



Office of Governor
TINA KOTEK

Behavioral Health Talent Council

Overview of Culturally-Specific Organization Engagement

Culturally-Specific Organization Engagement Process



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- **Initial Meetings (October-November)**
 - One on one with BHTC staff
 - Introductions and information about the work of the Council
- **Background Materials (November-December)**
 - Materials provided to CSOs on areas of focus recommendations emerging from the council
 - Specific action plans provided on request
- **Policy Meetings (December)**
 - Hour-long meetings between staff from each organization and BHTC staff for in-depth discussion of BHTC work
 - In-depth notes taken at each meeting and consolidated into the provided report.
- **Continued Collaboration (Ongoing)**
 - Governor's staff will follow up with organizations after publication of the BHTC report to identify areas for partnership on implementation.

Culturally-Specific Organization Engagement Participants



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

Culturally-Specific Organization Engagement

Recurring Themes



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- Educating Young People and Fighting Stigma
- Supporting International/Out-of-State/Immigrant Workers
- Building Community and Resilience in the Workforce
- Pathways for Traditional Health Workers (THWs)/Community Health Workers (CHWs)
- Supporting Culturally Specific Organizations in Training and Retaining Their Workers
- Expanding Access for Rural Communities
- Supporting the Peer Workforce
- Fostering a Bilingual/Multilingual Workforce
- Supporting Culturally Specific Organizations through Crises in their Communities
- Recognizing and Valuing Behavioral Health Workers as a Crucial Part of our Community

Culturally-Specific Organization Engagement

Recommendations: Overlap With Existing Action Plans



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Recommendation	Existing Action Plan
Support opportunities for young people to shadow behavioral health workers or otherwise gain real life experience in the field.	E&T 17
Offer early behavioral health education opportunities in multiple languages.	E&T 9
Continue to support educational programs that provide culturally responsive education in the face of federal pressure on those programs.	E&T 17
Educate supervisors/mentors in culturally humble and trauma-informed methods of supervision. Eliminate “suck it up” mentality.	E&T 9
Provide guidance on navigating licensure for people with out-of-state or out-of-country licenses/professional experience.	E&T 4, L&C 1
Pilot inclusive behavioral health curricula with mentorship.	E&T 9, R&R 8
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.	R&R 8, R&R 11
Support the building of culturally specific spaces and communities for workers, including group chats, regular meetings, and retreats/trainings.	E&T 9

Culturally-Specific Organization Engagement

Recommendations: Overlap With Existing Action Plans



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Recommendation	Existing Action Plan
Provide continuous professional development funding, including funding to attend culturally specific conferences.	E&T 9
Create more opportunities for THWs/CHWs, which in turn will create a pipeline into other licensures/positions.	L&C 2
Create a how-to guide for culturally specific clinical supervision.	R&R 8
Provide funding for CSOs to sponsor staff to get their master's degrees in exchange for continuing to work with the organization for some period.	R&R 11
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.	R&R 11
Support models for larger CSOs to partner with rural providers to provide support and training.	E&T 9
Create clearer maps of resources in rural areas and connect them to resources in urban areas that may not be available in rural areas.	E&T 9

Culturally-Specific Organization Engagement

Recommendations: Overlap With Existing Action Plans



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Recommendation	Existing Action Plan
Invest in a peer career pipeline starting in high school.	E&T 3
Create more peer-specific training and education that recognizes their unique role in behavioral health treatment.	R&R 11
Expand the availability of Spanish-language behavioral health education.	E&T 9
Encourage bilingual/multilingual people to enter the field through scholarships and other supports.	E&T 9
Support workforce wellness efforts through culturally specific organizations.	E&T 9, R&R 8
Provide grants for securing spaces and keeping people safe.	R&R 8
Fund and support bilingual/bicultural leadership capacity, not just pipelines into entry-level roles.	R&R 8

Culturally-Specific Organization Engagement Recommendations: New Recommendations to Further Explore



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Recommendation
Fund H1-B visas for behavioral health workers in Oregon.
Streamline the variance process for licensing/credentialing.
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 process.
Create templates for approved traditional treatments that are effective but not regularly documented.
Continue to support CSOs financially through CLSS coding.
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.

Culturally-Specific Organization Engagement Recommendations: New Recommendations to Further Explore



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Recommendation
Provide emergency funding for culturally specific providers whose communities are experiencing severe systemic trauma, to allow them to reduce caseloads of their providers/provider mor intensive services to their community members.
Provide legal rights training/other trainings for emergent situations.
Publicly recognize the importance of behavioral health workers, and specifically of culturally responsive behavioral health workers.
Create more opportunities for behavioral health workers, including peers, to engage in policy-making discussions, provide education and training, and engage in curriculum development.
Work to build a less oppositional and more supportive relationship with the State, including providing guidance, catching problems early, and working to problem-solve rather than punish.