual workers in their documentation.
- Provide emergency funding for culturally specific providers whose communities are experiencing severe systemic trauma.
- Provide legal rights training/other trainings for emergent situations.
- Publicly recognize the importance of behavioral health workers, and specifically culturally responsive workers.
- Create more opportunities for behavioral health workers to engage in policymaking, provide education and training, and engage in curriculum development
- Continue to support CSOs financially through CLSS coding.

Appendix E. Frontline Worker Engagement

The First Lady and Governor's Office hosted a round table with frontline behavioral health workers in the Portland Metro area to share about the council's work and receive feedback on draft action plans designed to support the workforce.

During this conversation, frontline workers shared a number of recommendations that have been incorporated into existing Talent Council action plans. These include:

- Prioritize worker safety and involve organizational leadership in the process of making sure that workers are safe. **Included in action plans.**
- Adopt safety best practices that include consideration of:
  - Cameras in residential facilities.
  - Two people per shift in residential.
  - Two people for home and community based visits.
  - Locking staff offices in residential programs.
  - Routine safety checks of equipment including medical devices and panic buttons.
  - Safety protocol training for staff including de-escalation training upon hire with periodic refresh training.
  - **Included in action plans.**
- Pay staff a livable wage. **Included in action plans.**
- Create more professional advancement opportunities to retain staff in the field. **Included in action plans.**

Recommendations regarding safety are included in the recruitment and retention subcommittee's "Support workforce" action plan (**RR.2**), while those regarding pay align with the recruitment and retention subcommittee's action plans on compensation and incentives (**RR.4**).

The following additional recommendations were not included in the initial action plans and have been identified above as "additional feedback" which should be considered for further implementation work by the Governor with the report.

- Improve public safety responses to ensure safety of mobile crisis teams.
- Maintain services for people who are experiencing homelessness to allow them to be successful in treatment.
- Center the voices and experience of frontline staff in their organizations.
- Consider designating mobile crisis workers as "First Responders" along with the benefits and respect that comes with that title.
- Count collateral conversations with client family and community as face-to-face hours for licensure of crisis workers.

Appendix F. Legislative Work Group Alignment

To further inform the Behavioral Health Talent Council's work, the First Lady and the Governor's Office conducted ongoing coordination with active legislative workgroups with focuses related to the behavioral health workforce. This engagement included direct participation from HB 2235 and ADPC members on the council or it's subcommittees, legislative workgroup presentations to council subcommittees, council presentations to legislative workgroups, and outreach from the Governor's Office to legislative workgroup leadership to share overlapping efforts, identify shared goals, review draft reports, and invite feedback. These efforts yielded considerable alignment with the feedback shared and the action plans developed by the council.

Once legislative workgroups finalized their reports in December, the Governor's Office thoroughly analyzed 54 recommendations from the workgroup reports alongside the recommendations from the HECC Talent Assessment and the council's action plans. 23 legislative workgroup recommendations are directly in alignment and represented within council action plans, 19 legislative recommendations are related to workforce and are not represented in a council action plan, and 12 legislative workgroup recommendations are not directly related to workforce and not represented within council action plans.

The following tables identify which legislative workgroup recommendations are directly in alignment with the council's action plans and which have been identified as additional feedback for the Governor's consideration.

Table 1. Legislative workgroup recommendations that are directly in alignment and represented within council action plans.

Workgroup	Recommendation	Description	BHTC Action Plan
ADPC	Develop partnerships OYA / DOC	Develop partnerships between Oregon Youth Authority (OYA) and Department of Corrections (DOC) facilities for workforce placement of youth and young adults in custody	Entry-Level Behavioral Health Positions
HB 2235	Peers with lived experience	Expand strategies to recruit those individuals with lived prior experience and peers	Supporting Lived Experience
HB 4151	BH Workforce Clearinghouse	Central space for information on career tracks in BH, professional networking, training and professional development, management and supervision consultation, and workforce data collection and reporting	Supporting Lived Experience
HB 2235	Licensure delays and inconsistent processes	Eliminate licensing delays with transparent standardization, resources and supports (staffing, technology)	Streamlining
ADPC	Standardize graduate curriculum to include substance use treatment	Work with HECC, large graduate schools and licensing boards to develop a standard graduate level curriculum for mental health clinical training that includes treatment of substance use, especially for youth and families.	Develop clear pathways
ADPC	Expand career and tech training - high school	Expand Career and Technical Education for high school aged youth interested in recovery mentorship and alcohol and drug counseling.	Develop clear pathways

Workgroup	Recommendation	Description	BHTC Action Plan
HB 2235	Supervisor Support	Develop supervisor supports: CLSS, acute care, continuing ed, flexible training, subsidize 30hr clinical supervision training, clinical supervision grant expansion, and loan forgiveness/repayment opportunities.	Supporting the Workforce
HB 2235	Provider caseload size and wellness	Reduce provider burnout through caseload limits and enhanced support: consultation networks, wellness stipends and programs.	Supporting the Workforce
ADPC	Peer Recovery Support Services (PRSS) guidance	ADPC to prioritize the development of PRSS guidance and site-specific issue briefs in alignment with findings of the Behavioral Health Talent Council.	Supporting the Workforce
HB 2235	Documentation requirements	Increase parity and alignment with the medical field for documentation standards, reducing paperwork and administrative burdens across all provider service settings. Embrace Artificial Intelligence (AI) technologies	Admin Burden
HB 2235	Provider credentialing	Centralize the credentialing process at the state level or through coordinated efforts among CCOs, contracted vendor with blended funding from OHA and health plans - revisit Oregon Common Credentialing Program	Admin Burden
HB 2235	Contract and regulatory standards	Streamline contract and regulatory standards - more specific (cap in outpatient settings), more flexible (rural areas), capitations in collaboration with providers and organizations working within these settings and implement a variance for rural/ frontier settings and specific populations.	Admin Burden
HB 2235	Constraints of COA	Revise COA process to eliminate redundancies, allow for accreditation with equivalent regulatory bodies to fulfill OHA audits, and bolster support/ resources for the audit process, particularly fidelity audits and specialty programs.	Admin Burden
HB 4092	Statues and OAR burden	Statutes and OARS governing the behavioral health system and contractual agreements implement a system that is in alignment with each other.	Admin Burden

Workgroup	Recommendation	Description	BHTC Action Plan
HB 4092	Review / update OAR 309	1.) Rules for fidelity based programs will be reviewed every 3-5 years and not as standalone fidelity based programs. Address rural areas implementation of fidelity based programs. 2.) Clarify and streamline assessments across SUD and MH. 3.) Certification of unlicensed providers - registry and standardized expectations	Admin Burden
HB 4092	Update OARs 309-018, -019 and -022	TAB recommendations where not considered	Admin Burden
HB 4092	OHA - new reporting system Admin Burden concern	ROADS implementation delayed, REALD data collection, providers are concerned about the potential administrative workload increases tied to this new system.	Admin Burden
HB 4092	Enhance COA databank accessibility	COA (Certificate of Approval) databank, required in ORS, creates a publicly accessible dashboard for verification, improvements are not completed, and databank is not completely functional to meet the needs of CCOs and providers.	Admin Burden
HB 2235	Financial barriers due to high education costs	Continue funding programs supporting loan repayment and tuition assistance to offset the cost of education for the Behavioral Health workforce. Consider reducing the requirements for loan forgiveness programs from 32-28 direct service hours.	Culturally Responsive Workforce/ Incentives
HB 2235	Latine/x/a/o professional supports	Develop and invest in early education career pathways, early mentorship, expand Spanish language tracks, loan forgiveness/repayment, expand eligibility enhanced payment qualification, financial incentives, recognize Latin American 5-year psychology degrees as equivalent for QMHPs, Spanish-language exam options, clinical supervision and documentation in Spanish, peer mentorship/supervision, and legislatively mandate cross-sector council to promote equitable advancement of Latinx BH providers.	Culturally Responsive Workforce/ Incentives
ADPC	Incentivize MH and SU certificates/licenses	Create an incentive program through licensing and certification boards, schools, and peer training centers (individual scholarships and/or grants to organizations).	Culturally Responsive Workforce/ Incentives
ADPC	Co-occurring certification or endorsement	Create a co-occurring certification or endorsement, combining elements of Qualified Mental Health Associate (QMHA), QMHP, and CADC tracks.	Culturally Responsive Workforce/ Incentives
HB 2235	Low provider salaries	Raise reimbursement rates and salary standards for CMHP, safety net services, and specialty programs providing higher levels of care and team-based approaches. Raise admin cap above 10%.	Compensation

Table 2. Legislative workgroup recommendations that are not currently represented in the council's action plans

Workgroup	Recommendation	Description
HB 2235	Barriers to licensure	Expand licensure pathways for out-of-state, military, and non-traditional applicants
HB 2235	Subsidize licensure and certification fees	Subsidize initial licensing and/or credentialing fees for Behavioral Health providers through their respective regulatory boards. Fund CCO's to provide CEUs.
HB 2235	Clinical supervision	For those previously licensed in another state, require only one year of prior supervisory experience to be eligible to provide clinical supervision in Oregon.
HB 2235	Licensure requirements for associates	Re-examine mandatory wait times required for Associates to obtain licensure, and/or consider adopting a competency-based framework when determining Associates' readiness for licensure.
HB 2235	Clarify roles of certified professionals	Convene a workgroup of licensed providers, subject matter experts, and other key partners to clearly define and expand the roles of QMHAs, Wellness Specialists, Peer Supports/Specialists, and other certified professionals.
HB 2235	Reimbursement disparities across certifications	Add reimbursement differential/modifier for the QMHA-II, may affect other behavioral health credentials.
HB 2235	Burdensome administrative rules	Convene a task force to review and streamline the Certificate of Approval (COA) process
HB 2235	Medicaid billing options	Expand Medicaid billing beyond COA to rural integrated care settings, FQHCs, and certain Tribal BH programs, examine revenue generating opportunities, and provide TA on COA process (Collaborative Care model).
HB 2235	Value-based payments	Convene a dedicated task force or workgroup, to further evaluate and provide recommendations on the design, implementation, and cost coverage of Value-Based Payment (VBP) models in Behavioral Health settings.
HB 2235	Long-term stable funding	Approve multi-year funding extensions for all current OHA-based incentive programs (e.g., loan repayment, stipends, tuition assistance, etc.).
HB 2235	Acute care provider training	Specialized tracks and training placements in acute client services, integrate clinical and practice skills for this setting into Career Technical Education and throughout licensure, provide crisis management, suicide assessment, and substance use detection/intervention at low/no cost.
HB 4092	Medicaid and Behavioral Health Division - rule making alignment	One rule making web page for all of OHA.
HB 4092	Rulemaking transparency	Create a space for the agency, providers, patient advocates, CCOs, and others to identify concerns and listen for solutions in a shared space an (at least) annual basis.

Workgroup	Recommendation	Description
HB 4092	Analyze/Refine current compliance training practices	OHA in partnership with ODHS to align rulemaking process.
HB 4092	TAB guiding principles	Workgroup believes OHA needs to more consistently follow the adopted TAB guiding principles
HB 4092	Rule interpretation guides for OHA	Clarity with proposed rule and adopted rule after changes - through the rulemaking process.
HB 4092	OHA's approach to rule attribution	The Workgroup is unclear on the status of this work.
HB 4092	Establish scheduled opportunities to update ORS 430.637 and 430.638	Create a space to address updated rules and have conversations around potential changes.
HB 4092	OHA to improve their OBCC bed registry system	Workgroup sees value in a statewide bed registry system but has serious frustrations with OHA's current bed registry as it has proved neither cost-efficient nor useful.
HB 4092	Update and strengthen statutes	ORS 414 and 430 pertaining to behavioral health - Clarify and streamline committees and advisory bodies, Consolidate and align consumer rights, update/define terminology, apply terms for funding dependent services
HB 4092	OHA to address the issue of patients boarding in hospitals	Placement shortages, OHA is responsible for creating a healthy, sustainable and accessible network of care.
HB 4092	OHA needs to clarify roles and responsibilities for care coordination	Care coordination functions are redundant and lack clarity about which entity is responsible for coordinating patient care and in which circumstance. System should promote real time care coordination and eliminate redundant data reporting.
HB 4092	CHMPs & hospitals should utilize a shared template for an MOU	A shared template for MOUs outlining how CMHPs and hospitals work together could help facilitate a more efficient and consistent system across the state.
HB 4092	Regular cost studies	Ensure cost studies required by HB 4092 are conducted every 5 years.
HB 4092	OHA to address severe lack of transport providers	OHA to secure transportation capacity and funding
HB 4151	New Youth BH Credential	Mental Health Regulatory Agency (MHRA) create a credential for a licensed bachelor's level youth behavioral health provider
HB 4151	Expand BH Career and Technical Education (CTE)	Allocate additional resources for development and implementation of behavioral health career and technical education (CTE) programs and other pre-apprenticeship and early workforce readiness initiatives. Implementation of this recommendation should be aligned with existing OHA grants, scholarships for CTE program participants, and other public and foundation revenue streams.
HB 4151	Pay Parity	Share the results of the Myers and Stauffer rate study launched with youth providers in October 2024. Develop a rate formula to be used going forward that utilizes current wage and expense data. Institute a regular review of rates based on the rate formula developed.

Workgroup	Recommendation	Description
HB 4151	Expand Settings for Registered BSW scope of practice	Expand settings where individuals with a Registered Bachelor's in Social Work (RBSW) can practice, and expand billing of Oregon Health Plan for services
ADPC	Create a mental health service professional grant program	Replicate aspects of the US Department of Education's Mental Health Service Professional Demonstration Grant Program
ADPC	Reimbursement of non-licensed behavioral health staff	Assess barriers to public and commercial insurance reimbursement of non-licensed behavioral health staff including Qualified Mental Health Professionals (QMHP), CADCs, and Peer Supports (Youth Peer Support Specialists and Certified Recovery Mentors).

Appendix G. Additional Talent Assessment Recommendations

The following table identifies recommendations from the HECC's Talent Assessment report that were not addressed through a single action because they were either infused throughout all action plans or should be considered in the future.

Talent Assessment Recommendation	Description	Notes
DEI	Infuse principles of equity and inclusion to diversify and expand the talent pipeline	Lens, factored into all action plans
DEI: barrier busting	Identify and then reduce barriers for BIPOC individuals seeking a career in BH	Lens, factored into all action plans
Diversity: data	Use data to intentionally inform initiatives focused on increasing workforce diversity	Lens, factored into all action plans
Support workers and supervisors: acuity matching	Pair acute clients with appropriately trained providers	Recommendation requires further investigation due to complex funding strategy and the need for caseload mix of acuity to prevent burnout for seasoned providers.
Support workers: reduce staff to client ratio	Reduce staff-to-client ratio	Recommendation is a goal of multiple action plans and doesn't require a standalone plan.
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	Recommendation requires further investigation into implementation and standardizing quality of care.
Data: data center	Create a state data center overseen by a data methodologist	This recommendation would require resources to implement and should be explored after highest priority action plans with a fiscal are advanced (e.g., workforce investments)
Data: collection	Enhance IPEDS and BH data processes/protocols to consistently capture primary, relevant, and current data	This recommendation would require resources to implement, and should be explored after highest priority action plans with a fiscal are advanced (e.g., workforce investments)
Data: sharing	Make data readily available for others to access and analyze, for use across stakeholders	This recommendation would require resources to implement, and should be explored after highest priority action plans with a fiscal are advanced (e.g., workforce investments)
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	This recommendation would require resources to implement, and should be explored after highest priority action plans with a fiscal are advanced (e.g., workforce investments)

Talent Assessment Recommendation	Description	Notes
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.	Requires broad institutional changes to hiring and financing structures beyond the current scope
3A Faculty Salaries	Create pipelines for BH faculty with salaries that support the cost of living.	Requires broad institutional changes to hiring and financing structures beyond the current scope
3E Education & 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.	Requires systemic changes to higher education financing models beyond the current scope.
3F Cost of Education	Lower the cost of education to increase access, especially for community college and public universitates.	Requires systemic changes to higher education financing models beyond the current scope.
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.	Requires systemic changes to higher education financing models beyond the current scope.

Appendix H. Full Action Plans

Recruitment and Retention Action Plans 1 – 5

Administrative Burden Action Plan 1

Recruitment and Retention

Purpose

The following action plan covers recommendations established by the Higher Education Coordinating Commission (HECC) that are adopted by the Governor's Behavioral Health Talent Council (BHTC) to establish best practices for supporting the behavioral health workforce. Unnecessary administrative tasks take valuable time away from supporting clients and contribute to provider burnout. This action plan is focused on actions that will enhance provider capacity and client care by streamlining documentation, oversight, and administrative processes through rule revision, technology integration, and standardized templates.

Recommendation Summary

After reviewing the Administrative Burden recommendations from the Behavioral Health Talent Assessment, the Recruitment and Retention Subcommittee recommends:

- The Individual Provider Experience and Prevention of Burnout
    - Create standardized charting and documentation templates to meet minimally necessary federal requirements
    - Provide access to AI health technology tools in behavioral health services
    - Define and protect dedicated administrative time
- Executive and Systemic-Level Reduction of Administrative Burden
    - Revise OHA rules and policies governing behavioral health programs to reduce administrative burdens on providers by promoting parity in documentation with physical healthcare, reduce fidelity requirements and align reporting with federal requirements.
    - Eliminate low-value requirements, move to outcomes-based measures and benchmarks.
    - Establish a centralized grant administration system for OHA to streamline and standardize reporting, auditing, and reduce excessive information and data requests across behavioral health grant programs

Talent Assessment Recommendations

Recommendation	
7C(ii) 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
7D(ii) Admin Burden	Address the administrative burden on care providers and supervisors; rethink, revise, and simplify reporting, billing, and current redundancies in process and protocols

Goals

- Increase retention of community behavioral health workforce
- Reduce workload on individual providers and their employers
- Increase behavioral health system efficiency
- Maximize workforce time and focus on providing high quality care

Subcommittee Action Recommendations Strategy/ Overview

Strategy: *1.1 Create standardized charting and documentation templates.*

Deliverable: Research integrated technology, such as AI tools, for charting and documentation OHA will provide guidance that addresses HIPAA, 42 CFR and other privacy concerns in the implementation of AI. Develop Standardized Documentation Templates. OHA will collaborate with providers to design clear and streamlined Electronic Health Record (EHR) templates, including treatment plans, for common visit types that support minimally necessary requirements. Organizations can customize if additional components are desired. DAS to identify best procurement pathway to facilitate AI health technology deployment, including a comparison of state-wide contracting, grant program. Assessment of integrated technology (AI) Standardized templates for charting, documentation, treatment plans, AI scribe implementation.

Responsible Agency: OHA

Fiscal/ No Fiscal: Minimal fiscal

Timeline: *12 months*

Strategy: *1.2 Revise OHA rules and policies regarding documentation, reporting, and audit requirements for simplification and parity across disciplines.*

Deliverable: *OHA will revise the 309 Administrative rules to streamline clinical documentation to federal minimum necessary requirements. Use AI to query and assess OHA reporting requirements, rules and policies. Determine which reports are duplicative and add value or are federally required. Eliminate low value reporting requirements Redefine audits and review processes to focus on client-centered outcomes vs. compliance alone. OHA will contract with a third party to provide organizational evaluation, consultation and technical assistance for organizations that are consistently not meeting expectations through audits or other metrics that could lead to termination of COA or contractual agreements. Reduce fidelity program requirements based on emerging evidence and addressing economy of scale requirements for rural providers. Select a centralized credentialing platform that all CCOs are required to use for elimination of duplicative processes. Streamlined rules and policies. Reduced paperwork for frontline staff. Crosswalk of documentation and reporting requirements across disciplines, rules and contracts. Reduction of duplicative processes that require additional administrative staff, effectively increasing resource available for service provision. Fewer required low value or duplicative reports*

Responsible Agency: OHA

Fiscal/ No Fiscal: No fiscal

Timeline: *6-9 months*

Strategy: *1.3 Define and protect dedicated admin time for workforce.*

Deliverable: Define and protect paid administrative time in OHA contracts and/or agency staffing models. Provide agency support to conduct regular audits of internal processes to eliminate unnecessary or inefficient administrative steps. Adjust contract terms to include agency audit of administrative procedures and protect admin time.

Responsible Agency: OHA

Fiscal/ No Fiscal: No fiscal

Timeline: *6-9 months*

Strategy: *1.4 Centralized grant administration system improvement for OHA.*

Deliverable: OHA will adopt the mission of reducing administrative burden by creating a centralized grant administration and cross agency reporting unit that assesses and evaluates reporting requirements to eliminate duplicative reporting, ensures high value reporting. OHA will develop and support an administrative burden governing body to oversee the totality of reporting and clinical documentation requirements and provide an analysis of the necessity of the requirements. The governing board will include provider organizations, CCO, CMHP and consumer advocates. OHA will report to the legislature and the Governor every two years on reporting requirements. Inventory of all grantmaking and reporting requirements and ensure reporting is aligned and not duplicative. Recommendation of grant administration system improvements Ongoing accountability to minimize the addition of more requirements

Responsible Agency: OHA

Fiscal/ No Fiscal: No fiscal

Timeline: *12 months*

Anticipated Implementation Barriers

- Concerns for privacy with the use of AI that integrates with Electronic Health Records
- Cost of AI programs
- Bureaucratic “red tape” linked to making changes to audit standards. State Plan Amendment change to reduce documentation requirements.
- Care Coordination Organization (CCO) “buy in”, alignment, and slow implementation and additional steps for credentialing unlicensed staff.
- Federally established Medicaid standards require bi-partisan effort with other states to identify a shared ask for reduced regulatory requirements that are overly burdensome

Equity Opportunities

Administrative burden on staff creates significant equity impacts by disproportionately harming marginalized groups and the frontline employees who serve them. Excessive rules, complex procedures and unnecessary paperwork frustrate staff, decrease morale and reduce their ability to provide quality service. For staff, the burden translates to burnout and stress; for consumers, they can experience frustrated and dissatisfied service providers where the process and documentation of care is more important than the care itself. An equity lens may reveal how administrative burden affects different groups unequally. This assessment will be an important part of organizational administrative process auditing.

Workforce Supports Action Plan 2

Recruitment and Retention

Purpose

The following action plan covers recommendations established by the Higher Education Coordinating Commission (HECC) that are adopted by the Governor’s Behavioral Health Talent Council (BHTC) to establish

best practices for supporting the behavioral health workforce. This action plan aims to create programming that embeds supportive services, mentorship, and wraparound supports within behavioral health organizations to improve recruitment and retention.

Recommendation Summary

After reviewing the attached recommendations for the Behavioral Health Talent Assessment, the Recruitment and Retention Subcommittee recommends that we address workforce safety concerns, focus on recruiting and retaining supervisors who support individuals doing clinical practice, and offer professional development opportunities to retain staff.:

Talent Assessment Recommendations

Recommendation	
7C Supporting Workforce	Establish best practices for supporting workers and supervisors
8D Supporting Workforce	Create programming within organizations that have supportive services, mentorship, and wraparound support built in for staff
8 Cultural Representation in the Field	Infuse principles of equity and inclusion to diversify and expand the talent pipeline
7D Collaboration	Foster collaboration across agencies and stakeholders

Goals

- Increase retention by embedding supportive services (e.g., emotional support and anonymous therapy) for staff in high-trauma roles.
- Improve supervision quality through culturally appropriate, up-to-date training and support for clinical supervisors.
- Establish best practices for organizational environments that enable staff to thrive under stress.
- Promote peer-to-peer support across agencies to share trauma-informed strategies.
- Ensure safety and well-being of staff by strengthening safety standards and providing clear training, protocols, and guidelines.
- Support supervisors with incentives, training, and manageable caseloads.
- Advance equity by prioritizing culturally and linguistically specific supports, improving supervision pathways, and mandating anti-racism and anti-oppression trainings.

Subcommittee Action Recommendations Strategy Overview

Strategy: *2.1 Invest in Supervisor Development*

Deliverable: OHA will contract with an entity or entities to provide statewide training programs that teach essential management and supervisor skills, offers mentorship and coaching for emerging leaders, and culturally responsive leadership training and development. Contracted entities will develop programming that is available to COA, culturally specific and other organizations part of the publicly funded behavioral health system. OHA and the Governor's office will develop and advocate for legislation to create non-refundable tax credits for clinical supervisors in culturally specific organizations and organizations that provide team-based care and serve high acuity clients as incentives to retain supervisors. This would require legislative approval. OHA to launch free CEUs for clinical supervisors working in publicly funded behavioral health settings, including clinical supervisory working for culturally specific providers. Training and culturally responsive leadership development contracted entity. Non-refundable tax credits for clinical supervisors and PMHNP preceptors. Free CEUs for clinical supervisors. Low-cost financial incentives for clinical supervisors and PMHNP preceptors in publicly funded community behavioral health system

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *9-12 months from funding + legislative action*

Strategy: *2.2 Workplace Safety*

Deliverable: Alert organizations to the benefit of SAIF and workman compensation companies SAIF and workman compensation companies that conduct organizational workforce safety evaluations to address areas of concern proactively. Develop workforce safety best practice guidelines. Provide grant funding for safety technology (e.g. cameras; alert/panic button systems that connect to provider computer network for systemwide alerts and calls for assistance).

Develop workforce safety best practice guidelines. Provide grant funding for safety technology (e.g. cameras; alert/panic button systems that connect to provider computer network for systemwide alerts and calls for assistance). Organizational workforce safety evaluations workforce safety best practice guidelines available statewide tied to organizational safety plans.

Responsible Agency: *OHA, OSHA*

Fiscal/ No Fiscal: No fiscal

Timeline: *6-9 months + legislative action*

Strategy: *2.3 Cultural Representation in the Field*

Deliverable: Make SAMHSA cultural humility and clinical practice guidelines available via OHA's website. OHA will establish mentorship pathways for culturally specific staff and supervisors through a statewide network of culturally specific providers. SAMHSA cultural humility and clinical practice guidelines on OHA's website. Statewide network of culturally specific mentorship pathways

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months from funding*

Strategy: *2.4 Supporting Workforce*

Deliverable: Contract with statewide organizations, such as Riverside Trauma and the Oregon Wellness Program, that can respond via postvention to traumatic and sentinel events that happen within organizations. Postvention services can support both employees and management who may be traumatized by an event and help mitigate staff turnover. Promote legislation to support making improper restraint and seclusion a licensing matter rather than a child abuse investigation. The potential for founded abuse determinations, which have long term career implications, is disincentivizing future employees from working in children's residential programs. Provide guidelines on recommended caseload size for key roles. Contract for statewide organizational support. Caseload size guidelines. legislation to shift improper restraint and seclusion solely to licensing and credentialing units

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months from funding*

Anticipated Implementation Barriers

- Lack of sustainable funding for support programs
- Supervisors carry high caseloads, leaving limited time to provide quality mentorship and supervision
- Minoritized providers, especially Black, Indigenous, People of Color, multilingual and LGBTQ+ staff lack culturally matched supervision and workplace support
- Rural agencies face unique service delivery issues and staffing shortages
- Inconsistent training standards create liability and unequal protection across organizations

Equity Opportunities

Ensure workplace training emphasizes cultural humility. Prioritize culturally specific supports and supervisors. Develop lists of anti-racism/anti-oppression training providers that can be shared, and subsidized CEUs should be offered to reduce cost barriers. Supports should expand access to care by strengthening workforce capacity in rural/frontier regions and culturally specific organizations.

Culturally Responsive Workforce Incentives and Cost of Education Action Plan 3

Recruitment and Retention

Purpose

The following action plan covers recommendations established by the Higher Education Coordinating Commission (HECC) that are adopted by the Governor's Behavioral Health Talent Council (BHTC) to support the behavioral health workforce. This action plan is focused on actions that will grow a more culturally responsive workforce and recruit and retain behavioral health talent by investing in financial incentives for education, clinical supervision and peer support development.

Recommendation Summary

After reviewing the culturally responsive and incentives recommendations from the Behavioral Health Talent Assessment, the Recruitment & Retention Subcommittee recommends the following actions:

- Establish region-specific "grow-your-own" behavioral health career roadmaps to encourage entry, training, and retention of local staff in Tribal, rural, and remote communities. These roadmaps will reflect regional cultural values, and community needs while prioritizing high-need service areas.
- Create financial incentives for roles in crisis response, rural areas, and culturally specific services.
- Invest in clinical supervision to recruit and retain high-quality frontline and supervisory staff.
- Invest in paid internships at an early enter point on the behavioral health education pathway.
- Invest in financial aid for education programs at the community college, bachelor's degree, and graduate level, tied to employment and service commitment in community mental health.
- Invest in the certified workforce (e.g., Peers, QMHAs, CADCs) and behavioral health clinical support roles (Behavioral Health Technicians, Medical Assistants, LPNs, RNs, BSNs) to grow the "entry-level" workforce, expand diversity of our workforce, and support their opportunities for career advancement as a retention strategy.
- Establish statewide operationalizing peer support program to provide technical assistance for organizations and mentoring for peer support workforce.

Talent Assessment Recommendations

Recommendations	
3G Financial Support	Support financial aid, scholarships, tuition reimbursement, and loan forgiveness programs
3H Alternative Options	Explore alternative options to cumbersome and confusing loan forgiveness programs
4D Incentives	Offer region-specific BH career roadmaps to encourage a grow-your-own approach for Tribal, rural, and remote communities
7 Education & Professional Development	Expand funding and resources for education and professional development
7A Financial Incentives	Expand tuition reimbursement programs; subsidize training opportunities and certification costs
7E(ii) 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)
8A Culturally Responsive Workforce	Create programming within organizations that have supportive services, mentorship, and wraparound support built in for staff

Recommendations	
8C Incentives	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
8F Compensation	Develop clear career pathways that are supported, well compensated, and sustainable to attract, retain a diverse workforce
8E(i) Culturally Responsive Workforce	Increase access to in person and virtual BH resources in rural areas with culturally competent providers
7C(i) Supporting Workforce	Subsidize Clinical Supervision

Goals

- Increase culturally specific and culturally responsive behavioral health workforce
- Recruit, retain and promote qualified direct-care and supervisory staff through financial incentives and career advancement opportunities
- Incentivize participation in targeted fields experiencing shortages
- Provide paid opportunities to address cost of education at different points along the behavioral health career pathway

Subcommittee Action Recommendations

Strategy: *3.1 Grow-your-own regional career roadmaps.*

Deliverable: OHA to collaborate with local agencies, licensing and credentialing boards, and Tribal partners, to develop region-specific behavioral health career roadmaps aligned with community cultural values and local service needs. OHA to host roadmaps, training opportunities, and licensure resources online. OHA to create a plan for website hosting, regular updating, and communications. Publicly available regional behavioral health career roadmaps, and guidance for recruitment and training.

Responsible Agency: OHA

Fiscal/ No Fiscal: No Fiscal

Timeline: *6-9 months*

Strategy: *3.2 Incentivize specialized workforce roles.*

Deliverable: OHA to prioritize workforce grants to create financial incentives for roles in crisis response, rural areas, and culturally/linguistically specific services in publicly funded behavioral health settings with service commitments.

Increased access to crisis response, culturally/linguistically specific and culturally responsive, and rural care. Incentive program guidelines.

Responsible Agency: *OHA*

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *3.3 Preceptor Incentives for Psychiatric Mental Health Nurse Practitioners (PMHNP's) operating in rural and culturally specific organizations.*

Deliverable: Fund incentives for Preceptors to accept and supervise students and fund preceptor's organizations to backfill PMHNP's time in smaller organizations that cannot take a PMHNP offline. Increased number of PMHNP's serving in an in-person capacity in rural communities and culturally specific organizations.

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Strategy: *3.4 Expand access to supervision and licensure support.*

Deliverable: OHA to fund supervision stipends, group supervision models, and subsidize clinical supervision through grant opportunities. OHA to provide grants for stipends to incentivize graduate level mental health intern supervision. Subsidies for the costs to train clinical supervisors and the costs associated with providing clinical supervision. Increased number of qualified clinical supervisors providing necessary supervision for licensure, certification, and program completion (e.g., grad interns)

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6 months for project start; At least 24 months for first outputs (cohort of supervisees gaining licenses)*

Strategy: *3.5 Incentivize career advancement through funding for education*

Deliverable: OHA to fund behavioral health scholarships, loan forgiveness, and grants for certifications tied to a service commitment in the publicly financed behavioral health sector. OHA to provide scholarship and retention grants directly to behavioral health employers to increase agency retention. GO and OHA to draft legislation to ensure that any student who receives state behavioral workforce incentive funding for undergraduate, graduate, nursing or medical school will commit to working in the publicly funded behavioral health system for a minimum of two years. Increased number of graduates starting careers, advancing along a career pathway, and remaining within the publicly financed behavioral health sector.

Responsible Agency: OHA, HECC

Fiscal/ No Fiscal: Fiscal

Timeline: *12-18 months, (relies on academic calendar)*

Strategy: *3.6 Incentivize Continuing Education (CE)*

Deliverable: OHA to fund Continuing Education (CE) grants for licensed staff who need financial assistance to pursue continuing education. Increased retention of licensed staff.

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Strategy: *3.7 Paid student internships*

Deliverable: OHA to fund paid internships for students in behavioral health workforce education programs. OHA to draft guidance and rules for conditions by which organizations can receive reimbursement for services provided by MH interns. Expanded number and types of paid internships that result in students entering and advancing in careers in the publicly financed behavioral health sector

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *12-24 months*

Strategy: *3.8 Operationalizing Peer Support Program*

Deliverable: OHA to establish a statewide program to provide free technical assistance to organizations on operationalizing peer support. OHA to contract for statewide training and mentoring support for people in peer roles. OHA to contract for peer supervision and administration training development. OHA to provide guidance, resources and contact information for technical assistance requests. Increased Peer Support retention rates decreased vacancy rates. Pilot program reports including participation rates and qualitative outcomes.

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Strategy: *3.9 Culturally Specific Leadership Development*

Deliverable: OHA will contract with culturally specific organizations for the purpose of providing mentorship and leadership wellness support to culturally specific organizations, particularly those that are experiencing stress due to federal policy decisions. Supporting culturally specific leaders to better support front line staff and strengthen organizational structures.

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Anticipated Implementation Barriers

- Fiscal
- Substantial funding would be required for expansion of incentives, subsidies, and grant programs.
    - Long-term sustainability of programs may require legislative support and recurring budget allocations.
- Workforce Capacity
    - Limited availability of licensed supervisors, especially in rural areas and culturally specific settings.
- Coordination
    - Requires collaboration across state agencies, educational institutions, licensing and certification boards, accrediting bodies, behavioral health employers, and community-based organizations.

Equity Opportunities

- Ensure participation prioritizes minoritized, multilingual, and geographically underserved staff.
- Support Tribal, rural, and remote community engagement through locally tailored workforce strategies.
- Invest in culturally specific/responsive clinical supervision to help address inequities in recruitment and retention.
- Invest in career advancement opportunities for Peers, QMHAs, and CADCs to promote retention and diversify the workforce, as the certified workforce is currently more diverse than the licensed behavioral health workforce.

Compensation Action Plan 4

Recruitment and Retention

Purpose

The following action plan covers recommendations established by the Higher Education Coordinating Commission (HECC) that are adopted by the Governor's Behavioral Health Talent Council (BHTC) to support the behavioral health workforce. This action plan is focused on actions that will reduce pay disparities, recruit and retain specialized workforce, and establish a more equitable reimbursement structure.

Recommendation Summary

After reviewing the compensation recommendations from the Behavioral Health Talent Assessment, the Recruitment and Retention subcommittee recommends the following actions:

- The creation of an updated rate methodology for high-acuity, community-based providers.
- The creation of wage differentials for roles in crisis response, rural areas, and culturally specific services.
- The creation of a progressive reimbursement model.
- The creation of crisis stabilization reimbursement across Medicaid and commercial insurance.

Talent Assessment Recommendations

Recommendation	
6 Compensation	Address inequities between community-based and private practice providers.
6B Compensation	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
6A Compensation	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
6C Compensation	Redefine and provide the resources to community mental health work as a sustainable career choice rather than a stepping stone to private practice.

Goals

- Reduce pay disparities between community-based and private practice behavioral health providers.
- Incentivize and retain specialized workforce roles in high-need areas and populations.
- Establish a sustainable, equitable reimbursement structure that reflects service complexity and supports culturally responsive care.

Subcommittee Action Recommendations

Strategy: *4.1Define and implement updated rate methodology for high-acuity, community-based providers.*

Deliverable: OHA to develop criteria and methodology for identifying high-acuity service providers and apply enhanced reimbursement rates. Policy framework and rate schedule for high-acuity provider compensation.

Responsible Agency: OHA (Medicaid, Behavioral Health Division).

Fiscal/ No Fiscal: Fiscal

Timeline: *12-24 months*

Strategy: *4.2 Incentivize specialized workforce roles.*

Deliverable: OHA to modernize and update Medicaid behavioral health billing processes to incentivize providers offering crisis services or culturally specific services, and in rural areas. Incentive program guidelines and funding proposal.

Responsible Agency: OHA in partnership with HECC and CCOs

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *4.3 Develop progressive reimbursement model.*

Deliverable: OHA to develop a legislative concept for biennial rate adjustments tied to inflation or cost indices. Legislative concept and fiscal impact analysis.

Responsible Agency: OHA, Medicaid

Fiscal/ No Fiscal: Fiscal

Timeline: *12-18 months*

Strategy: *4.4 Supporting existing infrastructure.*

Deliverable: OHA to develop a funding framework that does not promote significant investment in new services without providing rate adjustments based on inflation or cost indices for existing behavioral health infrastructure, Legislative concept.

Responsible Agency: OHA, Medicaid

Fiscal/ No Fiscal: No fiscal

Timeline: *12-18 months*

Strategy: *4.5 Establish crisis stabilization billing codes.*

Deliverable: OHA to implement new billing codes for short-term crisis stabilization services (4–24 hours) for Medicaid and commercial payors. CMS-approved billing codes and provider guidance

Responsible Agency: CMS-approved billing codes and provider guidance

Fiscal/ No Fiscal: Fiscal

Timeline: *9-12 months*

Anticipated Implementation Barriers

Cost

- Rate increases and incentive programs require legislative appropriations and CMS approval.
- Infrastructure for new billing codes and program oversight will require additional staff and system updates.

Operational Complexity

- Defining “high-acuity” and “specialized roles” in a way that is equitable and administratively feasible.
- Ensuring alignment across funding streams (e.g., Medicaid, Measure 110, CMHPs).

Communications

- Clear messaging to providers about eligibility, rate changes, and incentive opportunities.
- Coordination with CCOs and provider networks to ensure uptake and compliance.

Equity Opportunities

- Expand access to culturally and linguistically specific services by supporting workforce development and compensation.
- Ensure that rate-setting and incentive structures do not inadvertently exclude smaller or under-resourced providers.

Incentives Underserved Communities Action Plan 5

Recruitment and Retention

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Retention and Recruitment subcommittee recommends:

- Expanding access to supervision and licensure support.
- Creating incentives for career advancement.
- Integrating career pathway information into a workforce website.

Talent Assessment Recommendations

Recommendation	
7B	Subsidize housing, relocation, and childcare costs, particularly in rural areas and within underserved communities.

Goals

- Improve recruitment and retention of behavioral health providers in rural and underserved communities.
- Reduce financial barriers for providers with families, particularly related to housing and childcare.
- Support equitable access to behavioral health services across geographic and demographic lines.

Subcommittee Action Recommendations

Strategy: *5.1 Support childcare access for behavioral health workforce.*

Action: *Propose a statewide childcare subsidy or tax credit for providers with dependents in rural areas*

Deliverable: Legislative concept and implementation plan

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *12-18 months*

Strategy: *5.2 Fund relocation and housing stipends.*

Action: Develop a grant or stipend program for relocation and housing support for new hires in rural and remote areas

Deliverable: Program guidelines and Policy Option Package (POP)

Responsible Agency: OHA

Fiscal/ No Fiscal: Fiscal

Timeline: *12-18 months*

Strategy: *5.3 Align incentives with workforce shortage data.*

Action: Use existing workforce shortage and unmet need, data to prioritize funding

Deliverable: Ensure that future grantmaking, eligibility criteria, and priority scoring methods focus on providers and organizations with the greatest childcare and housing needs.

Responsible Agency: *OHA*

Fiscal/ No Fiscal: No fiscal (if integrated)

Timeline: *9-12 months*

Anticipated Implementation Barriers

Cost

- Requires legislative appropriations.
- Childcare and housing subsidies may require ongoing funding to remain effective.
- Even with relocation and housing incentives, providers may still be unable to secure housing due to limited local availability in rural, remote and high-need communities.

Operational Complexity

- Defining eligibility based on service area vs. provider location.
- Ensuring incentives reach safety-net providers and not just private practices.
- Housing and childcare incentives can be administratively challenging to distribute, as availability, cost and case-by-case variability across housing units and childcare providers create significant operational burden and complexities.

Coordination

- Requires collaboration across state agencies, providers to ensure equitable distribution.
- Align with statewide affordable housing and childcare initiatives to ensure workforce incentives are paired with efforts to increase actual housing supply or childcare affordability in underserved areas.

Equity Opportunities

- Expand access to behavioral health services in rural and frontier areas.
- Reduce disparities in provider availability for culturally and linguistically diverse populations.
- Ensure that financial supports are accessible to safety-net and community-based providers, not just private practices.
- Consider higher incentives or tax relief for rural and remote regions, Tribal communities, or areas with significant unmet behavioral health needs.

Licensing and Credentialing Action Plans 1 – 4

Communicating and Requirements Action Plan 1

Licensing and Credentialing

Recommendation Summary

After reviewing the recommendations attached from the Behavioral Health Talent Assessment, the Licensing and Credentialing subcommittee recommends:

- The creation of a Behavioral Health Career Crosswalk by OHA.
- The creation of a centralized Behavioral Health Workforce Resource website to provide an easily accessible, one-stop source of information for behavioral health workers and behavioral health employers for information about entering, advancing in, and supporting the workforce.
- The establishment of real-time chat-based customer service for Oregon's behavioral health licensing boards to help remove obstacles to workers gaining and maintaining their licenses.

Talent Assessment Recommendations

Recommendation	
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. (See also Action Plan X)
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 viable pathways.
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... Massachusetts has created a state-level resource for SUD career development.
4C(ii) Licensure Process: Map requirements	Work to create a crosswalk of BH credential and licensure requirements and standard coursework in relevant fields.
7(D) Collaboration	Foster collaboration across agencies and stakeholders.

Subcommittee Action Recommendations

- OHA, in conjunction with the licensing boards and HECC, will create a crosswalk of the most common behavioral health workforce positions, their educational requirements, and their licensing and credentialing requirements. This crosswalk will need to be kept up to date as licensing requirements can change over time.
- OHA will develop a centralized, accessible website as a one-stop resource for both members of the workforce and employers. The website will include:

    - The BH workforce crosswalk developed above,

- Links to pages with information about each behavioral health workforce role, including:
    - The scope of practice and expected duties of those who work in the role,
    - The educational requirements for the role, with information about Oregon-based programs that meet those requirements and resources for people looking to enroll in those programs including links to their websites,
    - The licensing and credentialing requirements for the role, with information about the agencies responsible for those licenses and credentials and links to their websites,
- Links to available jobs and internships within the field,
- Recruitment and retention resources for employers,
- Relevant data about the workforce for workers and employers,
- Information about trainings and events for workers and employers,
- Information about workforce support initiatives and how to take advantage of them,
- Resources for culturally specific providers, including links to the websites of culturally specific organizations who that are supporting culturally specific providers.

- Licensing boards/GO will seek funding for real-time chat-based customer support roles in licensing agencies (similar to the ones MHACBO already has) who can help guide applicants through any difficulties they have with their applications and can affirmatively reach out to applicants with incomplete or incorrect applications to help them resolve any issues and be licensed faster.
    - If MHRA and BLSW are able to procure their new licensing system, that may eliminate the need for this recommendation or at least reduce its expense, since the system is anticipated to significantly improve efficiency within those agencies.
    - Due to their smaller size, it may be worth exploring whether MHRA and BLSW could share staff in these roles for increased efficiency.

Goals

- Build the behavioral health workforce through clear communication with potential workers.
- Support other workforce training, retention, and advancement efforts by having a centralized site for people to look for resources and opportunities.
- Remove frustration and reduce licensing delays with bolstered customer support.

Strategy/Deliverable Overview

Strategy: *1.1 Create a crosswalk of the most common behavioral health workforce positions, their educational requirements, and their licensing and credentialing requirements.*

Deliverable: Implementation plan for crosswalk creation.

Responsible Agency: OHA

Fiscal/ No Fiscal: No Fiscal

Timeline: *3-6 months*

Strategy: *1.2 Build a public-facing, comprehensive website of useful information for behavioral health practitioners.*

Deliverable: Implementation plan to create and maintain website.

Responsible Agency: OHA (in cooperation with HECC and licensing bodies)

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *1.3 Fund real-time, chat-based customer support roles in licensing agencies.*

Deliverable: Real-time assistance for licensing applicants, including potentially proactive outreach to applicants with incomplete applications

Responsible Agency: *Licensing bodies*

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months from funding*

Anticipated Implementation Barriers

Cost

- Standing up the webpage and keeping it current and relevant will require ongoing staff support at OHA.
- Additional customer support at licensing agencies will require additional FTE, as well as potentially one-time expenditure, to stand up a system for real-time chat-based support.

Communications

- In order for the website to have value, we will need to find ways to make sure people know that it exists and what resources can be found on it.

Equity Opportunities

Some culturally specific and regional organizations have already developed online resources for these purposes. We can link to their resources and uplift the work that they have already been doing.

Entry-Level Behavioral Health Positions Action Plan 2

Licensing and Credentialing

Recommendation Summary

After reviewing the recommendations attached from the Behavioral Health Talent Assessment, the Licensing and Credentialing subcommittee recommends:

- MHACBO will collaborate with OHA to create an entry-level behavioral health credential, reflecting that the recipient has received the trainings required by OHA rules to be able to practice within the position.
- OHA will review billing structures for behavioral health services and determine if changes can be made to make it more feasible for non-residential providers to hire entry-level support staff.

Talent Assessment Recommendations

Recommendation	
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. (See also Action Plan X)
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.
4C(ii) Licensure Process: Map requirements	Work to create a crosswalk of BH credential and licensure requirements and standard coursework in relevant fields.
7E(i) Pathways	Add tiered pathways into BH jobs that support education and employment together as one, not separately.

Subcommittee Action Recommendations

Per HECC Talent Assessment Recommendation 3D (Analyze which credentials offer limited career mobility and which provide broader opportunities to better inform investments intended to bolster the BH workforce), the subcommittee identified entry-level positions and peer positions as those with the most limited career mobility due to inherent structural issues with the way those positions are hired, trained, and credentialed. Action plan (insert number here) will address issues with mobility for peers; below are the recommendations to improve career mobility for entry-level behavioral health workers:

- MHACBO will work with OHA, with input from providers, to create a new voluntary behavioral health credential for behavioral health workers who do not have college degrees or previous behavioral health work experience but have completed the necessary training to meet the requirements for them to perform their positions under statute and administrative rules.
    - The creation of an entry-level behavioral health credential will help build professional identity early in people's careers and encourage them to remain in the field. It will also help people coming out of CTE programs to be able to enter the field.
- Currently the terms "behavioral health associate," "mental health associate," "behavioral health technician," and "residential support staff" are used for positions requiring the same level of experience in different settings, which can cause confusion. While it is not feasible to change the designations of these positions by every provider and in every setting, having a uniform credential for these positions will help clarify the skills needed for the position and create increased portability for workers in these important roles.
- These positions can be crucial for supporting teams in residential settings and could potentially be useful in out-patient settings as well. They also serve as the entry point for many people who go on to work long-term in the behavioral health field (MHACBO estimates that 50% of their licensees begin in these or similar positions). However, the training required for these workers to fulfill their roles

is currently not portable, which means if they switch between employers, they are required to be completely re-trained.

  - MHACBO already built QMHA requirements off of the DSW (Direct Service Worker) competencies, which could serve as the basis for this new certification.
  - It will be important to ensure that this new credential is a benefit to behavioral health providers and their workers, not an additional burden. If implemented correctly, this should make it easier for entry-level behavioral health workers to meet training requirements and move around in the field without having to re-train; if implemented incorrectly, it potentially creates another hurdle/ layer of complexity for entry-level workers without any commensurate benefit. Providers should be involved in the planning process for this credential from the beginning, and MHACBO should feel empowered not to move forward on the new credential if it is determined that it will not benefit the workforce.
  - It may be worth exploring whether an enhancement rate would be appropriate to incentivize people receiving this credential.

- OHA and the Medicaid division will review billing structures for behavioral health services and determine if it is feasible to move to billing structures that allow more flexibility for hiring non-billing support staff for providers who are currently unable to do so.

  - Talent council members have regularly identified good staffing as one of the keys to retaining staff. Having sufficient support staff and being able to provide care in team-based models reduces burnout and allows every member of the team to operate at the top of their license and skills.
  - In settings that bill on a per-bed basis (i.e. most residential settings), it is possible to budget for non-licensed support staff (which is where a large number of people in the behavioral health workforce begin their careers). However, in settings that rely on hourly billing by licensed staff, it can be difficult or impossible to budget for non-licensed support staff, and some staff are required to go through lengthy licensing processes just so that they can bill for some of the work they do (i.e. performing intakes).

Goals

- Increase access to entry-level, non-licensed direct service worker positions, which are one of the primary entry points into the behavioral health field.
- Make it easier for entry-level workers to move between positions while gaining experience and not burdening the workers and their employers with duplicative training requirements.
- Create professional identity
- Facilitate the hiring of more support staff to reduce burnout and encourage team-based treatment by examining billing structures for behavioral health providers and determining whether structures that better support team-based services can be implemented.

Strategy/Deliverable Overview

Strategy: *2.1 Create a new entry-level BH worker license/certification to allow greater portability for people new to the field.*

Deliverable: Implementation plan for the creation of the new license/recommendation on whether to move forward

Responsible Agency: *MHACBO/ OHA*

Fiscal/ No Fiscal: Fiscal (BHD Licensing Unit)

Timeline: *6 months*

Strategy: *2.2 Review existing billing structures for BH services and determine if there are options to change those structures to allow providers more flexibility to hire entry-level and support staff.*

Deliverable: Recommended changes to billing structures, including recommended statutory/rule changes if needed.

Responsible Agency: *OHA*

Fiscal/ No Fiscal: No fiscal

Timeline: *12 months*

Anticipated Implementation Barriers

Avoiding Unnecessary Complexity

- While creating a new credential can be helpful, it also adds an additional level of complexity to the existing system, and it is important to ensure that this new credential does not serve as an additional obstacle for entry-level workers. It will have to be very carefully tailored to serve its intended purpose.

Limitations of Medicaid

- The state will only be able to make changes to billing under the limitations of existing federal Medicaid law.

Equity Opportunities

Increasing access to and structure of entry-level positions will create more pathways into the workforce across demographics and geographic regions.

More opportunities in the field for people to establish their career prior to pursuing graduate-level education and/or licensure will support grow-your-own pipelines in regions where those resources are more challenging to access.

Supporting Licensees and Reducing Barriers Action Plan 3

Licensing and Credentialing

Recommendation Summary

After reviewing the recommendations attached from the Behavioral Health Talent Assessment, the Licensing and Credentialing subcommittee recommends:

- Invest in an updated licensing database for MHRA and BLSW, as the current one is outdated and significantly impeding the efficiency of both agencies.
- Increase staffing at the Mental Health Regulatory Agency (MHRA) and Board of Licensed Social Workers (BLSW) to allow for quicker processing of licenses and more robust customer service for people seeking to be licensed. Consider creating positions that serve both boards if that will reduce cost/increase efficiency.
- Direct MHRA and BLSW to implement alternative pathways to licensure for people who have been unable to pass the exam but are able to demonstrate proficiency through other channels.
- Continue existing investments in test preparation and explore other avenues of helping potential licensees prepare for tests (particularly for licensees with culturally and/or linguistically diverse backgrounds). This could include providing resources/support for providers to purchase study materials and arrange study groups for employees.
- Explore increasing access to supervision/eliminating downward pressure on supervisors providing meaningful support and preparation created by tension between that obligation and providing billable services.

Talent Assessment Recommendations

Recommendation	
4C Streamline Licensure and Credentialing	Streamline and standardize licensure process and requirements.
7E(i) Pathways	Add tiered pathway into BH jobs that support education and employment together as one, not separately.

Subcommittee Action Recommendations

- MHRA and BLSW are currently both working with outdated licensing systems that cause delays in licensing and are at risk of losing support from their vendor in the near future. The Governor's Recommended Budget for the 2025-2027 biennium requested funding for an updated system, but the agencies were asked to work with DAS to further refine the request.
    - Replacing the outdated licensing system currently in use by MHRA and BLSW will allow those agencies to continue to improve licensing speed and customer service responsiveness.
    - MHRA has indicated that this would be the most impactful recommendation for them, as the new licensing system will be a staff multiplier that will create opportunities to speed up licensing and improve customer service without hiring more staff.

- Two of the most important roles that the licensing boards can play in bolstering the workforce are processing applications for licensure in as timely a manner as possible and providing robust customer support to people applying for licensure to help them navigate obstacles in the application process. This is particularly important in making licensure more accessible to a diverse workforce, who may have unique needs that require additional support throughout the process.

    - MHRA and BLSW have limited staffing for processing licenses, responding to licensee inquiries, and investigating complaints against licensees. A significant increase in the number of complaints being received across all licensing boards has continued to strain those resources.
    - By bolstering staffing at the licensing agencies, we can improve processing time for applications of licensure, allow the agencies to more proactively assist applicants in overcoming obstacles to licensure, and give the agencies the capacity and flexibility to continue working on innovation and improvement without having to divert resources from their day-to-day work.
    - Given the similarity and overlap in some of their work, it may be possible for MHRA and BLSW to share resources to reduce the fiscal impact of this recommendation.

- MHRA and BLSW will work with their boards to explore and implement alternative pathways to licensure for applicants who are unable to complete their testing requirements but are otherwise qualified to practice.

    - There are significant racial disparities in the first-time passage rates of exams for behavioral health workers, as well as in the rates for applicants for whom English is not their primary language. The Talent Assessment shows that there is a significant need in Oregon for culturally and linguistically competent behavioral health workers, and it is crucial to make sure that people with those skills who are qualified to do the work can get their licensure without being stymied by a lack of test-taking skills.
    - While the test can be a useful tool for ensuring that licensees have the skills necessary to do their work, it is not the only tool. Several states have recently implemented alternative pathways to licensure. One of the most promising models is Utah's, which allows an applicant who fails the licensing test to be licensed if they complete an additional 500 direct client care hours, 25 of which are direct clinical supervision hours and five of which are direct observation hours, and submit two letters of recommendation from their clinical supervisor and a licensed mental health therapist who has directly observed their work.

- MHACBO currently provides testing assistance to applicants through a grant that is about to expire. With an OHA grant of $50,000 a year, MHACBO has offered test prep to 1,811 QMHA and QMHP, and those who have participated have reported that the program has been very helpful. With relatively minimal resources, we can continue the testing assistance that MHACBO currently provides, expand access to testing assistance to licensees with other agencies, and explore other possibilities for assisting people with testing.

    - Testing can also be a significant obstacle for multilingual applicants or applicants transferring from out of country, and providing assistance specific to those populations could open up the workforce to professionals with much-needed skills and backgrounds.
    - Some providers already provide study materials to workers and help them to arrange study sessions or have paid time off to study for licensure. OHA and the licensing boards should continue to look into ways to encourage/incentivize providers to support their employees' professional development in this way.

- Supervisors play a role in making sure that behavioral health professionals are receiving the training and feedback that they need to be able to successfully advance through the field. However, our current system disincentivizes meaningful support from supervisors, since time they spend working with supervisees is time that they aren't spending doing billable direct service. The Recruitment and Retention subcommittee is already producing recommendations around improving supervision in the behavioral health workforce; the Licensing and Credentialing subcommittee supports those recommendations and emphasizes the importance of access to quality supervision in building a sustainable system.

    - Clarifying the roles of clinical vs. administrative supervisors, and providing sufficient resources for both, will help clinical supervision be more available and meaningful.

Goals

- Accelerate expansion of the workforce by allowing people to be licensed faster and have immediate access to staff who can help them navigate barriers they encounter.
- Increase pass rates for licensure exams without sacrificing workforce readiness by supporting applicants in gaining the skills and knowledge they need to achieve their licensing requirements.
- Increase the diversity of the workforce by helping workers coming from backgrounds of lived experience, or from linguistically and culturally specific backgrounds, prepare for and pass tests not traditionally designed for them.

Strategy/Deliverable Overview

Strategy: *3.1 Update the Licensing Database for Licensing Agencies*

Deliverable: Invest in an updated licensing database for MHRA and BLSW, as the current database is outdated and significantly impeding the efficiency of both agencies.

Responsible Agency: MHRA/ BLSW

Fiscal/ No Fiscal: Fiscal

Timeline: *6 months*

Strategy: *3.2 Bolster staffing at MHRA and BLSW to improve licensing time and customer support access.*

Deliverable: Additional agency staff leading to reduced licensing wait times and increased access to real-time customer support for licensees.

Responsible Agency: *MHRA/ BLSW*

Fiscal/ No Fiscal: Fiscal

Timeline: *6 months*

Strategy: *3.3 Create Alternative Pathways to Licensure.*

Deliverable: Direct the MHRA and BLSW to implement alternative pathways to licensure for individuals who have been unable to pass the exam but are able to demonstrate full proficiency through other methods.

Responsible Agency: MHRA/ BLSW

Fiscal/ No Fiscal: Fiscal

Timeline: *9 months*

Strategy: *3.4 Continue to provide testing support through MHACBO, and explore expanding testing support and providing culturally and linguistically specific support to applicants who need it.*

Deliverable: Availability of testing support leading to higher pass rates for licensing exams and a more diverse workforce

Responsible Agency: MHACBO and other licensing agencies.

Fiscal/ No Fiscal: Small fiscal

Timeline: *Immediate-6 months*

Strategy: *3.5 Explore methods to help employers support their employees in preparing for licensure.*

Deliverable: Additional licensure preparation resources and opportunities leading to higher rate of successful licensure

Responsible Agency: OHA, working with providers and licensing agencies.

Fiscal/ No Fiscal: No fiscal

Timeline: *6 months*

Anticipated Implementation Barriers

Fiscal Barriers

- Licensing agencies are funded out of licensing fees; therefore, in order to fund additional personnel or a new licensing system, either fees would have to be raised or the legislature would have to allocate money to defray the need to raise fees. Raising fees itself creates barriers to licensing, particularly for people without access to the resources to pay them. It will be important to balance the need to properly resource our licensing agencies with the need to keep financial barriers to entry into the profession low.

Equity Opportunities

Licensing can be a particular barrier for people coming from non-academic backgrounds, people who do not speak English as their first language, or people transferring from places with different requirements and processes. By providing additional resources for those groups, including tailored test preparation and real-time culturally specific customer service, we can increase access to the profession for some of the people whose experience and expertise is most needed.

Supporting Lived Experience in the Workplace Action Plan 4

Licensing and Credentialing

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Licensing and Credentialing subcommittee recommends the following actions to support behavioral health workers with lived experience throughout the behavioral health field, including peer workers:

- MHACBO will combine current peer credentials with duplicative training requirements into a single credential with associated micro-credentials for peers who wish to be credentialed in more specialized fields of service.
- OHA will collaborate MHACBO to identify overlaps between the OHA Traditional Health Worker (THW) credentials and the MHACBO Certified Recovery Mentor (CRM) credentials, and determine if additional actions should be taken to streamline and consolidate peer-focused credentials.
- The Alcohol and Drug Policy Commission will convene a committee to examine background check requirements for behavioral health providers with the goal of streamlining the background check process, identifying unnecessary exclusions, and designing a clear background check process for providers treating Integrated Co-Occurring Disorders (ICOD).
- OHA, ADPC, and the Licensing Agencies will collaborate to create materials to assist people in navigating the background check process and assembling the necessary materials to be successful.

Talent Assessment Recommendations

Recommendation	
3I Micro-Credentials	Provide funding for micro-credentials.
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.
4C Streamline Licensure and Credentialing	Streamline and standardize licensure process and requirements.
7D Collaboration	Foster collaboration across agencies and stakeholders.

Subcommittee Action Recommendations

Per HECC Talent Assessment Recommendation 3D (Analyze which credentials offer limited career mobility and which provide broader opportunities to better inform investments intended to bolster the BH workforce), the subcommittee identified entry-level positions and peer positions as those with the most limited career mobility due to inherent structural issues with the way those positions are hired, trained, and credentialed. Action plan (insert number here) addresses issues with mobility for entry-level behavioral health workers; below are the recommendations to improve career mobility for peers and people with lived experience:

- MHACBO will develop a single peer credential with endorsements/micro-credentials that attach to someone's credential and allow them to expand the scope of their practice without having to complete duplicative trainings/requirements.

    - The members of the licensing and credentialing subcommittee were largely uninterested in micro-credentials as a pathway to expand career mobility and raised concerns about them being a tool to convince workers to add more "alphabet soup" to their resumes without providing them with additional useful skills or a pathway to higher pay/additional responsibilities. However, this is the one area where the subcommittee agreed that micro-credentials are a useful tool to allow peers to

get an underlying credential and then specialize, since peers are utilized across a large and diverse spectrum of the behavioral health system.
    - This will also potentially require Oregon Administrative Rule adjustments to ensure that these endorsements support the workforce as meaningfully as possible.

- OHA and MHACBO will collaborate to examine overlap between credentials for Certified Recovery Mentors overseen by MHACBO and those for Traditional Health Workers overseen by OHA, and determine changes that can be made so that the system credentials peers for their full range of abilities and experience while eliminating duplicative trainings and requirements for those who seek multiple credentials.

    - Currently Certified Recovery Mentors (peers who work in the addiction field) are certified by MHACBO, while Traditional Health Workers (a designation that includes peers who work in the mental health field such as Peer Support Specialists and Peer Wellness Specialists) are certified by OHA. While some peers will only work on one side or the other of this divide, many have lived experience in both fields and will end up working with both populations. However, the training and requirements for the two different credentials can be duplicative.
    - Furthermore, Certified Recovery Mentors and Peer Support Specialists have the same Medicaid billing codes and so are often used interchangeably by programs, so getting both credentials does not necessarily open up additional opportunities for workers, even though they are required to have both to work in both MH and SUD.

- The Alcohol and Drug Policy Commission will convene a committee to examine current background check processes and requirements for behavioral health workers, with the goal of streamlining processes, eliminating unnecessary exclusions, and designing a clear and accessible background check process for providers treating Integrated Co-Occurring Disorders.

    - Background checks are a significant barrier to new hires being able to start work. When a person is hired, their background check can take up to a month, after which their CCO paneling can take up to an additional month. This means that a provider has to pay the employee for two months or more before they can actually work with clients, and if the employee fails the background check or the CCO paneling the employer may have to start over (see Action Plan insert number here for recommendations around CCO paneling).
    - Current exclusionary criteria do not necessarily do a good job of screening out people who should not be doing this work and allowing in those who should. Providers have indicated that it is sometimes strange or surprising who is screened out, which again makes it difficult for them to have a predictable hiring process. Some of this is due to exclusions being built around criminal code, which was not designed for such nuanced determinations. For instance, Identity Theft is currently a crime of exclusion. Under Oregon law, Identity Theft could include taking financial advantage of a vulnerable person, but it could also include using a stolen ID to get into a bar when a person was underage. By making the crime a blanket exclusion we are potentially excluding many people with valuable lived experience and no real indication that they are not suited to practice in the field.
    - The current background check system is also very flattened, assuming all workers are working with populations of the same vulnerability when in truth that work varies and the legal definition of a vulnerable population has only grown more expansive (i.e. someone who only provides outpatient services to people with depression would legally be considered to work with a “vulnerable population). This committee may want to consider creating more levels of risk/vulnerability with different exclusions for those levels. This is already happening on an informal basis but could be better managed and less susceptible to unconscious bias if it were formalized.
    - Our current background check system is not built for providers treating Integrated Co-Occurring Disorders, which is increasingly common. Staff who work with SUD clients go through the standard national and statewide background check process. Staff who work with MH clients go through the more rigorous ORCHARDS background check process through the Background Check Unit (BCU)

at DHS. Currently there is no specific background check process for staff treating Integrated Co-Occurring Disorders.
    - Because of this, providers are forced to adopt costly and time-consuming workaround to separate their MH staff from their SUD staff, and people with SUD backgrounds are often excluded from treating people with co-occurring conditions, which is where their skills may be most needed.
    - This committee should include representatives from the BCU experts in CMS law, and perspectives from the peer and provider communities. It should include multiple members with lived experience in the criminal justice system so no one person is singled out as providing that perspective.

- OHA will work with ADPC and the relevant licensing agencies to build a toolkit/guide for people with lived experience who have to navigate the background check process.

    - Subcommittee members who have previously been through this process indicated that it can be frustrating because there is no guidance as to how to be successful (creating a portfolio of support, documenting evidence, filing attestations). Creating such a toolkit could prevent good people from being screened out just by the difficulty, frustration, and trauma of the process.
    - Additionally, if a person is rejected by the BCU, they have to put together a package of materials in order to file an appeal, in a process that can take months. If applicants had some direction as to how to put together those materials before they even submit for their background check, it could save the applicant and their employer significant time and resources.

Goals

- Streamline peer credentialing, eliminate duplicative requirements, and make sure that peer credentials actually match up to job/career advancement opportunities.
- Increase accessibility to the behavioral health field for people with lived experience by improving the background check system and providing resources to navigate it.

Strategy/Deliverable Overview

Strategy: *4.1 Consolidate peer credentials with duplicative trainings and add certifications/micro-credentials for more specialized areas of practice.*

Deliverable: New peer credentialing model based on MHACBO recommendations

Responsible Agency: MHACBO

Fiscal/ No Fiscal: No fiscal

Timeline: *12 months*

Strategy: *4.2 Examine opportunities to merge credentialing for SUD/MH peers, improve accessibility to credentialing and training for people working in both fields, and eliminate extraneous requirements.*

Deliverable: Joint recommendations from OHA and MHACBO to streamline peer credentialing.

Responsible Agency: OHA/MHACBO

Fiscal/ No Fiscal: No fiscal

Timeline: *12 months*

Strategy: *4.3 Convene a committee to improve background check process for behavioral health workers.*

Deliverable: Recommendations for background check process improvements, including new processes for ICOD providers.

Responsible Agency: ADPC

Fiscal/ No Fiscal: No Fiscal

Timeline: *12 months*

Strategy: *4.4 Create a toolkit and guide for people with lived experience navigating the background check process.*
Deliverable: Toolkit and guide publicly available and widely accessible.
Responsible Agency: ADPC/OHA/ BCU/Licensing Agencies.
Fiscal/ No Fiscal: Potentially small fiscal
Timeline: *12 months*

Implementation Barriers

Systemic Inertia

- The central role of peer workers and workers with lived experience to the behavioral health workforce has grown quickly in recent years, and our system was not necessarily built to accommodate it. Making the necessary changes may require system actors to re-examine assumptions and be open to creative solutions, including changes to long-standing systems.

Stigma

- While gains have been made in the behavioral health system and in society as a whole, there remains significant stigma to overcome for people with lived experience with mental illness, substance use, and criminal justice involvement. Despite the incredible value these experiences bring to the profession, there may still be pushback from some quarters on efforts to lower barriers for people with these experiences to participate in the systems that most affect them. People with lived experience should not be forced to be their own only advocates; the Behavioral Health Talent Council should stand strongly with them in advancing recommendations that support them.

Equity Considerations

This is an area in which there are significant opportunities to advance equity in the behavioral health workforce. Due to institutional racism and homophobia, BIPOC, Latine, Native, and LGBTQ+ community members are more likely to have experienced mental illness or substance use and more likely to have had contact by the criminal justice system. This can create additional barriers for them to become providers, when in reality they have exactly the experiences and skills to provide the services our communities are most in need of. Lowering barriers for people with lived experience to enter the behavioral health workforce could significantly increase the diversity of that workforce as well, and in doing so increase its effectiveness.

Education Training and Pathways Action Plans 1 – 8

Developing Clear Pathways Action Plan 1

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The alignment and evaluation of behavioral health academic pathways across high school, community college, and university levels to improve transfer rates, degree completion, and equitable workforce entry.
- The design and piloting of inclusive high school behavioral health curriculum units and mentoring programs that expose students to the field's career options, transferable skills, and pathways to employment.
- The strengthening of transfer and articulation agreements in psychology and social work programs to ensure seamless transition and full credit transfer between Oregon's community colleges and public universities.
- The development of accessible, multilingual Behavioral Health Career Pathway resources and digital tools included in a Behavioral Health Resource Hub that clearly outline steps for education, training, and advancement across the behavioral health workforce.

Talent Assessment Recommendation

Recommendation	
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.
2C Highschool 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.
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.
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.
5 Define and expand educational pathways	Define and expand support for educational pathways from high school and across all postsecondary options.

Subcommittee Action Recommendations

Strengthen and Align Behavioral Health Education Pathways

- Convene HECC, OHA, and ODE with community colleges and universities to review current behavioral health degree pathways, enrollment data, and transfer outcomes to identify gaps and promising practices.
- Launch a coordinated process to align and streamline high school, community college, and university pathways with clear progression from coursework to employment.
- Develop cross-agency agreements to improve data sharing and monitor enrollment, transfer, and completion outcomes by race, region, and lived experience.

Develop and Pilot Inclusive High School Behavioral Health Curriculum

- Collaborate with ODE, OHA, and partner districts to design a high school behavioral health elective or unit, incorporating virtual/experiential modules and mentorship opportunities with behavioral health professionals.
- Pilot the new curriculum in at least two districts (one rural, one urban) with attention to representation, transferable skills, and awareness of community service roles.
- Collect feedback from students, educators, and mentors to guide broader curriculum adoption and refinement.

Improve Transfer Pathways and Credit Mobility

- Work with the Oregon Transfer Council to review and update AAOT/ASOT/MTM program maps in psychology and social work to ensure seamless transfer to public universities.
- Improve consistency and clarity in transfer advising through shared training and updated statewide advising materials.
- Pilot at least two strengthened transfer pathways between community colleges and universities to support diverse and rural students.
- Expand Accessible Career Pathway Information
- Create a user-friendly, no-cost Behavioral Health Career Pathway Guide as part of a Behavioral Health Resource Hub that outlines academic routes, credentials, and job progression.
- Ensure resources are multilingual, culturally responsive, and accessible to students, advisors, educators, and jobseekers statewide.
- Partner with community-based and culturally specific organizations to disseminate materials and collect usage data for continuous improvement.

Goals

- Broaden and streamline behavioral health education and career pathways to improve clarity, alignment, and equitable entry for high school students, college students, and career changers.
- Expand participation and successful completion rates for BIPOC, rural, and underserved students in behavioral health programs through improved curriculum, transfer mobility, and support structures.
- Increase statewide awareness and use of accessible, culturally relevant career pathway guides and advising resources for behavioral health fields.
- Strengthen collaboration among agencies, education partners, and stakeholders to monitor progress, evaluate equity impacts, and maintain continuous system improvement.

Strategy/Deliverable Overview

Strategy: *1.1 Strengthen and align behavioral health education pathways.*

Deliverable: Cross agency review of current BH academic pathways; gap analysis report with recommendations for improving coordination and equity in enrollment and completion

Responsible Agency: HECC (with OHA and ODE)

Fiscal/ No Fiscal: No Fiscal

Timeline: *3-6 months*

Strategy: *1.2 Develop and pilot inclusive high school behavioral health curriculum.*

Deliverable: Draft and pilot a behavioral health elective or module in at least two districts (urban and rural) including mentorship components

Responsible Agency: ODE (in collaboration with OHA and pilot districts)

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *1.3 Improve transfer pathways and credit mobility*

Deliverable: Updated, standardized transfer maps for AAOT/ASOT psychology and social work, approved and shared with community colleges and universities.

Responsible Agency: HECC (with Oregon Transfer Council and public universities)

Fiscal/ No Fiscal: No fiscal

Timeline: *3-9 months*

Strategy: *1.4 Expand accessible career pathway information.*

Deliverable: Public, no cost Behavioral Health Career Pathway Guide included in a comprehensive Behavioral Health Resource Hub showcasing clear steps, transferable credits, and career options.

Responsible Agency: HECC (with OHA and community college partners)

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited funding to support curriculum pilots, mentorship activities, and translation of materials for multilingual access.
- Insufficient staff capacity within HECC, OHA, and education partners to design, coordinate, and evaluate multiple concurrent initiatives.
- Inconsistent curricular standards and transfer policies across higher education institutions.

Data and Technology Limitations

- Lack of integrated systems to track student transitions from high school to college to employment in behavioral health.
- Incomplete or inconsistent data disaggregation (race, geography, income) preventing precise equity analysis or outcome tracking.
- Technical challenges in creating user friendly online tools and career pathway dashboards accessible to students and advisors statewide.

Equity and Accessibility Gaps

- Persistent disparities in behavioral health program enrollment, persistence, and completion among BIPOC, rural, and first-generation students.
- Uneven broadband and technology access in rural and frontier communities limiting digital engagement with career resources.
- Limited representation of diverse and lived experience voices in the design and field testing of new pathway tools and curricula.

Equity Opportunities

This plan presents clear opportunities to advance equity by embedding inclusive participation and culturally responsive practices across Oregon's behavioral health education system. It expands equitable access for BIPOC, rural, multilingual, and first-generation students through co-designed curricula, improved credit mobility, and accessible career resources. These actions strengthen transparency and representation in behavioral health pathways, ensuring a workforce that better reflects Oregon's diverse communities and improves statewide access to culturally relevant care.

Transparency About Licensure Requirements Action Plan 2

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The development of multilingual, culturally responsive toolkits and a Behavioral Health Career Crosswalk by OHA to clearly outline licensure requirements and pathways for workforce entry and advancement.
- The creation of a centralized, accessible Behavioral Health Resource Hub website to serve as a one-stop source for licensure, supervision, and career information for workers and employers.
- The launch of targeted mentorship and navigation pilots, organized through cross-agency collaboration, to guide BIPOC, rural, and multilingual candidates in completing licensure steps.
- The establishment of new, transparent data systems and regular partner engagement to drive continuous improvement, monitor equity impacts, and ensure that licensure resources remain current and relevant.

Talent Assessment Recommendation

Recommendation	
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

Subcommittee Action Recommendations

Develop and Launch Licensure Toolkit Prototype

- Assign OHA Behavioral Health Division as lead.
- Establish a drafting team with representation from licensing boards, HECC, and culturally specific organizations.
- Draft toolkit content in plain language with equity review.
- Translate materials into top non-English languages spoken by prospective trainees and BH employees in Oregon.

Pilot an Interim Licensure Information Portal

- Assign OHA IT/staff to create a basic website/landing page.
- Post the draft toolkit and FAQ materials.
- Identify points of contact for monthly content updates and user feedback.

Establish a Licensure Transparency Workgroup

- Convene OHA (BH Division), HECC, licensing boards, selected community college advisors, and two culturally specific community-based organizations.

- Set regular (e.g., monthly) meetings to review toolkit/portal progress and coordinate outreach.
    - Assign responsibility for pilot school/college selection and implementation.

Launch Mentorship and Navigation Pilots

- Identify two to three community organizations to co-design pilot peer mentorship/navigation.
- Develop simple mentor/navigator intake guidelines and recruitment criteria.
- Initiate small-scale pilot with tracking of participant demographics and initial feedback.

Goals

- Increase transparency and statewide access to clear, multilingual information about
    - behavioral health licensure requirements, timelines, and costs.
- Expand equitable participation in licensure pathways by reducing informational, financial, and navigation barriers for BIPOC, rural, multilingual, LGBTQ+, and lived experience candidates.
- Strengthen coordination among OHA, HECC, licensing boards, and education partners to align communication, track licensure progress, and ensure accountability for equitable outcomes.

Strategy/Deliverable Overview

Strategy: *2.1 Develop and launch multilingual licensure toolkit.*

Deliverable: Multilingual, culturally responsive toolkit outlining time commitments, costs, and supervision requirements for BH licensure; distributed online and in print.

Responsible Agency: OHA (in collaboration with Licensing Boards and HECC).

Fiscal/ No Fiscal: Fiscal

Timeline: *3-6 months*

Strategy: *2.2 Establish interim licensure information portal.*

Deliverable: Basic centralized online portal hosting licensure information, toolkits, FAQs, and guidance updates; accessible, mobile-friendly site.

Responsible Agency: OHA (Behavioral Health Division) with IT and Licensing Boards.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *2.3 Build cross-agency workgroup and education partnerships.*

Deliverable: Cross-agency licensure transparency workgroup launched; integration of licensure guidance into advising systems at select community colleges,

Responsible Agency: OHA (with HECC and CBO partners).

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *2.4 Pilot mentorship and navigation supports.*

Deliverable: Mentorship/navigation pilot program targeting BIPOC, rural, and multilingual candidates; evaluation framework for tracking participation and outcomes.

Responsible Agency: OHA (with HECC and CBO partners).

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited initial funding to support development, translation, and long-term maintenance of multilingual toolkits and the licensure portal.
- Competing budget priorities and grant dependencies may delay fiscal approvals or sustainability planning.

Data and Technology Limitations

- Difficulty aligning information systems across boards and agencies for real-time tracking and updates.
- Insufficient digital accessibility in rural and low-bandwidth regions, limiting equitable use of online resources.

Equity and Accessibility Gaps

- Ongoing trust barriers and underrepresentation of BIPOC, rural, and lived-experience voices in system design and early implementation.
- Limited availability of culturally responsive or language-specific technical reviewers and project contributors.

Equity Opportunities

This action plan presents clear opportunities to advance the Council's equity goals by embedding equity into every stage of implementation. The plan can expand participation of BIPOC, rural, multilingual, and lived experience candidates by codesigning licensure guidance, mentorship, and navigation supports with affected communities. These actions intentionally reduce structural and informational barriers, strengthen trust in state systems, and promote equitable access to behavioral health career advancement.

Improving Communications and Transparency Action Plan 3

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The development and launch of a statewide multilingual, culturally responsive marketing campaign that clearly defines Behavioral Health, identifies required skills, and promotes the full range of career options in the field.
- The creation and dissemination of a statewide Behavioral Health Career Guidance Toolkit and best-practice resources to support advisors, educators, and workforce partners in helping individuals explore behavioral health careers.
- The establishment of a unified, plain-language definition of Behavioral Health through a partner-driven process to ensure accessible, consistent communication across agencies and educational systems.
- The creation of a statewide Behavioral Health Resource Hub providing public, no-cost access to career, education, and communications tools developed collaboratively with community and lived-experience partners.

Talent Assessment Recommendation

Recommendation	
2A Marketing campaign	Design and disseminate a marketing campaign for a broad audience of partners 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?
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)
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.
4A Communication: Clear language	Convene a working group of partners to create clear language around BH (e.g., as well defined as physical health) to foster more cohesive and consistent vocabulary and structure

Subcommittee Action Recommendations

Marketing and Outreach Campaign

- Develop and launch a statewide multilingual and culturally responsive marketing campaign that defines "What is Behavioral Health," highlights required skills, and features a clear overview of career options from entry-level to leadership roles.
- Partner with education institutions, workforce boards, and community organizations to target outreach to high school students, career changers, and rural and underserved populations.
- Implement mobile-friendly and accessible campaign materials across digital, print, and community-based channels with plain-language messaging and diverse representation.

Career Guidance and Navigation

- Establish and disseminate best practices for behavioral health career guidance, including skill and personality inventories, structured informational interviews, and peer mentoring models.
- Create a centralized behavioral health career guidance library and toolkit for use by schools, advisors, and workforce programs statewide.
- Pilot career guidance workshops in community colleges and high schools, emphasizing early exploration and job fit for BIPOC, rural, and multilingual students.

Communications and Clarity in Behavioral Health Definition

- Convene a cross-sector working group (HECC, OHA, ODE, licensing boards, and community partners) to create clear, standardized language defining behavioral health and its key disciplines.
- Integrate this shared terminology into all print, web, and training materials to establish consistent, plain-language communication across agencies and education systems.
- Vet all public-facing resources through lived-experience reviewers and focus groups to ensure cultural relevance and accessibility statewide.

Public Access and Engagement Infrastructure

- Create and maintain a public, no-cost online resource hub that consolidates marketing materials, career guidance tools, and plain-language definitions in one multilingual, accessible site.
- Launch iterative community engagement cycles, including focus groups, student feedback, and user testing, to continuously refine tools and messaging.
- Develop and publicize data dashboards to track usage, engagement, and equity outcomes, ensuring transparency and continuous improvement.

Goals

- Increase public understanding of behavioral health by developing consistent, culturally responsive messaging and clear definitions that make the field more visible and approachable statewide.
- Expand equitable access to behavioral health career information, resources, and guidance tools for students, job seekers, and professionals from BIPOC, rural, multilingual, LGBTQ+, and lived experience communities.
- Strengthen cross agency collaboration and community engagement to ensure all communication, marketing, and guidance efforts are codesigned, data informed and continuously improved for relevance and accessibility.

Strategy/Deliverable Overview

Strategy: *3.1 Develop and launch a statewide behavioral health marketing campaign.*

Deliverable: Multilingual, culturally responsive marketing campaign and outreach materials answering, "What is Behavioral Health?" featuring broad career pathways and diverse workforce representation.

Responsible Agency: HECC (with OHA, ODE, and community partners.

Fiscal/ No Fiscal: Fiscal

Timeline: *3-6 months*

Strategy: *3.2 Establish and disseminate best practices in career guidance.*

Deliverable: Behavioral Health Career Guidance Toolkit including skill assessments, mentoring templates, and informational interview resources for schools and workforce programs.

Responsible Agency: HECC with ODE and workforce boards.

Fiscal/ No Fiscal: No Fiscal

Timeline: *6-9 months*

Strategy: *3.3 Create and standardize clear behavioral health language.*

Deliverable: Statewide adoption of consistent, plain language definitions for Behavioral Health fields and roles vetted through partner working groups

Responsible Agency: OHA (with HECC and Licensing Boards)

Fiscal/ No Fiscal: No fiscal

Timeline: *3-6 months*

Strategy: *3.4 Develop and launch an accessible behavioral health resource hub.*

Deliverable: Cross agency public online portal consolidating marketing materials, guidance tools, and BH definitions in multiple languages with user testing for accessibility.

Responsible Agency: HECC (with OHA and community partners).

Fiscal/ No Fiscal: *Fiscal*

Timeline: *6-9 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited budget for multilingual content creation, translation services, and sustained marketing or outreach campaigns.
- Insufficient staff time and capacity within lead agencies to manage cross-platform
- communications, data updates, and evaluation.
- Competition among state workforce and communications initiatives may delay prioritization or resource sharing.

Data and Technology Limitations

- Lack of integrated data systems to monitor user engagement, reach, and equity outcomes across communication channels.
- Challenges building and maintaining accessible digital tools that comply with ADA, language, and cultural responsiveness standards.
- Limited analytics infrastructure to evaluate the long-term impact of marketing and education campaigns.

Equity and Accessibility Gaps

- Messaging and resources risk overlooking rural communities, non-English speakers, and individuals without reliable internet access.
- Insufficient inclusion of BIPOC, LGBTQ+, and lived-experience voices in early codesign, resulting in materials that may not fully resonate with target audiences.
- Reliance on digital-first tools may inadvertently reinforce disparities among lower income populations with limited connectivity or digital literacy.

Equity Opportunities

This plan creates meaningful opportunities to advance equity by ensuring that behavioral health information, materials, and resources reflect the voices, languages, and lived experiences of Oregon's diverse communities. Through multilingual outreach, co-designed communication tools, and consistent, plain-language definitions, the plan increases visibility and access for BIPOC, rural, multilingual, LGBTQ+, and lived-experience populations. These actions help dismantle historical information barriers, build trust across communities, and support a more inclusive and representative behavioral health workforce.

Culturally Responsive Services Action Plan 4

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The coordinated expansion of culturally responsive and rural workforce development strategies to increase access and retention through partnerships among OHA, HECC, MHACBO, tribal programs, and community based training providers.
- The creation of inclusive training pipelines across degree, nondegree, peer, and apprenticeship pathways that prepare and advance multilingual, bicultural, and lived experience professionals within Oregon's behavioral health system.
- The implementation of sustainable funding and incentive structures, such as loan repayment, housing stipends, and supervision supports, to strengthen recruitment and retention in rural and frontier regions.
- The strengthening of community based and innovative service models by piloting and evaluating models that support safety and wellbeing for students and professionals; and integrating equity focused data tracking to inform future statewide initiatives.

Talent Assessment Recommendation

Recommendation	
8E Culturally responsive services	Focus on rural and culturally relevant services

Subcommittee Action Recommendations

Identify and Address Rural and Cultural Service Gaps

- Convene OHA and HECC, in collaboration with local workforce boards, tribal governments, community-based and immigrant refugee organizations, and training providers serving rural and frontier regions, to map behavioral health service and workforce gaps.
- Develop regional equity dashboards documenting disparities in access and workforce representation to inform targeted investment and program development.
- Apply a targeted universalism framework that sets shared statewide access goals while
- tailoring strategies to meet each community's distinctive cultural and geographic needs.

Expand Culturally Specific Workforce Pathways

- Partner with OHA, HECC, MHACBO, and a range of training providers, including community colleges, universities, apprenticeships, peer training programs, and community-based education partners, to expand culturally and linguistically responsive behavioral health training pipelines.
- Develop pathways for bilingual, bicultural, and lived experience individuals to enter behavioral health careers through certificate, peer support, apprenticeship, and degree options.
- Embed cultural responsiveness, trauma informed practice, and regional service needs within behavioral health curricula and supervision training, regardless of provider type.

Incentivize and Sustain Rural and Multicultural Practice

- Expand loan repayment, housing stipends, tuition assistance, and rural internship support to increase the number of bilingual and multicultural providers serving in frontier and underserved regions.
- Collaborate with regional workforce boards, CCOs, and private foundations to cofund incentives and scholarships for rural and culturally specific workforce development.
- Establish regional mentorship and supervision networks to support isolated practitioners and integrate nontraditional supervision models that recognize experience gained through peer or community practice.

Strengthen Community Based and Innovative Service Models

- Pilot and evaluate innovative rural service models such as mobile behavioral health clinics, tele-behavioral health, and community wellness roles within schools, faith centers, and social service agencies.
- Collaborate across provider systems, including nonprofit, tribal, workforce board, and peer led organizations, to design culturally relevant behavioral health outreach and recovery programs.
- Build safety and wellbeing supports for both students and professionals through virtual learning options, peer support, and flexible training delivery models in regions where travel or public visibility pose risks.
- Collect and publish equity-based data on rural workforce retention, client access, and community outcomes through the statewide Behavioral Health Resource Hub, using findings to refine and scale successful programs.

Goals

- Expand equitable access to behavioral health services across rural, frontier, and culturally distinct communities through targeted workforce initiatives and community-based service models.
- Strengthen recruitment, training, and retention pipelines for bilingual, bicultural, and lived-experience practitioners by integrating culturally responsive curricula and credential pathways across degree and non-degree training providers.
- Increase workforce and service alignment with Oregon's equity goals by applying targeted universalism, addressing shared statewide access goals through community-specific strategies that reduce identified regional disparities.
- Sustain and incentivize rural and multicultural practice by coordinating state, regional, and philanthropic investments that support long-term workforce development, supervision, and safe practice environments.

Strategy/Deliverable Overview

Strategy: *4.1 Identify and address rural and cultural service gaps.*

Deliverable: Conduct statewide mapping and equity analysis of rural, frontier, and culturally distinct communities to identify behavioral health service and workforce gaps. Publish regional dashboards to inform funding priorities and program development.

Responsible Agency: OHA will serve as the lead agency, collaborating with the HECC, tribal and community-based partners, and local workforce boards.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *4.2 Expand culturally specific workforce pathways.*

Deliverable: Develop and expand culturally responsive pipelines through the coordinated efforts of higher education institutions, MHACBO, community colleges, peer training programs, and community-based providers to deliver aligned curriculum and supervision training that reflects cultural and regional needs.

Responsible Agency: HECC (lead) with OHA, MHACBO training providers and community partners

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: 4.3 Incentivize and sustain rural and multicultural practice.

Deliverable: Launch targeted recruitment campaigns that include specific loan repayment and housing incentives for bilingual, bicultural, and lived-experience providers serving in rural and frontier regions.

Responsible Agency: OHA (lead), collaborating with the HECC, local workforce boards, CCOs, and private foundation partners.

Fiscal/ No Fiscal: Fiscal

Timeline: *9-12 months*

Strategy: *4.4 Strengthen Community-Based and Innovative Service Models*

Deliverable: Pilot and evaluate mobile, tele-behavioral health, and community wellness service models delivered through schools, faith centers, and trusted local organizations, while integrating data tracking into the Behavioral Health Resource Hub to measure access, equity, and provider retention

Responsible Agency: OHA (lead) with HECC, tribal partners, workforce boards and training providers including CBOs and employer-based programs.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited, short-term funding for rural and culturally specific workforce initiatives, with little continuity for community or peer-led programs.
- Insufficient staff capacity within agencies and partner organizations to coordinate rural, cross-agency initiatives and maintain compliance with federal reporting requirements.
- Persistent reimbursement and pay disparities for community-based, culturally responsive, and non-degree practitioners, limiting workforce recruitment and retention.
- Shifting state and federal funding priorities, along with complex grant and contracting processes, complicate long-term planning and equitable resource allocation. Data and Coordination Limitations
- Fragmented data systems across OHA, HECC, MHACBO, and workforce boards limit tracking of rural, frontier, and nontraditional training outcomes.
- Inconsistent data collection from peer, community, and employer-based training providers prevents full visibility into culturally and geographically diverse workforce pipelines.
- Lack of shared metrics and interoperability between state and federal systems hinders analysis of workforce equity, licensing progress, and supervision access.
- Limited cross-sector coordination among state, regional, and philanthropic partners reduces efficiency and alignment for rural program development. Equity and Accessibility Gaps
- Ongoing workforce shortages and infrastructure barriers (travel, broadband, housing) restrict training and service access in rural and frontier regions.
- Immigration, safety, and federal eligibility policies create fear and participation barriers for immigrant, refugee, and lived-experience workers.

- Limited flexibility in supervision and licensing pathways, particularly for community based and tribal providers, delays workforce entry and advancement.
- Underrepresentation of diverse and community-based voices in federal and state workforce planning perpetuates inequities in program design and funding.

Equity Opportunities

This plan presents clear opportunities to advance health equity through rural workforce investment and culturally responsive training pathways. It strengthens equitable access by expanding participation of community-based, tribal, peer, and bilingual providers who reflect the diversity of Oregon's communities. By aligning with federal equity initiatives and funding priorities, the plan positions Oregon to align strategies for inclusion, workforce safety, and rural service expansion. These efforts will help address persistent geographic and cultural gaps in behavioral health access while fostering a more representative, trusted, and resilient statewide workforce.

Enhancing Partnerships and Collaboration Action Plan 5

Education Training And Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The development and implementation of coordinated pilot programs that provide early exposure to behavioral health careers through job shadowing, peer mentorship, and culturally responsive wellness ambassador models in partnership with schools, community organizations, and tribal education programs.
- The establishment of standardized partnership frameworks between higher education, training providers, and behavioral health employers to expand paid internships, apprenticeships, and practicum opportunities, particularly in rural, frontier, and tribal regions.
- The creation of a statewide Behavioral Health Career Consortium led by OHA, HECC, and ODE to unify recruitment, messaging, and resource development under a single, equity centered brand.
- The advancement of equitable pathways and Credit for Prior Learning (CPL) opportunities that recognize peer, lived experience, and workforce training for academic credit, ensuring mobility and access across Oregon's behavioral health education system.

Talent Assessment Recommendation

Recommendation	
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.
7E Collaborations: Partnerships	Continue to create partnerships between employers and higher education

Subcommittee Action Recommendations

Pilot Early Behavioral Health Career Experiences

- Convene OHA, ODE, and HECC with training providers, higher education institutions, school districts, and local workforce partners to design pilot models that offer early exposure to behavioral health careers (e.g., job shadowing, peer mentorship, and wellness ambassador).
- Partner with school districts, tribal education programs, and peer-run or community-based organizations to implement supervised experiences emphasizing youth peer, family support, and culturally specific roles in rural, urban, and tribal regions.
- Collaborate with ODE to align pilots with existing CTE and health science programs, integrating reflection and credit-bearing components for participating students.
- Develop participation guidelines and supervisor training with OHA and ODE to ensure trauma-informed, developmentally appropriate practices.
- Evaluate pilot outcomes through HECC's Office of Research and Data to assess equity impacts, participant experience, and scalability.

Strengthen Partnerships Between Employers and Higher Education

- Convene HECC, OHA, and the Oregon Workforce Partnership with higher education institutions, training providers, and behavioral health employers to develop standardized frameworks and funding models for paid training opportunities.
- Expand access to internships, apprenticeships, and practicums for rural, frontier, and tribal areas through collaborations with employers, training providers, and local workforce boards.
- Strengthen CTE Professional Learning Communities connecting employers with educators and community college faculty to align coursework and on-the-job learning.
- Develop data-sharing agreements through HECC's Office of Research and Data to track participation, completion, and demographic trends.

Establish an Oregon Behavioral Health Career Consortium (This is Behavioral Health")

- Leverage existing regional work to establish a statewide consortium led by OHA, HECC, and ODE to unify messaging, recruitment, and career promotion under one brand.
- Integrate peer and lived-experience representatives in consortium leadership.
- Collaborate with higher education institutions, training providers, workforce boards, and regional partners to co-create multilingual materials and statewide outreach events.
- Coordinate with the Behavioral Health Resource Hub to ensure consistent public access to career and education resources.

Advance Equitable Pathways and Credit for Prior Learning (CPL)

- Coordinate HECC and OHA collaboration with MHACBO, training providers, community colleges, and universities to expand CPL opportunities that recognize peer, lived experience, and workforce training for certificate and degree credit.
- Develop standardized articulation agreements and assessment processes using Oregon's CPL Standards.
- Partner with employers and tribal workforce programs to identify eligible workers and implement culturally responsive CPL pilots.
- Monitor outcomes through HECC's data systems and OHA's workforce reporting to evaluate reach and equity.

Goals

- Broaden and strengthen behavioral health partnerships among education, employers, and community organizations to expand coordinated, high-quality career experiences and training opportunities statewide.
- Expand access to early behavioral health career exposure and paid work-based learning
- experiences for BIPOC, rural, tribal, and underrepresented students and workforce participants.
- Increase alignment between education systems and employers to ensure coursework, internships, and apprenticeships reflect real-world behavioral health practice needs and equity priorities.
- Strengthen collaboration among state agencies, workforce boards, and institutional partners to align data sharing, evaluate partnership outcomes, and sustain coordinated behavioral health workforce strategies across Oregon.

Strategy/Deliverable Overview

Strategy: *5.1 Pilot Early Behavioral Health Career Experiences.*

Deliverable: Implement 2 regional pilots (rural and urban) offering early BH exposure through job shadowing, mentorship, and student wellness ambassador roles. Include alignment with existing CTE frameworks, trauma-informed supervision, and evaluation for statewide scaling.

Responsible Agency: OHA (lead) with ODE, HECC, school districts, community colleges, and tribal/community-based partners.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *5.2 Strengthen Partnerships Between Employers and Higher Education.*

Deliverable: Develop and implement standardized partnership frameworks connecting higher education, employers, and training providers to expand paid internships, apprenticeships, and rural/tribal placements.

Responsible Agency: HECC (lead) with OHA, Oregon Workforce Partnership, higher ed partners, training providers, and employers.

Fiscal/ No Fiscal: *Fiscal*

Timeline: *3-9 months*

Strategy: *5.3 Establish an Oregon Behavioral Health Career Consortium.*

Deliverable: *Launch a statewide consortium coordinating messaging, recruitment, and career promotion under unified brands. Produce multilingual marketing materials and conduct 2– 3 career events with employer and peer -workforce representation.*

Responsible Agency: OHA (lead) with HECC, ODE, community colleges, universities, training providers, workforce boards, and employers.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *5.4 Advance Equitable Pathways and Credit for Prior Learning (CPL).*

Deliverable: Develop statewide CPL (Credit for Prior Learning) guidance recognizing peer and workforce training for academic credit, pilot CPL articulation agreements across three institutions, and monitor equity participation and outcomes through HECC/OHA data systems.

Responsible Agency: HECC (lead) with OHA, MHACBO, community colleges, universities, training providers, tribal workforce programs, and employers.

Fiscal/ No Fiscal: *No Fiscal (initial implementation).*

Timeline: *3-9 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited funding for early career pilots, including student stipends, supervision time, and culturally specific program design in rural and tribal communities.
- Insufficient staff capacity and cross-agency alignment within OHA, HECC, and ODE to coordinate pilots, track data, and sustain partnerships.
- Limited ongoing resources to maintain mentorship, supervision, and coordination post pilot.
- Competing state workforce initiatives dividing available behavioral health investment.

Data and Technology Limitations

- Lack of integrated data systems connecting education, employers, and workforce boards to track training and employment outcomes.
- Limited system interoperability between OHA and HECC preventing consistent measurement of partnership results and equity progress.
- Gaps in longitudinal data for early-career and lived-experience roles not captured in standard academic reporting.
- Privacy and technical barriers to cross-agency data sharing.

Equity and Accessibility Gaps

- Pilot opportunities and supervision sites concentrated in metro areas, limiting access for rural, frontier, and tribal participants.
- Financial and logistical barriers, unpaid time, childcare, and transportation, restrict participation for students and working adults.
- Underrepresentation of BIPOC, multilingual, and lived-experience professionals in supervisory and mentorship roles.
- Inconsistent inclusion of peer and community voices in governance and program design.

Equity Opportunities

This plan offers clear opportunities to advance equity through codesigned partnerships that expand access to behavioral health career experiences and collaborative training statewide. It prioritizes inclusion of BIPOC, tribal, rural, and lived experience participants in pilot projects, mentorship roles, and workforce learning structures. By embedding culturally responsive supervision, shared data tracking, and community partnership models, these actions strengthen equitable career pathways and ensure Oregon's behavioral health workforce better reflects and serves its diverse populations.

Community College Collaboration Action Plan 6

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- A coordinated, equity-driven approach to understanding and addressing barriers in behavioral health program enrollment and transfer at Oregon's community colleges, with HECC, OHA, and community colleges working closely with community-based and culturally specific partners.
- The development and piloting of welcoming, flexible on-ramps, such as dual credit, CTE, and Credit for Prior Learning (CPL) pathways, co-designed by ODE, HECC, community colleges, CTE directors, and peer/lived-experience organizations to better serve rural, BIPOC, immigrant, and nontraditional students.
- Targeted incentives and updated articulation agreements to make movement from community college to university transparent and equitable, led by HECC, OHA, and the Oregon Transfer Council with institutional partners.
- The expansion of local partnerships and resource networks, led by community colleges, in concert with tribal entities, workforce boards, employers, and culturally specific/peer organizations, to provide mentorship, field placements, and additional supports in underserved regions.
- Establishing joint data tracking, disaggregation, and reporting, driven by HECC, OHA, and institutional leaders, to ensure ongoing accountability, guide investment, and foster continuous community-centered improvement in Oregon's behavioral health education pipeline.

Talent Assessment Recommendation

Recommendation	
3C Community College Outcomes	Investigate further the trend of declining number of students entering the BH field from community colleges (Table 10).
5B(i) Community College Collaboration	Incentivize collaboration (i.e. articulation agreements) with community colleges to facilitate a viable career pathway

Subcommittee Action Recommendations

Analyze and Understand Enrollment Patterns

- HECC and OHA, in partnership with community colleges and community-based organizations, review statewide enrollment and transfer data post-pandemic to identify changes and gaps in the behavioral health pipeline.
- Community colleges, together with culturally specific organizations and student services, engage students, advisors, and faculty to better understand barriers and motivations for BIPOC, immigrant, rural, and linguistically diverse learners.
- HECC and workforce boards map regional program capacity and student outcomes to find opportunities for strengthening transfer pathways and awareness/support in key communities.

Develop and Pilot Inclusive On-Ramps

- ODE and HECC (lead) collaborate with OHA, community colleges, high schools and CTE directors to co-design and pilot dual credit, CTE, and CPL pathways providing culturally responsive, flexible entry points for behavioral health programs.
- Community colleges, with peer/lived-experience partners and local advisory committees, test models integrating peer, workforce, and community-based entry, including for students progressing from ESL or ABE programs. Strengthen Articulation and Credit Mobility
- HECC (lead), working with OHA, the Oregon Transfer Council, and institutional registrars, drives the development of new or improved articulation agreements and transfer maps that include clear CPL options.
- Community colleges and universities jointly create and update statewide advising tools, transfer maps, and field experience standards to ensure students benefit from transparent, consistent credit recognition and advisement. Expand Local Partnerships and Capacity
- Community colleges (lead), in coordination with HECC, workforce boards, tribal and culturally specific/peer organizations, and local employers, build partnerships for student mentorship, field placement, and outreach, targeting rural and remote areas for support.
- Community college staff and regional partners strengthen ESL and developmental education bridges into behavioral health programs and ensure support for nontraditional entry points.

Ensure Equity-Driven Accountability and Continuous Improvement

- HECC and OHA establish data-sharing agreements, working with community colleges, workforce boards, and employer councils to track and disaggregate enrollment, transfer, CPL use, and completion data by region and equity group.
- All partners share results and lessons learned routinely, using data to drive investment, target improvement efforts, and ensure Oregon's behavioral health workforce pipeline steadily becomes more inclusive, accessible, and responsive to community need.

Goals

- Increase equitable entry and completion in community college behavioral health pathways, with special attention to BIPOC, rural, immigrant, and linguistically diverse students, by mapping barriers and launching new supports.
- Expand and streamline culturally responsive on-ramps, including dual credit, CTE, and CPL pathways, enabling learners with varied backgrounds and experiences to pursue behavioral health careers.
- Strengthen articulation, advising, and credit mobility between community colleges and universities so that all students, including those with work and lived experience, can transfer efficiently and receive full credit for prior achievement.
- Build regional capacity and partnerships, especially in rural and under-resourced areas, to ensure students have access to mentorship, field placements, and tailored educational supports.
- Use shared data and continuous feedback to monitor, evaluate, and improve enrollment, progression, and completion, ensuring Oregon's community college behavioral health pipeline becomes more inclusive, transparent, and connected to workforce needs.

Strategy/Deliverable Overview

Strategy: *6.1 Analyze and understand enrollment patterns.*

Deliverable: Statewide analysis report on behavioral health enrollment trends and equity gaps in community colleges, with partner input

Responsible Agency: HECC (lead), OHA, community colleges, community-based organizations.

Fiscal/ No Fiscal: No fiscal

Timeline: *3-6 months*

Strategy: *6.2 Develop and pilot inclusive on-ramps.*

Deliverable: Pilot pathways and entry points, including dual credit, CTE, CPL, and peer/lived-experience onramps, with co-designed curriculum and support models.

Responsible Agency: ODE & HECC (lead), OHA, community colleges, high schools, CTE directors, peer/lived-experience partners.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *6.3 Strengthen articulation and credit mobility.*

Deliverable: New or revised articulation agreements, transfer maps, and statewide advising tools that clarify credit and CPL movement from community colleges to universities.

Responsible Agency: HECC (lead), OHA, Oregon Transfer Council, community colleges, universities.

Fiscal/ No Fiscal: No fiscal

Timeline: *3-9 months*

Strategy: *6.4 Expand local partnerships and capacity.*

Deliverable: Network of local partnerships in targeted regions providing mentorship, placements, ESL/ developmental education supports, and holistic outreach.

Responsible Agency: Community colleges (lead), HECC, workforce boards, employers, tribal and culturally specific/ peer organizations.

Fiscal/ No Fiscal: *Fiscal*

Timeline: *6-12 months*

Strategy: *6.5 Ensure equity- driven accountability and continuous improvement.*

Deliverable: Routine cross-agency reporting on enrollment, transfer, CPL use, and completion, disaggregated by region/equity group and tied to improvement cycles.

Responsible Agency: HECC (lead), OHA, community colleges, workforce boards, institutional partners.

Fiscal/ No Fiscal: No fiscal

Timeline: *6-12 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited funding for launching and sustaining new pilots, such as dual credit pathways, CPL review, and culturally specific mentorship or navigation supports.
- Insufficient faculty, advising staff, and peer mentors at community colleges, especially in rural and remote regions, make expansion and outreach difficult.
- Competing institutional priorities, faculty workloads, and staffing shortages may slow collaborative innovation or program scaling. Data and Technology Limitations
- Existing data systems across HECC, OHA, and colleges are not fully integrated, making it difficult to track student entry, transfer, CPL use, and workforce placement in real time.
- Incomplete data disaggregation (e.g., lived experience, language, geography, race/ethnicity) hinders precise understanding and action on equity gaps.
- Barriers to developing and updating accessible, user-friendly online advising and career exploration tools for all student groups. Equity and Accessibility Gaps
- Systemic and community-level barriers, including cost, lack of awareness about pathways, English language proficiency, licensure complexity, and stigma, continue to limit access for BIPOC, immigrant, rural, and nontraditional students.
- Transfer and articulation processes, including CPL recognition, are not consistently implemented or understood, leading to lost credits and discouraging progression.
- Limited engagement and leadership opportunities for students and community-based partners with lived experience may hinder the creation of truly inclusive, culturally relevant pathways.

Equity Opportunities

This action plan creates important opportunities to advance equity by placing community college collaboration at the center of Oregon's behavioral health workforce strategy. Through active engagement with community-based organizations, culturally specific partners, and students with lived experience, the plan is designed to address barriers at every stage, from outreach and advising to credit mobility and completion. By emphasizing flexible on-ramps, Credit for Prior

Learning (CPL), and targeted resource investments for rural, BIPOC, immigrant, and multilingual learners, these coordinated actions will foster more equitable access, stronger representation, and better retention of diverse talent across the behavioral health education pipeline, helping build a workforce that reflects and serves Oregon's communities.

Expand Degree Pathways and Completion Action Plan 7

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- The alignment and continual evaluation of behavioral health degree, credential, and CPL pathways across high school, community college, and university to improve credit mobility, transfer rates, completion, and equitable workforce entry.
- The collaborative design and piloting of behavioral health CTE and dual-credit options— including inclusive curricular units, mentorship, and recognition of lived/work experience—to help students explore the full range of career options and advance efficiently at each stage.
- The strengthening of articulation, transfer, and CPL agreements in key behavioral health fields, ensuring pathways are navigable, transparent, and inclusive for rural, BIPOC, first generation, and peer/lived-experience students.
- The creation of accessible, multilingual resources (digital and print) and expansion of community-led advising and navigation tools, ensuring that all Oregonians can clearly see and successfully pursue behavioral health education and career opportunities.

Talent Assessment Recommendation

Recommendation	
3B Degrees offered	Increase BH degrees offered (community college, bachelor's, and graduate degree levels) and slots within programs
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
5C Completion rates	Work within bachelor's and graduate degree programs to support BH pathways to raise completion rates

Subcommittee Action Recommendations

Strengthen and Align Behavioral Health Degree Pathways

- Bring together HECC, OHA, ODE, and key higher education and workforce partners to map the current landscape of behavioral health pathways, enrollment data, and opportunities for CPL and recognition of work or lived experience.
- Invite cross-agency review of transfer, stackable credentials, and CPL processes to better understand and address the barriers experienced by underrepresented, rural, and lived experience learners.
- Use these insights to identify promising practices and priority opportunities for coordination, alignment, and expanded access.

Develop and Pilot Inclusive High School-to-Career Pathways

- Collaborate with ODE, HECC, OHA, local CTE directors, and culturally specific organizations to co-design pilot behavioral health CTE sequences and early college curricular options, embedding dual credit, CPL, and robust supports for peer/lived experience students.
- Ensure pilot efforts include mentorship elements, trauma-informed curriculum, and flexible pathways that encourage career exploration and promote smooth transitions at each point in the continuum.

Promote Collaboration, Credit Mobility, and Data Sharing

- Work together across agencies (HECC, OHA, ODE, Oregon Transfer Council, campus registrars) to modernize articulation agreements, streamline CPL processes, and update transfer maps for high-value pathways, placing special emphasis on clear advising, accessibility, and equitable recognition of prior learning.
- Develop cross-agency agreements to enhance tracking of enrollment, CPL uptake, and completion, using this to identify equity gaps and inform continuous improvement.

Grow Equity-Focused Supports and Faculty/Staff Capacity

- Support colleges, universities, and community partners as they expand targeted student recruitment, scholarships, mentorships, and field placements, with an emphasis on BIPOC, rural, peer/ lived experience, and nontraditional students.
- Encourage institutional investment in faculty/staff development, supervision, and capacity-building to ensure sustainable program growth, keeping workload and wellness in view.

Foster Accountability for Completion, Employment, and Equity

- Commit to transparent collection and reporting of data on enrollment, completion, transfer, and CPL usage, with outcomes disaggregated by race/ethnicity, region, and lived experience.
- Use regular progress reviews to guide resource allocation, policy refinement, and shared learning as Oregon builds a more diverse, supported, and community-responsive behavioral health workforce.

Goals

- Expand clear, inclusive behavioral health pathways that help more Oregonians, including BIPOC, rural, and lived-experience learners, enter and complete degrees that lead to meaningful careers.
- Increase credit mobility and student advancement by streamlining Credit for Prior Learning (CPL), work, and lived-experience recognition at every stage.
- Foster coordinated partnerships among HECC, OHA, ODE, education, and workforce leaders to align pathways, supports, and faculty resources.
- Make transitions, from high school through graduate study to employment, more seamless through stackable credentials, dual-credit opportunities, and robust transfer agreements.
- Use strong data and ongoing collaboration to ensure equity, track progress, and support a behavioral health workforce that reflects and serves Oregon’s communities.

Strategy/Deliverable Overview

Strategy: *7.1 Strengthen and align behavioral health degree pathways.*

Deliverable: Cross-agency review of current behavioral health academic pathways; gap analysis identifying areas for coordination and equity improvements, including credit for prior learning (CPL).

Responsible Agency: *HECC (with OHA and ODE).*

Fiscal/ No Fiscal: No Fiscal

Timeline: *3-6 months*

Strategy: *7.2 Develop and pilot inclusive high school-to career pathways.*

Deliverable: Collaborative design and pilot of behavioral health CTE courses and dual credit modules integrating CPL and mentorship in diverse districts/colleges.

Responsible Agency: ODE (with HECC, OHA, CTE directors, pilot districts).

Fiscal/ No Fiscal: No Fiscal

Timeline: *6-9 months*

Strategy: *7.3 Promote collaboration, credit mobility, and data sharing.*

Deliverable: Enhanced transfer pathways, articulation agreements, and initial cross-agency data sharing protocols with CPL utilization tracked.

Responsible Agency: HECC (with OHA, ODE, Oregon Transfer Council, institutions).

Fiscal/ No Fiscal: Fiscal

Timeline: *3-9 months*

Strategy: *7.4 Expand equity- focused recruitment and supports.*

Deliverable: Framework for targeted recruitment, scholarships, mentoring, and CPL support tailored to BIPOC, rural, and lived experience students.

Responsible Agency: Colleges/universities (with HECC, OHA, ODE).

Fiscal/ No Fiscal: Fiscal

Timeline: *6-9 months*

Strategy: *7.5 Foster accountability for completion and workforce outcomes.*

Deliverable: Prototype data dashboard for public reporting of enrollment, completion, CPL use, and licensure outcomes disaggregated by key equity factors.

Responsible Agency: *HECC (with OHA, workforce boards).*

Fiscal/ No Fiscal: No Fiscal

Timeline: *6-9 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited funding to support curriculum pilots, mentorship efforts, and activities related to Credit for Prior Learning (CPL) review and recognition, as well as translation and adaptation of materials for multilingual and multicultural accessibility.
- Insufficient staff capacity within HECC, OHA, and education partners to co-design, coordinate, and evaluate multiple concurrent pathway pilots, especially as new CPL and credit-mobility efforts scale up.
- Challenges with securing long-term funding for faculty, advisors, and peer mentors, and the administrative costs of maintaining cross-institutional and cross-agency coordination.
- Variation in curricular standards, CPL practices, and transfer/credit policies across institutions can make efficient scaling and sustainability difficult without additional resources dedicated to collaboration.

Data and Technology Limitations

- Lack of integrated statewide data systems to track student movement, transfer, CPL utilization, and workforce outcomes across high school, college, and career.
- Incomplete or inconsistent disaggregation of student data (race/ethnicity, geography, income, lived/work experience) that can obscure equity gaps and hinder precise outcome tracking or continuous improvement.
- Technical and policy barriers, such as privacy regulations or misaligned local practices, make it challenging to create user-friendly, multi-institutional online tools and dashboards accessible to students and advisors statewide.

Equity and Accessibility Gaps

- Disparities in behavioral health program enrollment, persistence, and completion among BIPOC, rural, low-income, immigrant/refugee, and first-generation students—often linked to inconsistent implementation of CPL and navigation supports.
- Unequal access to broadband, digital devices, and local technology in rural and frontier areas limits effective engagement with career and pathway resources.
- Limited or inconsistent involvement of diverse voices—including peer, lived-experience, and culturally specific communities—in both the design and ongoing assessment of new pathway tools, CPL structures, and curriculum pilots.
- Stigma or lack of understanding around nontraditional entry (CPL, work/lived expertise) among some institutions and employers can impede widespread acceptance and limit the effectiveness of new opportunities.

Equity Opportunities

This plan creates new pathways to advance equity by embedding inclusive co-design, culturally responsive teaching, and intentional Credit for Prior Learning (CPL) throughout Oregon's behavioral health education system. By offering multiple, flexible entry points and meaningful recognition of work and lived experience, it expands access for BIPOC, rural, multilingual, first generation, and non-traditional students. Through stronger data practices, improved advising, and deeper partnerships with community and peer-led organizations, the plan supports more transparent, representative behavioral health pathways, helping to build a workforce that both reflects and better serves Oregon's diverse communities, while strengthening statewide access to culturally relevant care.

Career Exploration and Professional Development Action Plan 8

Education Training and Pathways

Recommendation Summary

After reviewing the attached recommendations from the Behavioral Health Talent Assessment, the Education and Training subcommittee recommends:

- Building equitable, statewide behavioral health career exploration and professional development opportunities that begin early and remain accessible across the education continuum.
- Streamlining and disseminating clear guidance on pathways, roles, and requirements in coordination with credentialing and licensure organizations, to reduce confusion and barriers, especially for rural, BIPOC, and multi-role professionals.
- Prioritizing funding and technical assistance for rural, culturally specific, and under resourced partners, ensuring all communities have meaningful access to mentorship, internships, and career-connected learning.
- Expanding portable, CEU-eligible professional development, including in evidence-based practice, safety, cultural humility, and digital skills, to strengthen workforce readiness and retention at every level.
- Establishing regular, inclusive feedback mechanisms with students, educators, practitioners, and workforce partners to ensure all actions remain responsive, clear, and centered on equitable outcomes for Oregon's behavioral health workforce.

Talent Assessment Recommendation

Recommendation	
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.
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

Subcommittee Action Recommendations

Broaden and Align Career Exploration Pathways

- Strengthen interagency collaboration (HECC, ODE, ESDs, workforce boards, CBOs) to align behavioral health career exploration with the ODE Career Connected Learning framework, expanding early awareness, job shadowing, and CCL-aligned experiences from middle school onward.
- Develop and share a statewide roadmap for student internships and observation in behavioral health, detailing opportunities and requirements at every level, with explicit guidelines for confidentiality, safety, and agency participation. Clarify Roles, Certification, and Credentialing Pathways
- Collaborate directly with credentialing and licensure organizations and educational and workforce partners to create and disseminate clear, user-friendly guidance on certification and licensing pathways across behavioral health roles (e.g., CADC-R, CADC, QMHA, LMSW, LPC, THW and others), including role definitions, regional expectations, and continuing education requirements.
- Integrate credentialing and licensure navigation and advising into career counseling/advising at schools, colleges, and community agencies so all participants, especially in rural and multi-role contexts, can make informed choices.
- Foster technical assistance forums and feedback channels with credentialing and licensure organizations and stakeholders to update educators, students, and employers on evolving requirements and best practices.

Enhance Professional Development and Retention Supports

- Expand access to professional development covering evidence-based practices, boundaries, safety, writing, digital skills, cultural humility, and teamwork, delivered in online and in-person formats with CEU/credentialing eligibility.
- Support the creation of mentorship, peer learning, and reflective practice programs for new and existing professionals, with targeted attention for rural and multi-role settings.
- Provide resources and funding specifically for rural, culturally specific, and smaller agencies to build and sustain career-connected learning, professional development, and student engagement.

Continuous Feedback and Communication

- Establish ongoing feedback loops with practitioners, supervisors, students, and workforce agencies (including credentialing and licensure organizations) to identify new barriers, clarify pathways/certifications, and continually refine relevant offerings for students and professionals.

Goals

- Expand equitable opportunities for Oregon students to explore, enter, and progress through behavioral health career pathways, starting early and spanning high school through advanced degrees.
- Clarify and streamline behavioral health certification and licensure navigation so students, educators, and employers can confidently map roles, requirements, and advancement options across the workforce pipeline.
- Increase workforce readiness and retention by providing accessible professional development in foundational and emerging behavioral health skills, including evidence-based practices, documentation, digital literacy, team-based care, and cultural humility.
- Strengthen rural and culturally specific participation in behavioral health fields by supporting local partners, agencies, and schools with targeted resources for career exploration, training, and student engagement.
- Foster a responsive, statewide system of continuous feedback and collaboration among education, workforce, and credentialing/licensure organizations to ensure all pathways and supports remain relevant, coordinated, and equitable.

Strategy/Deliverable Overview

Strategy: *8.1 Broaden and align career exploration.*

Deliverable: Statewide CCL-aligned behavioral health career days, job shadowing, and roadmap for internships and observation with confidentiality/safety guidance.

Responsible Agency: ODE (lead), HECC, ESDs, workforce boards, CBOs.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Strategy: *8.2 Clarify roles, certification, and credentialing pathways*

Deliverable: Comprehensive, accessible guidance and integrated advising on behavioral health certifications/licensure (CADC, QMHA, LPC, peer roles, etc.).

Responsible Agency: HECC, ODE, community colleges, workforce agencies, Credentialing and Licensure Organizations (lead for pathways).

Fiscal/ No Fiscal: No fiscal

Timeline: *3-9 months*

Strategy: *8.3 Enhance professional development and retention.*

Deliverable: Modular, portable professional development in evidence-based practice, documentation, digital skills, self-care, team-based care; launch rural/peer mentorship.

Responsible Agency: HECC (lead), OHA, credentialing and licensure organizations, community colleges, universities, CBOs.

Fiscal/ No Fiscal: *Fiscal*

Timeline: *6-12 months*

Strategy: *8.4 Support rural and community-based programs*

Deliverable: Technical assistance, resource grants, and engagement initiatives for rural/culturally specific agencies to expand BH learning opportunities.

Responsible Agency: OHA (lead), HECC, workforce boards, CBOs.

Fiscal/ No Fiscal: Fiscal

Timeline: *6-12 months*

Strategy: *8.5 Continuous communication and feedback*

Deliverable: Advisory groups, student/practitioner surveys, and forums, collaborating with credentialing and licensure organizations, for ongoing pathway, certification, and training improvement.

Responsible Agency: HECC (lead), ODE, workforce boards, credentialing and licensure organizations.

Fiscal/ No Fiscal: *No Fiscal*

Timeline: *6-12 months*

Anticipated Implementation Barriers

Funding and Resource Constraints

- Limited or short-term funding for developing, sustaining, and expanding CCL-aligned career exploration, paid internships, and rural/culturally specific program supports.
- Insufficient resources for professional development (e.g., CEU-eligible training, mentorship) accessible to all providers and students statewide, especially in smaller or under-resourced agencies.
- Staffing shortages and competing priorities at credentialing, licensure, and educational organizations that slow updates to pathways, guidance, and technical assistance.

Data and Technology Limitations

- Disconnected or incomplete systems for tracking participation and outcomes across K-12, higher education, credentialing, and workforce agencies, making it difficult to assess progress and equity gaps.
- Limited capacity for sharing data or updating cross-system career navigation tools in real time, especially for new or evolving behavioral health roles and certifications.
- Barriers to developing and maintaining user-friendly, multilingual online guidance and advising resources.

Equity and Accessibility Gaps

- Structural barriers (cost, geography, representation, language) that limit access to internships, mentorship, and exploration opportunities for rural, BIPOC, or first-generation students.
- Variability in how professional and credentialing pathways are understood or communicated, especially in rural, multi-role, or community-based organizations.
- Ongoing stigma, confidentiality, and safety concerns that may restrict the range and depth of observation and work-based learning experiences for students in behavioral health settings.

Equity Opportunities

This action plan creates clear opportunities to advance equity by embedding culturally responsive, career-connected learning and accessible professional development at each stage of Oregon's behavioral health workforce pipeline. By coordinating with credentialing and licensure organizations, education agencies, and community partners, the plan aims to clarify pathways and remove barriers that disproportionately affect rural, BIPOC, immigrant, and first-generation students. Expanding resources for mentorship, early exposure, and tailored support helps ensure that both students and the current workforce can see themselves in, and fully access, behavioral health careers, ultimately building a workforce that reflects and serves Oregon's diverse communities.

Works Cited

O. H. (2023). *Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon.* Retrieved from https://www.oregon.gov/oha/HPA/HP-HCW/Documents/2023-Evaluation-of-Health-Care-Provider-Incentives-Report.pdf

Authority, O. H. (2025). *Stabilizing Oregon's Public Behavioral Health System HB 2235 Workgroup Final Report.* M.E.B Research. Retrieved from https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/OHA%20HB2235%20Report.pdf

Color, O. H. (2021). *Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon.* Retrieved from https://static1.squarespace.com/static/5501f6d4e4b0ee23fb3097ff/t/61b7fa9e7dcd765c3878a960/1639447199689/2021+CCC+Behavioral+Health+Report+-+English.pdf

Commission, A. a. (2025). *2020 - 2025 Oregon Statewide Strategic Plan.* Retrieved 12 2025, from https://www.oregon.gov/adpc/SiteAssets/Pages/index/Statewide%20Strategic%20Plan%20Final%20(1).pdf

Commission, A. f. (2025). *2025 Oregon behavioral health talent assessment report (Final).* Retrieved from https://www.oregon.gov/workforceboard/data-and-reports/Documents/2025-Oregon-Behavioral-Health-Talent-Assessment-Report-final.pdf

Council, S. o. (2025). *SOCAC report on youth behavioral health workforce recommendations HB 151.* Oregon Health Authority. Retrieved from https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCReports/SOCAC%20Report%20on%20Youth%20Behavioral%20Health%20Workforce%20Recommendations%20HB%204151.pdf

Department, S. o. (2023). *Health Care trends in Oregon.* Retrieved from https://www.oregon.gov/highered/about/Documents/Industry-Consortia/Healthcare/9-14-23-4.0-HealthcareIC-DataRefresherAndSurveyResults.pdf

ECONorthwest. (2020). *Effects of the Pandemic on Oregon's Workforce.* Retrieved from https://www.oregon.gov/workforceboard/Talent%20Documents/Health%20Industry%20Workforce%20Report%2011-13-2020.pdf

Group, P. C. (2024). Oregon Health Authority (OHA) Substance Use Disorder Financial Analysis. Retrieved from https://www.oregon.gov/oha/HSD/AMH/DataReports/SUD-Financial-Analysis-Report-0424.pdf

International, S. (2024). *Oregon 2024 Talent Assessment.* Retrieved from https://www.oregon.gov/highered/strategy-research/Documents/Reports/2024-talent-assessment.pdf

Jesse Heligso, P. D. (2023). *Postsecondary Healthcare Education in Oregon.* Oregon Longitudinal Data Collaborative. Retrieved from https://www.oregon.gov/highered/strategy-research/Documents/SLDS/STUDY-PostsecondaryHealthcareEducationShortageInOregonFinal.pdf

Workgroup, H. 4. (2025). *Tackling Administrative Burden in Behavioral Health.* Oregon Council for Behavioral Health. Retrieved from https://olis.oregonlegislature.gov/liz/2025R1/Downloads/PublicTestimonyDocument/164009


STATE OF OREGON
THE UNION
1859