SOUTHWESTERN OREGON COMMUNITY COLLEGE

1988 Newmark Avenue
Coos Bay, OR 97420

BACHELOR OF APPLIED SCIENCE

IN BEHAVIORAL HEALTH

STATEMENT OF NEED

Submitted to:
Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development

April 6, 2026

Higher Education Coordinating Commission

Office of Community Colleges and Workforce Development

3225 25th Street SE

Salem, OR 97302

Dear Commission Members:

Southwestern Oregon Community College respectfully submits this Statement of Need for the proposed Bachelor of Applied Science in Behavioral Health. This program addresses a critical workforce shortage in our three-county service area (Coos, Curry, and western Douglas Counties), where behavioral health professionals are in urgent demand and educational access remains severely limited.

The evidence supporting this program is compelling: Since 2023, 222 students have enrolled across SWOCC's human services pathway programs, demonstrating 62% enrollment growth with a 90% persistence rate. Additionally, a comprehensive student interest survey received 124 responses documenting strong demand for a local bachelor's program. Notably, 43 survey respondents (35%) are currently enrolled in AAOT transfer degrees with behavioral health concentrations, students on pathways that will require them to leave southwestern Oregon to complete bachelor's degrees. Among these AAOT students, 81.4% expressed high interest in a local BAS option.

This proposal demonstrates strong employer demand exceeding regional educational supply, documented student interest from current SWOCC students and community members, clear alignment with SWOCC's mission and Oregon's educational goals, and a sustainable model building upon our established AAS in Human Services program. Currently, there are no bachelor's degree programs accessible in Coos and Curry Counties, creating a significant educational desert for residents seeking careers in behavioral health.

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We appreciate the Commission's consideration and stand ready to provide additional information as needed.

Respectfully submitted,

Patricia M. Scott, Ed.D.

President, Southwestern Oregon Community College

April 6, 2026

ATTACHMENTS INDEX

INTRODUCTION: THE BEHAVIORAL HEALTH CRISIS IN SOUTHWESTERN OREGON

The behavioral health crisis in southwestern Oregon manifests in devastating human costs that demand immediate, systemic response. The three-county region served by Southwestern Oregon Community College (Coos, Curry, and western Douglas Counties) experiences suicide rates ranging from 28% to 50% above Oregon's already elevated state average of 20.9 per 100,000, with Curry County recording rates as high as 50.7 per 100,000 in some recent years. Overdose death rates compound this picture, with Curry County at 35.7 per 100,000, Douglas at 27.66, and Coos at 21.1, driven increasingly by fentanyl and stimulant combinations. Child abuse data from Federal Fiscal Year 2024 records 834 confirmed victims across the three counties, with victim rates in all three counties exceeding the statewide average of 13.9 per 1,000 children; Coos County nearly doubles it at 26.6 per 1,000. An estimated 16-17% of each county's population is living with a substance use disorder. Poverty rates across the region range from 14.7% to 16.8%, which is well above Oregon's statewide rate of 11.8%, thus compounding vulnerability to each of these crises.

These statistics represent real people: parents struggling with addiction who cannot access treatment, teenagers contemplating suicide without adequate mental health support, families fractured by untreated trauma and mental illness. Behind every data point is a community member who needs and deserves access to qualified, compassionate behavioral health professionals. For detailed regional crisis statistics, see Attachment G.

The Workforce Gap

Despite overwhelming need, Southwestern Oregon faces a critical shortage of behavioral health professionals. According to the Oregon Employment Department, Oregon ranks fourth in the nation in unmet mental health needs, and demand for mental health workers statewide reached an all-time high in 2024, with no signs of abating. Substance abuse, behavioral disorder, and mental health counsellors are projected to grow at 27% over the next decade, more than twice the rate of all occupations combined. Within SWOCC's service area alone, the Southwestern Oregon Workforce Investment Board identifies more than 1,300 positions across behavioral health and related social service occupations, with approximately 130 projected openings annually and key roles growing at rates approaching 19%.

The shortage is particularly acute in rural and frontier communities. Geographic isolation, limited local training opportunities, reduced access to clinical supervision for credential advancement, and fewer incentives to relocate from urban centers all compound the structural barriers these counties face. Partner organizations across Coos, Curry, and Douglas Counties consistently report significant difficulty recruiting and retaining qualified professionals. Those recruited frequently come from outside the region or state, remain for only a couple of years, and move on, a pattern that drives burnout among existing staff, increases wait times for community members seeking care, and undermines the continuity of trust that effective behavioral health practice requires. Sign-on bonuses and relocation incentives have not resolved the problem; as one regional employer noted, these structural shortages cannot be addressed through recruitment efforts alone. Stakeholder respondents also identified cultural humility and intercultural

competence as core competencies in significant demand, with particular emphasis on the need for providers skilled in working with tribal populations in the region.

Recent Policy Developments Underscore Urgency

On February 11, 2026, the Oregon Senate passed Senate Bill 1547 with overwhelming bipartisan support (27-2 vote), creating a new state license for bachelor's degree-level behavioral health practitioners. This legislation directly responds to Oregon's documented provider shortage, with 32 of 36 counties having fewer than one mental health provider per 1,000 residents. The new license authorizes bachelor's-prepared practitioners to provide prevention-focused services including early identification, skills training, brief interventions, and culturally responsive care under clinical supervision (see Attachment H for complete legislative materials).

Simultaneously, the Governor's Behavioral Health Talent Council, released comprehensive workforce recommendations in January 2026 identifying four critical priorities: addressing the worker shortage, preventing turnover, increasing cultural competency and workforce diversity, and improving recruitment for organizations serving Oregon Health Plan members. The Council's findings emphasize shortages particularly acute in rural areas, recruitment challenges for underserved populations, and high turnover driven by inadequate compensation and support systems (see Attachment I for Council recommendations).

SWOCC's proposed BAS in Behavioral Health directly addresses these documented state priorities by preparing graduates for multiple credential pathways including the new bachelor's-level license, QMHA II, and CADC II certification. The program responds to the Talent Council's call for rural workforce development, culturally competent practitioners, and accessible educational pathways that enable working professionals to advance without relocation.

The Educational Access Barrier

The workforce shortage in southwestern Oregon is compounded by a critical educational access gap: no bachelor's degree program in behavioral health is designed to serve the specific workforce needs of Coos and Curry Counties or build the regional professional networks that keep graduates in the community. Whilst online programs exist in adjacent fields, they do not address the applied, place-based practicum infrastructure, local employer alignment, or rural community focus that the region requires. For working adults, parents, and individuals with community ties, relocation to pursue bachelor's education is financially and practically impossible, and online degrees without local practicum support do not produce workforce-ready graduates for southwestern Oregon agencies.

SWOCC conducted surveys of students and community stakeholders to document regional needs. Among 124 student respondents expressing interest in the proposed BAS program, cost and tuition emerged as the most significant barrier (61%), followed by work schedule conflicts (53%), and family or caregiving responsibilities (27%). Transportation and distance were cited by 25% of respondents, which is a meaningful proportion given the geographic realities of Coos and Curry Counties. These findings collectively indicate that students in southwestern Oregon need a local, flexible program that does not require relocation or sacrifice of employment. Notably, 65% of respondents cited career advancement as a primary reason for pursuing the degree, and 43%

specifically identified QMHA qualification as a goal, directly reflecting regional workforce demand.

A parallel survey of 37 regional employers and community stakeholders documented substantial unmet workforce needs. Seventy percent rated recruitment of qualified behavioral health professionals as extremely or very challenging, with 78% identifying geographic location and rural setting as a primary hiring barrier, the single most cited obstacle, and 73% citing insufficient qualified applicants in the region. While 65% of organizations require or strongly prefer bachelor's-level candidates for clinical positions, 49% report hiring associate degree holders for roles they would prefer to fill with bachelor's-prepared staff, a practice driven by shortage rather than preference. Current graduates from existing programs only somewhat meet hiring needs for 57% of respondents, with an additional 16% reporting significant gaps. Looking ahead, 76% of stakeholders indicated that a local BAS in Behavioral Health would be extremely or very beneficial to their organization. Complete survey results and data visualizations are provided in Attachments C and D.

This Statement of Need demonstrates how SWOCC's proposed Bachelor of Applied Science in Behavioral Health addresses documented regional workforce shortages, removes educational access barriers, and prepares graduates for immediate employment in high-demand careers serving their communities. These access and workforce challenges persist despite the presence of behavioral health bachelor’s programs elsewhere in Oregon, as those programs do not align with the geographic, financial, and workforce realities of southwestern Oregon.

STANDARD 1: Relationship to Institutional Mission and Goals

A. Serving Oregon Residents and Employers

The proposed Bachelor of Applied Science in Behavioral Health directly serves Oregon residents by providing technical and professional knowledge required for specific career positions with local, regional, and statewide employers in the behavioral health sector. This program addresses documented workforce shortages where substance use disorder treatment, mental health counseling, and integrated behavioral health services face critical staffing gaps.

Southwestern Oregon Community College's mission is to provide quality, lifelong educational opportunities that are accessible and affordable to all students from diverse backgrounds. This applied baccalaureate program extends SWOCC's mission by creating a pathway for residents in our three-county service area to obtain bachelor's-level credentials without relocating. Currently, no bachelor's degree program in behavioral health is designed to serve the specific workforce needs of southwestern Oregon, embedded in the community, built around local practicum infrastructure, and aligned with regional employer expectations. While online programs exist in adjacent fields, they do not provide place-based applied training, local professional network development, or rural community focus that southwestern Oregon agencies require and that stakeholder survey data confirms. For working adults, parents, and individuals with limited financial resources, a locally grounded program is not simply a convenience, it is the difference between accessing bachelor's-level education and foregoing it entirely.

The program will prepare graduates for immediate employment as Qualified Mental Health Associates (QMHA II), Certified Alcohol and Drug Counselors (CADC II), behavioral health consultants in primary care settings, peer support specialists with supervisory roles, and case managers in integrated care environments. These positions are explicitly required by regional employers including Waterfall Community Health Center, Bay Area First Step, Adapt, Coos Health & Wellness, Columbia Care Services, Bay Area Hospital Behavioral Health, and community mental health programs serving rural southwestern Oregon. Additionally, graduates will be better prepared for the new bachelor's-level behavioral health license created by Senate Bill 1547, expanding their career options and meeting evolving workforce needs in the area of prevention.

The curriculum will provide technical competencies aligned with Oregon Health Authority requirements for QMHA II certification, Mental Health and Addictions Certification Board of Oregon (MHACBO) standards for CADC II, and Substance Abuse and Mental Health Services Administration (SAMHSA) competencies for integrated behavioral health practice. Students will complete additional hours of supervised field experience in community settings, preparing them to enter the workforce immediately upon graduation with both academic credentials and practical experience to better meet employer requirements.

B. Advancing Oregon's Education Diversity and Equity Goals

This program directly advances Oregon's commitment to educational equity and the 40-40-20 attainment goal established in Oregon Revised Statute 350.014. Southwestern Oregon's rural, economically disadvantaged population faces significant bachelor's degree attainment gaps

relative to both the state average and the 40% goal, driven by the cost, relocation, and employment barriers documented in SWOCC's student survey.

By eliminating the need for relocation and offering a locally grounded, flexible program structure, this BAS removes the primary barriers preventing rural residents from accessing bachelor's-level education. The program will serve populations historically underrepresented in higher education: first-generation college students, working parents, individuals in recovery from substance use disorders, and residents without the financial resources or family flexibility to pursue education elsewhere.

Students entering the behavioral health field frequently bring lived experience with mental health challenges, substance use disorders, trauma, and other circumstances that meaningfully inform their professional development. The program will create pathways for individuals with diverse backgrounds to enter professional roles, explicitly valuing the unique perspectives and cultural competencies they bring to behavioral health practice. This approach aligns with Oregon's commitment to building a culturally responsive behavioral health workforce that reflects the communities it serves and advances the Talent Council's priority of increasing workforce diversity.

Partnership with Tribal Communities for Culturally Responsive Care

SWOCC recognizes the critical importance of preparing behavioral health professionals who can provide culturally responsive services to the tribal communities in our region. The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, the Tolowa Dee-Ni' Nation, and the Coquille Indian Tribe are integral parts of our service area, with distinct cultural traditions, historical trauma experiences, and behavioral health needs requiring specialized understanding and approaches.

SWOCC is actively pursuing formal partnerships with local tribal governments and health departments to integrate culturally specific content into the BAS curriculum, develop field placement opportunities in tribal behavioral health programs, and create accessible pathways for tribal members to enter the profession. Curriculum development will incorporate Native American perspectives on wellness and healing, historical trauma and its contemporary impacts, sovereignty and self-determination in tribal behavioral health systems, and evidence-based practices adapted for Native communities.

As part of program development, SWOCC intends to broaden its advisory committee so that it includes tribal behavioral health directors, traditional healers, and additional community members to guide curriculum design and ensure authentic integration of Native perspectives. Field placement partnerships with tribal behavioral health programs, currently in development, will provide students with exposure to tribal-specific practice contexts while creating career pathways for tribal members to serve their own communities. By centering tribal voices in program development and implementation, SWOCC aims to ensure that graduates are prepared to provide culturally competent care that honors tribal sovereignty and supports tribal self-determination in behavioral health.

These commitments align directly with state-level priorities identified by the Governor's Behavioral Health Talent Council (BHTC) and the Oregon Tribal Health Strategic Plan. The BHTC's Education and Training recommendations call for community colleges to expand partnerships with tribes, workforce boards, and culturally specific organizations, and for region-specific 'grow-your-own' behavioral health career roadmaps that support entry, training, and retention of local staff in Tribal, rural, and remote communities. The Oregon Tribal Health Strategic Plan further identifies workforce and training as a primary strategic pathway, noting a lack of appropriate training for cultural responsivity specific to American Indian or Alaska Native communities, and identifies supporting Tribal health workforce development as a concrete action priority. SWOCC's proposed BAS program directly responds to both state-level calls to action. See Attachment J for complete BHTC recommendations and tribal alignment materials.

STANDARD 2: Maximizing State Resources While Avoiding Duplication

A. Similar Programs at Associate and Baccalaureate Levels

A comprehensive review of educational offerings in Oregon reveals no directly comparable applied bachelor's programs in behavioral health accessible to residents of Coos and Curry Counties. While several institutions offer psychology degrees or human services programs, SWOCC's proposed BAS in Behavioral Health occupies a unique position through its applied focus, integration of QMHA II and CADC II preparation, rural accessibility, and hybrid delivery model designed for working adults.

Associate-Level Programs in the Region

At the associate degree level, Human Services programs exist at two regional community colleges: Rogue Community College (serving Jackson and Josephine Counties) and Umpqua Community College (serving Douglas County). Neither institution serves Coos or Curry Counties, and neither program is accessible to SWOCC's target population without relocation. SWOCC's own Associate of Applied Science in Human Services is the only associate-level behavioral health workforce preparation program available to residents of the two-county service area.

SWOCC's proposed BAS does not duplicate or compete with these associate-level offerings. Rather than proposing a new associate program, SWOCC is building upward from its existing AAS, creating the upper-division pathway that associate-level graduates in the region currently lack. Graduates of SWOCC's Human Services AAS, and potentially graduates of Rogue and Umpqua's comparable programs, currently have no accessible local option for bachelor's completion. The proposed BAS addresses this articulation gap directly, maximizing the state's existing investment in associate-level behavioral health education by providing a logical, accessible continuation pathway.

Bachelor's Programs in the Region

Bachelor's degree programs in social work, human services, and psychology exist across Oregon, including online options from several institutions. However, online programs do not address the core gap this proposal responds to: the absence of a locally grounded, applied program with place-based practicum infrastructure, regional employer alignment, and the workforce retention outcomes that come from educating students within their own communities. The programs below represent the nearest in-person options available to residents of Coos and Curry Counties, followed by a summary of programs offered by the remaining Oregon public universities.

Southern Oregon University (Ashland, approximately 180 miles) offers a BA/BS in Human Services focused on human behavior, social justice, and community engagement, drawing on coursework from both psychology and sociology. The program also contains a Certificate in Pre-Alcohol and Drug Counseling with CADC II preparation which is what SWOCC also seeks to offer. The distance requires relocation that is financially and practically infeasible for working adults, parents, and community-rooted individuals in Coos and Curry Counties.

Bushnell University, in partnership with Umpqua Community College, offers a Bachelor of Science in Psychology accessible in Douglas County. This is a traditional psychology degree, not an applied baccalaureate, serving only Douglas County, not Coos or Curry Counties. The program focuses on general psychological theory and preparation for graduate study and does not integrate QMHA II or CADC II credential preparation.

Western Oregon University (Monmouth, 165 miles) offers both a traditional BA/BS in Psychology and a Bachelor of Applied Science in Psychology, the latter designed specifically for students transferring from non-transfer associate degrees including an AAS in Human Services. Whilst the BAS format is relevant context, the program remains a psychology degree situated within a research-oriented department. It does not provide explicit preparation for QMHA II or CADC II credentialing, nor does it focus on applied behavioral health practice aligned with Oregon's substance use disorder treatment and integrated care workforce needs. The distance requires relocation that is financially and practically infeasible for working adults, parents, and individuals with community ties in the region, and graduates completing a degree in the Willamette Valley are significantly more likely to remain there than to return to southwestern Oregon.

Oregon Institute of Technology (Klamath Falls, 205 miles) offers a Bachelor of Science in Applied Psychology. Graduate programs in Applied Behavior Analysis and Marriage and Family Therapy are available for program completers. During the 60-day consultation period, SWOCC met with Dr. Trevor Petersen, who shared generously about OIT's program structure, DHS community partnerships, and externship model, information that has informed SWOCC's own program development thinking. No objection to the proposed BAS was raised. The key distinctions are geographic and contextual rather than curricular: OIT's practicum infrastructure and employer relationships are embedded in the Klamath Basin ecosystem, with community partnerships concentrated in Klamath Falls-area organizations. The program does not address the specific coastal, tribal, and frontier behavioral health realities of southwestern Oregon, nor does it provide explicit preparation for CADC II credentialing. Graduates completing the program in Klamath Falls are unlikely to return to serve Coos or Curry Counties, and the distance presents the same relocation barriers documented throughout this section.

Oregon State University (Corvallis, 145 miles) offers two undergraduate programs relevant to this comparison: a research-focused BS in Psychology oriented toward graduate preparation, and a BS in Human Development and Family Sciences with a Human Services option, available both on campus and fully online through Ecampus. The Human Services option addresses social services, casework, and community helping roles across the lifespan, including gerontology and family systems content. Neither undergraduate program provides explicit preparation for QMHA II or CADC II credentialing.

University of Oregon offers two relevant programs: The UO Department of Counseling Psychology and Human Services offers a Bachelor of Science in Family and Human Services with three tracks: Fundamentals, Prevention Science, and Direct Service. Approximately two-thirds of students pursue the Direct Service track, which includes a 180-hour practicum and coursework oriented toward community helping roles. Faculty noted they are actively working to help students identify pathways toward certifications including QMHA, though students must accrue the required clinical hours independently following graduation. Some coursework counts toward Certified Prevention Specialist requirements; CADC II preparation is not integrated into the program. UO's practicum infrastructure is embedded in Eugene-area community settings and carries no connection to southwestern Oregon's employer network, tribal communities, or coastal and frontier practice contexts. The program is located in Eugene, approximately 165 miles from Coos Bay, requiring relocation that presents the same financial and practical barriers documented throughout this section.

The UO Ballmer Institute, located on UO's Portland campus (approximately 200 miles), offers a Bachelor of Science in Child Behavioral Health aligned with the full scope of practice established in Oregon Senate Bill 1547, including a 700-hour applied practice requirement. Whilst this program shares an applied orientation and a commitment to baccalaureate-level workforce development, it focuses on child and family behavioral health and is located in an urban setting. It does not address the adult substance use disorder treatment, integrated behavioral health, or rural and frontier practice needs documented in southwestern Oregon.

Portland State University (Portland, 200 miles) offers several undergraduate programs relevant to this comparison. Its Bachelor of Social Work is Oregon's only publicly funded CSWE-accredited BSW degree, available both on the Portland campus and fully online. PSU also offers a Child, Youth, and Family Studies bachelor's degree and a BA in Psychology, alongside its nationally recognized CSWE-accredited MSW. Most recently, PSU launched a new fully online, asynchronous BA/BS in Human Services explicitly designed for working adults and community college transfer students, including those with two-year human services associate degrees. The program offers four workforce-based concentrations including Addictions, and replaces traditional practicum placements with virtual simulation experiences and Credit for Prior Learning. Whilst this new Human Services degree targets a student population meaningfully similar to SWOCC's, including AAS-holding transfer students in human services, several critical distinctions remain. The simulation model, whilst innovative and practical for geographically dispersed students, is a fundamentally different pedagogical approach from SWOCC's place-based practicum infrastructure embedded within regional employer relationships. Simulation cannot replicate the supervised, site-specific clinical experience in southwestern Oregon

behavioral health settings that SWOCC's program provides, nor does it develop the regional employer relationships, tribal community connections, and local professional networks that drive the workforce retention outcomes SWOCC's program is designed to produce. Neither the Human Services degree nor the BSW provides explicit preparation for QMHA II or CADC II credentialing.

Eastern Oregon University (La Grande, 370 miles) offers a fully online BA/BS in Psychology with applied and experimental specializations, oriented toward graduate preparation and entry-level helping professions roles. EOU also offers a Clinical Mental Health Counselling MS and has recently launched an online MSW program; both operating at the graduate level. Neither EOU's undergraduate psychology program nor its graduate offerings provide explicit preparation for QMHA II or CADC II credentialing. EOU is the most geographically distant institution in this comparison, and its fully online delivery model, whilst flexible, lacks supervised field experience infrastructure in southwestern Oregon settings and any integration with the regional employer network, tribal communities, or coastal and frontier practice contexts the proposed BAS is designed to serve.

Taken together, no existing program combines the features that SWOCC's proposed BAS provides: local accessibility for Coos and Curry County residents; explicit preparation for QMHA II, and CADC II; applied focus emphasizing immediate workforce entry; integration of tribal and rural community partnerships; and hybrid delivery with evening and weekend options for working adults. Community college tuition rates also represent the most affordable bachelor's pathway among Oregon public institutions, compounded by the elimination of relocation costs that all current alternatives require.

B. Collaboration to Minimize Costs, Enrich Learning, and Facilitate Employment

The BAS in Behavioral Health is designed to maximize the state's existing investment in community college education by building directly upon SWOCC's established AAS in Human Services infrastructure. Students complete general education requirements through existing SWOCC courses, eliminating duplicative course development. Faculty expertise, facilities, library resources, and student support services developed for the AAS program will serve both associate and bachelor's students, spreading fixed costs across a larger student population and improving return on state investment. The 2+2 model, in which AAS graduates transfer all 90 credits toward the 180-credit BAS, means students complete only 90 additional upper-division credits, minimizing time-to-completion and associated costs. Community college tuition rates represent the most affordable bachelor's option among Oregon public institutions, combined with the elimination of relocation expenses that all available alternatives would otherwise require.

Enriching Teaching and Learning

SWOCC's partnerships with regional behavioral health employers directly enrich the educational experience by connecting academic preparation to real-world practice contexts. Key partners including Bay Area First Step, Coos Health & Wellness, Three Rivers Health Center, CORE Response, Pacific Home Health & Hospice, and community mental health programs participate

in advisory board functions, ensuring course content remains current with evolving practice standards, credentialing requirements, and employer expectations. Practitioners from these organizations serve as guest instructors and field supervisors, bringing direct clinical experience into the learning environment. The program's advisory committee, including tribal behavioral health representatives, employer partners, and community members, provides ongoing guidance to ensure curriculum stays responsive to regional needs. Field placement partnerships will expose students to the full range of southwestern Oregon's behavioral health system, including integrated care settings, tribal programs, and community mental health organizations, thus providing breadth of learning that no single classroom or online program can replicate.

Facilitating Post-Graduation Employment

Regional employer partnerships are specifically structured to facilitate graduate employment. Partner organizations have committed to interviewing program graduates for open positions, and field placement relationships naturally create pathways to employment by allowing employers to evaluate students as potential hires during their supervised experience. The field placement requirement ensures graduates enter the workforce with documented supervised experience meeting Oregon Health Authority requirements for QMHA II certification and MHACBO standards for CADC II credentials that regional employers require or strongly prefer. Stakeholder survey data indicates 76% of regional organizations rate local program development as extremely or very beneficial, with 70% indicating willingness to provide practicum placements, demonstrating robust employer investment in program success and graduate hiring.

Workforce Board Partnership

SWOCC has also established a formal collaboration with the Southwestern Oregon Workforce Investment Board (SOWIB) to strengthen workforce data infrastructure, funding navigation, and employer engagement for the proposed BAS. SWOCC met with SOWIB leadership in July 2026 to align on shared workforce outcome tracking through SOWIB's existing iTrack system, avoiding duplication of data infrastructure already in place regionally. SOWIB identified Workforce Innovation and Opportunity Act (WIOA) funding, representing approximately $250,000 in available support, as a financing pathway for displaced workers and non-traditional students pursuing behavioral health credentials, alongside SNAP eligibility and layered workforce grants ranging from $6,000 to $10,000 per individual. The partnership also identified an apprenticeship model as a mechanism for unlocking additional grant opportunities and supporting the program's "grow your own" recruitment strategy targeting Head Start staff, early care workers, and other non-traditional students already working in the field without credentials. Jessica Porter of the South Coast Regional Early Learning (SCREL) Hub, a close SOWIB-affiliated partner focused on early childhood systems, participated in the meeting and agreed to join SWOCC's Human Services advisory board, further strengthening ties between the proposed program and early-childhood workforce pathways. The organizations have agreed to convene a sector strategy meeting in late fall or winter 2026 to engage healthcare, early learning, education service district, tribal, and mental health employer partners in curriculum input.

C. Engagement and Consultation Summary

During the 60-day Engagement and Consultation period, SWOCC conducted structured outreach to Oregon public universities offering programs in psychology, counseling, human services, and related behavioral health fields. Consultations took the form of scheduled Zoom meetings led by Dr. Jenn Lewis, Program Coordinator for Human Services, and DeAnne Varitek, Dean of Career and Technical Education, using a consistent interview protocol covering program structure, practicum requirements, transfer pathways, and potential collaboration opportunities. Meetings were documented through Zoom's AI-assisted transcription and summary features, reviewed for accuracy by participants, and full meeting summaries are provided as Attachment K.

Portland State University (March 30, 2026): SWOCC met with Dr. Evaon C. Wong, Dean of the School of Social Work, and Robin Teeter, Office of the Dean. Discussion focused on PSU's BSW and MSW programs, shared challenges around field placement, graduate pathway advising, and potential partnership around tribal community engagement. The conversation also touched on PSU's newly launched BA/BS in Human Services, which uses a simulation-based model designed for working adults and community college transfer students. Dr. Wong expressed interest in future collaboration, including PSU representatives participating in transfer and career events for SWOCC students. PSU's programs serve a student population and geographic region distinct from SWOCC's proposed program, and PSU representatives affirmed the regional workforce gap SWOCC's BAS is designed to address.

Oregon Institute of Technology (March 4, 2026): SWOCC met with Dr. Trevor J. Petersen, Professor of Psychology and Licensed Clinical Psychologist. Dr. Petersen described OIT's Applied Psychology BS, its year-long internship and externship model, and two practicum programs developed in partnership with the Oregon Department of Human Services. OIT's program shares an applied orientation and includes coursework in motivational interviewing and counselling techniques; however, it serves the Klamath Basin region with employer relationships concentrated in Klamath Falls-area organizations and does not provide CADC II credential preparation. Dr. Petersen offered to share further information about OIT's DHS partnership structure, and no objection to the proposed program was raised.

Oregon State University (March 17, 2026): SWOCC met with Dr. Marilyn S. Thompson, Professor and School Head of Human Development and Family Sciences. Dr. Thompson described OSU's HDFS bachelor's program, including its Human Services option, and a newly developed accelerated master's in Applied Behavioral Health. Both parties agreed to exchange course lists as a foundation for future articulation conversations. OSU's programs serve populations and institutional purposes that are complementary rather than duplicative of SWOCC's proposed program.

University of Oregon - Psychology Department (March 18, 2026): SWOCC met with Dr. Ron Bramhall, Associate Vice Provost for Academic Affairs, and Dr. Maureen Zalewski, Professor and Director of Clinical Training. Discussion focused on UO's Child Behavioral Health undergraduate program through the Ballmer Institute, which aligns with the full scope of practice established in SB 1547 and requires 700 hours of applied practice, and graduate program prerequisites including the importance of research literacy. Dr. Bramhall offered to connect

SWOCC with relevant graduate program directors as the BAS curriculum develops. No objection to the proposed program was raised.

Eastern Oregon University (March 31, 2026): SWOCC met with Dr. Hope Schuermann, Director of the Clinical Mental Health Counseling Master's Program. Dr. Schuermann described EOU's MS in Clinical Mental Health Counseling and newly launched MSW program, and noted that students entering graduate programs with strong applied foundations are better prepared than those with primarily theoretical backgrounds — an observation that directly affirms SWOCC's applied curriculum emphasis. Dr. Schuermann expressed interest in future collaboration through guest lectures on cultural competency. EOU's programs are located in La Grande, 370 miles from Coos Bay, and serve a geographically distinct population.

University of Oregon — Department of Counseling Psychology and Human Services (March 31, 2026): SWOCC met with Dr. Leslie Leve, Department Head, and Dr. Jen Doty, Associate Professor. The discussion covered UO's Family and Human Services bachelor's program, its three tracks including Direct Service and Prevention Science, and the department's active work helping students navigate QMHA credentialing requirements. UO representatives offered to share program materials and a draft paper summarizing community employer competency expectations. UO's program serves a traditional university student population on a different educational trajectory from the working adults and rural residents SWOCC's program is designed to serve. No objection to the proposed program was raised.

Western Oregon University WOU was contacted during the Engagement and Consultation period and responded declining to participate in a meeting. No concerns about the proposed program were communicated, and SWOCC interprets WOU's declination as indicating no objection to the proposed program and no current or planned overlap in regional service.

Southern Oregon University - SWOCC subsequently expanded outreach to include Southern Oregon University's Human Services program. Dr. Kelly Szott, Program Coordinator for Human Services at SOU, agreed to a consultation and, together with her Dean, is scheduled to meet with SWOCC leadership to discuss the proposed BAS in Behavioral Health, share programmatic perspective, and inform continued program development. SOU's BA/BS in Human Services and Certificate in Pre-Alcohol and Drug Counseling are identified and described in the program comparison section above.

Pacific University - SWOCC contacted Pacific University's BSW program regarding its perspective on the proposed BAS. Dr. Don Schweitzer, Associate Professor and BSW Program Director, expressed willingness to participate in a consultation, and scheduling for that conversation is in progress.

Additional Outreach. SWOCC also extended outreach to several additional private institutions offering related programs, including Linfield University (Psychology BA/BS), George Fox University (BSW), Willamette University (Psychology BA), Corban University (Counseling Psychology BA), Lewis & Clark College (Psychology BA), and the University of Portland (BSW). SWOCC did not receive a response from any of these institutions. This outreach was

undertaken to further confirm the absence of program duplication across the regional and private-institution landscape, in addition to the public university consultations described above.

D. Resolved and Unresolved Issues

No institution contacted during the Engagement and Consultation period raised concerns about program duplication, competitive overlaps, or any other aspect of SWOCC's proposed BAS. Each institution that participated acknowledged the geographic and programmatic distinctiveness of the proposed program from their own offerings, and several expressed interest in ongoing collaboration. Western Oregon University declined to participate and communicated no objections. Southern Oregon University and Pacific University were subsequently contacted as part of an expanded outreach effort; a consultation meeting is scheduled with SOU and scheduling is in progress with Pacific. Additional outreach was also extended to Linfield University, George Fox University, Willamette University, Corban University, Lewis & Clark College, and the University of Portland; none responded. No institution contacted, including those in the expanded outreach round, raised concerns about program duplication or overlap. There were no unresolved issues arising from the Engagement and Consultation period or the subsequent outreach described above.

STANDARD 3: Employer Demand for Bachelor's-Prepared Behavioral Health Professionals

A. Demonstrated Employer Demand Exceeding Regional Supply

Employer demand for bachelor's-prepared behavioral health professionals in southwestern Oregon significantly exceeds the regional supply of qualified graduates. This workforce shortage is documented through Oregon Employment Department labor market data, comprehensive employer surveys conducted in 2025-2026, letters of support from regional employers, and analysis of job postings in Coos, Curry, and western Douglas Counties.

Regional Employment Demand Data

According to Oregon Employment Department projections, substance abuse and behavioral disorder counselors, mental health counselors, and community health workers are among the fastest-growing occupations in southwestern Oregon. The region faces documented provider shortages, with demand driven by expanding access to substance use disorder treatment, integration of behavioral health into primary care settings, and increasing recognition of mental health needs in rural communities. Oregon Health Authority data indicates significant unmet need for behavioral health services, with wait times for substance use disorder treatment in southwestern Oregon exceeding state averages (see Attachment B for complete labor market data).

Community Stakeholder/Employer Survey Evidence

Regional employer recognition of this workforce gap predates the current study. In 2019, a needs assessment conducted by SWOCC through the South Coast Social Services Connect Consortium engaged over 200 behavioral health and human services organizations across the region, yielding 61 employer responses. Findings documented substantial organizational investment in workforce

development: 66% of respondents offered field or work experience to students, 74% indicated willingness to pay for employee attendance in a local program, and 90% identified workforce training as a primary community benefit of proposed bachelor's-level education. These findings established a documented baseline of employer demand that SWOCC's 2025-2026 survey confirms and amplifies, demonstrating that the regional workforce shortage is not a recent development but a persistent, long-standing gap that has deepened through the COVID-19 pandemic, the escalating fentanyl crisis, and accelerating behavioral health workforce attrition statewide.

SWOCC recently conducted a comprehensive employer survey in December 2025-January 2026, receiving 37 responses from behavioral health employers, healthcare organizations, and community service agencies representing diverse sectors including federally qualified health centers, hospital-based behavioral health units, community mental health programs, substance use disorder treatment facilities, integrated care organizations, and private practices. Complete survey results with data visualizations are provided in Attachment D.

Key findings from the recent employer survey:

- Organizations reported substantial current and projected workforce needs across multiple credential types (QMHA, QMHP, CADC)
- 70% of respondents rated recruitment of qualified behavioral health professionals as extremely or very challenging
- 78% identified geographic location and rural setting as a primary hiring barrier, the single most cited obstacle, and 73% cited insufficient qualified applicants in the region
- 65% of organizations require or strongly prefer bachelor's degrees for behavioral health clinical positions
- 49% report hiring associate degree holders for positions they would prefer to fill with bachelor's-prepared staff, a practice driven by workforce shortage, not preference
- Multiple employers reported positions remaining vacant for six months or longer due to inability to identify qualified candidates
- 76% rated a local BAS program as extremely or very beneficial to their organization
- 70% indicated willingness to provide practicum placements for students

Employers identified specific barriers including geographic and rural location, insufficient qualified applicants, candidates lacking required credentials, lack of local training programs, and salary and compensation constraints. Organizations noted that they have modified service delivery models or limited program capacity due to staffing constraints rather than lack of client demand, a finding that underscores how workforce shortages directly limit community access to behavioral health services.

B. Calculated Supply-Demand Gap Analysis

A comprehensive analysis of employer demand and educational supply reveals a significant annual gap between workforce needs and available qualified graduates.

Demand Calculation: Oregon Employment Department projections for Southwestern Oregon (Coos, Curry, and western Douglas Counties) indicate 25-35 annual job openings for substance abuse counselors, behavioral disorder counselors, and mental health counselors in the region (Oregon Employment Department, Southwestern Oregon Occupational Projections 2024-2034). This figure reflects both new positions created by growth in the sector and replacement openings as workers retire or change occupations. Employer survey data and job posting analysis confirm demand consistent with this range, and the OED projects the private education and health services sector, which includes behavioral health, to add the most jobs of any sector in southwestern Oregon, adding 1,740 jobs regionally over the decade. Annual demand of 25-35 bachelor's-level behavioral health positions represents a conservative baseline figure for the region.

Supply Analysis: Current educational supply of bachelor's-prepared behavioral health professionals serving southwestern Oregon is extremely limited. No bachelor's degree programs are physically located in Coos or Curry Counties. Southern Oregon University produces graduates annually; however, given the geographic distance from the region, the program's orientation toward graduate study preparation rather than applied workforce entry, and the well-documented pattern of graduates remaining in their area of study rather than returning to rural communities, it is reasonable to estimate that very few SOU graduates annually enter applied behavioral health positions in southwestern Oregon. The Bushnell-Umpqua partnership launched in Fall 2022 and serves only Douglas County; its focus on general psychology rather than applied behavioral health practice means few if any graduates are likely to fill QMHA II or CADC II roles in Coos or Curry Counties. Taking these factors together, current regional supply of bachelor's-prepared behavioral health practitioners entering the Coos and Curry County workforce is conservatively estimated at 0–5 individuals annually.

Calculated Annual Gap: With annual demand of 25-35 positions and current supply of 0-5 graduates, the region faces an annual shortfall of 20-35 qualified bachelor's-prepared behavioral health professionals. Even at projected steady-state production of 15-20 SWOCC graduates annually, the program would address approximately 43-80% of documented need, leaving an ongoing gap of 5-20 positions per year. This demonstrates clear, documented, substantial workforce need with no risk of market saturation.

STANDARD 4: Student Demand and Program Sustainability

A. Foundation: Exceptional Growth of the AAS in Human Services

The proposed Bachelor of Applied Science in Behavioral Health builds directly upon SWOCC's established Associate of Applied Science in Human Services, creating a seamless pathway for students to progress from associate to bachelor's credentials without leaving their community. Since launching in Fall 2023, the Human Services AAS program has demonstrated exceptional

growth that provides strong evidence of student demand and program sustainability. Complete enrollment data and growth trend visualizations are provided in Attachment F.

Since 2023-24, 222 students have enrolled in SWOCC's human services pathway programs, representing new enrollment growth of 62%: from 53 students in 2023-24, to 82 in 2024-25, and 86 in 2025-26. This figure encompasses students across three interconnected programs, including: the AAS in Human Services (59%), AAOT emphases in Psychology and Human Services/Social Work (40%), and the Certificate in Addiction Studies (1%). All of these areas represent students preparing for careers in behavioral health and social services. The distribution itself is meaningful, as the majority pursuing the AAS are preparing for direct workforce entry, while the 40% on AAOT transfer pathways are precisely the students the proposed BAS would retain locally rather than lose to transfer institutions. Taken together, these 222 students represent the full pipeline of place-bound students in southwestern Oregon who are actively pursuing behavioral health credentials, and who constitute the core demand base for the proposed program.

Student success metrics are strong: while some students have changed majors or withdrawn from the institution, 90% of these students have persisted, including students who have already applied for admission in the forthcoming academic year. Course completion averages 87% and year-to-year retention exceeds 80%.

The AAS in Human Services is a newly established program, approved through SWOCC's curriculum committee and institutional review process in 2022 and launched in Fall 2023. As a program in only its third year of operation, it has not yet undergone a subsequent departmental review cycle; the original program approval represents the most recent formal review. Ongoing advisory board engagement, annual assessment of student learning outcomes, and participation in the QMHA-R pilot through MHACBO/OHA serve as continuous quality review mechanisms in lieu of a scheduled departmental review cycle. The program's newness is itself evidence of currency with curriculum, field placement structures, and credential alignment were developed to meet contemporary workforce standards and current Oregon Health Authority and MHACBO requirements. The rapid enrollment growth and strong student outcomes documented since launch indicate the program is meeting its intended purpose without requiring revision, and ongoing advisory board engagement ensures continuous responsiveness to employer needs and evolving credentialing requirements. As a program in only its third year of operation, six years of enrollment data are not yet available; the complete enrollment history since launch is provided in Attachment F.

B. Revisions to the AAS Program to Better Integrate with the BAS

Implementation of the BAS in Behavioral Health will prompt targeted revisions to the existing AAS program to strengthen vertical integration between the two degree levels. Planned changes include a program name change from Human Services to Behavioral Health, better aligning the associate degree title with the bachelor's pathway and with regional employer terminology. This realignment also serves an important advising and recruitment function: students pursuing AAOT emphases in psychology and social sciences who intend careers in behavioral health are not always identified or directed toward the Human Services program under its current title. A program name and identity that explicitly signals behavioral health will improve visibility to this

population, strengthening the pipeline between transfer-oriented students and the applied degree pathway before they leave the region.

Curricular adjustments will reorganize course sequencing across the full four-year pathway to ensure foundational concepts in behavioral health, human development, and introductory practice skills are concentrated in the first two years of study. Select coursework currently embedded in the AAS will be elevated and redesigned as upper-division BAS content, allowing those topics to be taught with greater depth, theoretical grounding, and clinical complexity appropriate to the bachelor's level. This restructuring creates a more intentional and coherent progression from introductory to advanced competencies, ensures associate-level graduates are well-prepared for upper-division work, and eliminates redundancy across the two degree levels. The AAS will be strengthened rather than diminished by this process: content moving to the BAS level will be replaced with appropriately sequenced foundational coursework, preserving the integrity and workforce readiness of the associate degree for students who complete it as a terminal credential.

C. Documented Student Interest in the Proposed BAS Program

Student interest survey data (N=124; Attachment C) provides compelling evidence of strong demand for a local bachelor's degree in behavioral health among current SWOCC students and recent graduates.

Key findings from the student survey:

Interest Level: Among all 124 respondents, 64.5% expressed strong interest in pursuing the BAS program, rating their interest 4 or 5 on a 5-point scale, with 48% selecting the highest interest rating of 5.

Financial Constraints: 61% identified cost or tuition as a significant barrier to enrollment, reflecting the economic realities of a region where poverty rates exceed state averages.

Work Obligations: 53% cited work schedule conflicts as a barrier, underscoring the importance of flexible delivery options for a student population that cannot stop working to pursue education.

Family Responsibilities: 27% cited family or childcare responsibilities as a barrier to enrollment.

Delivery Preferences: 43% indicated preference for hybrid models combining in-person and online instruction, with an additional 25% preferring fully online delivery, together indicating that 68% of respondents require significant online flexibility.

Career Goals: Primary reasons for considering the degree included personal and professional development (65%), career advancement (65%), higher earning potential (42%), qualifying for QMHA status (43%), and qualifying for CADC credentials (33%).

Graduate Pathways: 41% of respondents identified pursuing a master's degree as an educational goal, indicating the BAS would serve as a meaningful steppingstone toward advanced licensure for a substantial portion of the student population.

These findings underscore a critical reality: talented, committed students exist in southwestern Oregon who want to serve their communities as behavioral health professionals but lack accessible pathways to required credentials. The proposed BAS program directly addresses this documented student demand while simultaneously addressing the regional workforce shortage.

The Brain Drain Problem: AAOT Students on Transfer Pathways

The student interest survey identified a concerning pattern among the 124 respondents. Of the 43 students (35%) currently enrolled in AAOT or transfer degree programs with behavioral health, psychology, or social science emphases, 81.4% expressed high interest in the proposed BAS despite being on pathways that will require them to leave southwestern Oregon to complete bachelor's-level education. Their educational goals confirm the transfer imperative: 65% plan to transfer to a four-year institution, 54% intend to pursue a master's degree, and 33% a doctoral degree. These are academically ambitious students who would remain in the region if a local pathway existed. Notably, AAS students showed comparable interest: 83% of Human Services AAS respondents rated their interest 4 or 5, indicating that both the workforce-entry and transfer-oriented populations within SWOCC's human services pathway see the BAS as a meaningful next step.

Employer Concerns About Online-Only Alternatives

Students who attempt to remain in southwestern Oregon while pursuing bachelor's degrees increasingly turn to fully online programs, and online education serves an important role in expanding access. However, through employer conversations, advisory board discussions, and letters of support, regional partners have raised consistent concerns about the preparation of graduates from geographically distant or generalist online programs for the specific demands of rural behavioral health practice.

Employers and advisory board members have identified preparation gaps that local, place-based education is uniquely positioned to address: familiarity with frontier and rural service delivery contexts where resources are limited and professional isolation is common; cultural competency specific to southwestern Oregon's populations, including tribal communities, forestry and fishing industry workers, and economically disadvantaged rural residents; working knowledge of the regional behavioral health system including coordinated care organizations, federally qualified health centers, community mental health programs; and supervised field experience with the actual client populations and employer partners serving this region.

SWOCC's proposed BAS directly addresses these concerns. By combining rigorous academic preparation with supervised field placements in regional community settings, the program ensures graduates develop both theoretical foundations and the contextual knowledge required for effective practice in southwestern Oregon. Advisory board engagement, tribal partnerships, and ongoing collaboration with regional employers will ensure curriculum remains responsive to local needs and that graduates are prepared to serve the specific communities where they will live and work.

D. Integration with Proposed Bachelor's Program

The BAS in Behavioral Health is designed as an integrated upper-division pathway building upon the associate degree foundation. Students who complete SWOCC's AAS in Human Services will transfer all 90 credits toward the 180-credit bachelor's degree, requiring only 90 additional credits of upper-division coursework. This 2+2 model provides maximum efficiency for students while maintaining appropriate rigor and specialized content at the bachelor's level.

Students will complete supervised field experience in community settings exceeding the associate-level practicum requirement, fulfilling Oregon Health Authority requirements for QMHA II certification and MHACBO standards for CADC II, positioning graduates for the credential pathways regional employers require or strongly prefer, as well as emerging bachelor's-level licensure pathways in Oregon including the Licensed Behavioral Health and Wellness Practitioner credential established by Senate Bill 1547, as board approval processes and program requirements are finalized.

The integrated program model supports continuous quality improvement through regular curriculum review, assessment of student learning outcomes across both degree levels, and feedback from employer partners serving as field placement sites.

This vertical integration strengthens both programs while maximizing efficient use of state resources invested in behavioral health workforce development.

CONCLUSION

The proposed Bachelor of Applied Science in Behavioral Health addresses a documented critical workforce shortage in southwestern Oregon while advancing SWOCC's mission, Oregon's educational equity goals, and the state's behavioral health priorities. The evidence presented in this Statement of Need demonstrates substantial employer demand exceeding regional educational supply, strong student interest and enrollment trends supporting program sustainability, clear alignment with institutional and state educational goals, and strategic collaborations maximizing state resources.

The program fills a documented gap in Oregon's educational landscape by providing the only accessible bachelor's degree in behavioral health for residents of Coos and Curry Counties. The enactment of Senate Bill 1547 and the recommendations of the Governor's Behavioral Health Talent Council underscore the urgent, statewide need for accessible pathways to bachelor's-level behavioral health credentials, a need this program directly addresses for southwestern Oregon. Current workforce shortages result in delayed treatment access, inadequate behavioral health services, and reliance on recruitment from outside the region, while students with commitment and competence lack pathways to advance.

Strong evidence supports program viability and sustainability. Since 2023, 222 students have enrolled across SWOCC's human services pathway programs, demonstrating 62% enrollment growth with 90% persistence rates. A comprehensive student interest survey of 124 respondents documented significant barriers to bachelor's degree access which included cost, work obligations, and family responsibilities, alongside strong interest in pursuing the program if available locally. Employer surveys from 37 regional organizations document recruitment challenges rated as

extremely challenging by 70% of respondents, with substantial current vacancies and projected hiring needs far exceeding the program's planned production of 15-20 annual graduates.

The program advances educational equity by serving rural, economically disadvantaged populations with limited access to bachelor's education. Bachelor's degree attainment rates in the three-county region range from 21.8-28.5%, substantially below Oregon's 40% goal. Hybrid delivery, evening and weekend course options, and integration with existing support services specifically address barriers faced by working adults, parents, first-generation students, and individuals without resources to relocate. The commitment to partnership with local tribal communities ensures graduates are prepared to provide culturally responsive services honoring tribal sovereignty and addressing the unique behavioral health needs of Native populations.

SWOCC's strategic collaborations with regional employers, partnerships with tribal governments, and integration with the existing AAS program ensure efficient use of state resources while enriching teaching and learning. The program complements rather than duplicates existing educational offerings, serving a distinct geographic region and student population with a unique applied practice focus that prepares graduates for immediate workforce entry in high-demand careers.

Implementation of this program will make measurable progress toward addressing southwestern Oregon's behavioral health workforce shortage, expanding educational access for underserved populations, and preparing professionals who understand and can effectively serve rural communities. The region's communities face urgent and well-documented behavioral health crises, including rising rates of substance use disorder, unmet mental health need, and limited access to early intervention, that demand a sustained, locally rooted workforce response. Graduates of this program will be equipped to meet individuals and families where they are, providing evidence-based support for mental health and substance use challenges while building community resilience that prevents crises before they occur. SWOCC respectfully requests HECC approval to proceed with program development and implementation, allowing the college to better serve its region, strengthen the wellbeing of its communities, and contribute to Oregon's broader workforce and educational goals.

Attachment A: Letters of Community Support

Letters of community support from the following regional employers, behavioral health organizations, and community partners are incorporated as PDF documents immediately following this page. Letters are included from the following organizations:

CORE Response

Southern Oregon Workforce Investment Board (SOWIB)

Coos Health & Wellness

Bay Area First Step

Advanced Health

Coastal Center

Columbia Care

Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI)

Ko-Kwel Wellness Center

Pacific Home Health & Hospice

Brookings CORE Response
PO Box 4160
97900 Shopping Center Ave. #31
Brookings, Oregon 97415
Ph: (541) 251-0825
EIN: 87-1608300

"Increasing community resilience
and reducing harm to marginalized people
through housing, healthcare, and system navigation"

March 7, 2026

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE Salem, OR 97302

Dear Commission,

I am writing in strong support of Southwestern Oregon Community College's proposed Bachelor of Applied Science in Behavioral Health. As the founder and Executive Director of Brookings CORE Response, a peer-led nonprofit serving people experiencing homelessness, substance use challenges, and mental health barriers in Curry County, I write this letter with both professional conviction and deep personal connection to what this program represents.

My family has lived in Curry County for generations. I grew up here, went to school here, and spent nearly a decade of my adult life experiencing homelessness in this same community. I know what it means to need services and to find nothing adequate. I also know what it means to find your way through and want to give something back. Like many people from this region, I had to leave Curry County to access the services and education I needed to build a career in this field. That experience shaped everything about what I think our community deserves and opened my eyes to the possibilities, and it is the foundation on which Brookings CORE Response was built; from the ground up by people who belong to this place.

Brookings CORE Response was created specifically to address the social determinants of health that drive workforce shortages in healthcare, behavioral health, and social services in order to bring stability to those services. Our region loses potential professionals at every stage who have the lived experience, the drive, and the

community roots to do this work, but no accessible pathway into it. One of our agency's core goals is to provide education and skill-building opportunities to professionals in this field right here in Curry County, so that we can build a strong infrastructure from within. We have worked toward that by hiring people with lived experience, partnering with DHS, WorkSource, and SWOCC's Human Services program to create pipelines into the field, and developing volunteer-to-staff pathways that have produced some of our most effective team members. Many of those team members are in leadership roles today. This BAS program is the natural next step in that infrastructure.

Many of the services available to vulnerable people in Curry County have historically been provided by agencies based elsewhere, and we are genuinely grateful for that support. It has been necessary and it has mattered. But when those agencies experience funding shifts or changing priorities, our community loses those services, and the people who depended on them are left not only without support, but with deepened distrust in the systems meant to help them. Strong, trusted services have to be community-based to last. Programs like this BAS are opportunities for Curry County to stand on its own and train our own community members, build our own infrastructure, and create the kind of stability that vulnerable populations need and that outside support, however well-intentioned, cannot always guarantee.

The full circle nature of this work is not lost on me. Dustin, who completed his practicum with us and is now a valued member of our team, went to school with me. Some of the clients we serve today were in our class. The same community that shaped all of us is the one we are now working together to strengthen. That is not a coincidence; it is exactly what a locally rooted education pipeline makes possible.

Recruiting bachelor's level behavioral health professionals in rural Curry County is extraordinarily difficult. (I am currently pursuing my own bachelor’s degree online through Portland State University in the field of Public Health, with a special interest in Health Policy and the Social Determinants of Health.) Qualified candidates are scarce regionally, and those trained elsewhere rarely stay. The positions hardest to fill are those requiring QMHA II or CADC II credentials, which are precisely the credentials this BAS program would support. A significant portion of our current and projected roles

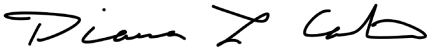
would greatly benefit from a bachelor's degree. This would also increase our capacity to serve members and bill Medicaid, creating more sustainable funding streams and even more consistent, community-level services.

Looking ahead, Brookings CORE Response is working to expand services to include childcare and children and family programs, with a focus on families impacted by trauma, addiction, and homelessness. We envision partnering with behavioral health agencies and community services to provide trauma-informed care and behavioral health support for children and families in Curry County. This is just one more reason this program matters for today's workforce and the long-term health of our community.

While there are still challenges we face as a behavioral health workforce in Curry County, a locally trained workforce brings us closer to our goals. SWOCC graduates already understand the culture, the geography, and the people we serve. We are fully committed to continuing to provide practicum placements for BAS students and to hiring SWOCC graduates as our programs grow. The return on that investment, for our organization and for Curry County, speaks for itself.

This is everything I have wanted to see for this community. Brookings CORE Response stands wholeheartedly behind this program, and I hope the Commission will recognize what it means not just for workforce development, but for the long-term stability and self-determination of a rural community that has waited a long time for this kind of investment in itself.

Sincerely,



Diana Carter, Executive Director
Diana@brookingscoreresponse.org
(541) 251-0825 x20

Southwestern Oregon SOWIB Workforce Investment Board

February 17, 2026

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

The Southwestern Oregon Workforce Investment Board (SOWIB) provides this letter in support of Southwestern Oregon Community College's proposed Bachelor of Applied Science in Behavioral Health.

As the Local Workforce Development Board serving Coos, Curry, and Douglas counties, SOWIB works with regional employers, healthcare providers, and community partners to address workforce supply and demand. According to occupation profiles published by the Oregon Employment Department for Southwestern Oregon, more than 1,300 positions exist across behavioral health and related social service occupations in the region, with approximately 130 projected openings annually. Several key roles — including Mental Health Counselors and Substance Abuse and Behavioral Disorder Counselors — are projected to grow at rates approaching 19 percent over the next decade. These occupations typically require bachelor's-level education and represent a sustained source of regional workforce demand.

Statewide data from the Oregon Employment Department further underscores the broader workforce context. Private health care and social assistance added 16,100 jobs between 2023 and 2024, reaching an all-time high of 301,000 jobs statewide. In 2024, the sector accounted for nearly one-third (32 percent) of all private-sector job vacancies and is projected to grow 13 percent between 2023 and 2033, adding approximately 37,000 jobs. When projected growth and replacement needs are combined, the sector is expected to average nearly 38,000 job openings annually through 2033.

Within this broader sector growth, behavioral health occupations remain an area of sustained demand. State workforce projections also indicate that approximately one-quarter of workers in health care and social assistance are age 55 or older, signaling continued replacement demand in the coming decade.

In rural communities such as those served by SOWIB, limited access to local bachelor's-level degree pathways can constrain advancement opportunities for incumbent workers and reduce the availability of credentialed professionals. The availability of a local Bachelor of Applied Science (BAS) pathway aligns with documented employer expectations and credentialing standards. Expanding local educational capacity through the proposed BAS in Behavioral Health would support workforce advancement, strengthen recruitment and retention efforts, and reinforce a sustainable regional talent pipeline.

SOWIB values its partnership with Southwestern Oregon Community College and supports continued collaboration to align education pathways with documented workforce need.

Sincerely,

Sara Stephens
Sara Stephens (Feb 17, 2026 10:48:52 PST)

Sara Stephens
Executive Director

PO Box 415
Coos Bay, OR 97420

(844) 532-6893

www.sowib.org

SWOCC BAS LOS 2026

Final Audit Report 2026-02-17

Created:	2026-02-17
By:	Tina Carpenter (tcarpenter@sowib.org)
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Document created by Tina Carpenter (tcarpenter@sowib.org)
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TTY: 711 / 800-735-1232

March 3, 2026

Higher Education Coordinating Commission Office of Community Colleges and Workforce Development
3225 25th Street SE Salem, OR 97302

Dear Commissioners:

I am writing on behalf of Advanced Health, the Coordinated Care Organization (CCO) serving Oregon Health Plan members in Coos and Curry counties, to express strong support for Southwestern Oregon Community College's (SWOCC) proposed Bachelor of Applied Science (BAS) in Behavioral Health. As a key partner in delivering integrated physical, behavioral, and oral health services to our members, we see firsthand the critical need for a stronger local pipeline of qualified behavioral health professionals. This program would directly address workforce shortages in our region and enhance our ability to provide timely, effective care.

Our rural and coastal communities face ongoing and significant difficulties in recruiting qualified behavioral health professionals. Positions such as Qualified Mental Health Associates (QMHAs), case managers, care coordinators, and substance use disorder counselors are among the hardest to fill. We also experience high turnover due to limited local talent, competition from urban areas, and the challenges of attracting providers to underserved regions. Recent statewide reports, including those from the Behavioral Health Talent Council, highlight Oregon's behavioral health workforce crisis, with rural counties like Coos and Curry showing particularly low numbers of credentialed workers per capita (e.g., below state averages for CADCs and QMHAs in many categories). These shortages result in longer wait times for services, increased reliance on crisis interventions, and gaps in preventive and ongoing care for individuals with mental health and substance use needs.

A substantial portion of our behavioral health positions—approximately 60-70%—require or strongly prefer bachelor's-level credentials for roles involving advanced case management, care coordination, and direct service delivery. We prioritize hiring professionals who hold or are eligible for QMHA-II and CADC-II certifications, as these align with Oregon Administrative Rules and enable billing for higher-level services under the Oregon Health Plan. QMHA-II certification, requiring supervised experience and advanced skills in case management, is especially valuable for our integrated care teams. Similarly, CADC-II certification is essential for positions focused on substance use disorder treatment and recovery support. Without these credentials, we face limitations in staffing comprehensive programs and meeting member needs effectively.

A local BAS in Behavioral Health at SWOCC would be transformative for Advanced Health and the broader community. Graduates would enter the workforce with bachelor's-level training tailored to regional needs, ready to pursue QMHA-II and CADC-II certifications. This would increase the supply of qualified professionals who understand local cultural, geographic, and socioeconomic factors—reducing recruitment costs, shortening vacancies, and improving service continuity. Community benefits include expanded access to behavioral health services for Oregon Health Plan members, better integration of physical and behavioral care, reduced emergency department utilization for behavioral health crises, and

stronger support for prevention and recovery in Coos and Curry counties. By building workforce capacity locally, the program would help retain talent in our region rather than losing it to urban migration.

Advanced Health is eager to partner with SWOCC on this initiative. We would welcome the opportunity to assist in finding practicum placements for BAS students, offering supervised experiences in our integrated clinics, care coordination teams, and community-based programs. These placements would allow students to gain hands-on exposure to real-world Medicaid-funded services while contributing to member care under appropriate supervision. Such a partnership would strengthen our workforce pipeline and align with our mission to improve health outcomes through coordinated, community-centered care.

In summary, Advanced Health fully endorses SWOCC's proposed Bachelor of Applied Science in Behavioral Health. This program represents a strategic investment in addressing Oregon's behavioral health workforce crisis, particularly in rural southwestern Oregon. We urge the Higher Education Coordinating Commission to approve this degree completion program to help meet the documented demand for qualified professionals.

Please contact me at 541-999-4722 or kera.hood@advancedhealth.com if you require additional information or clarification.

Sincerely,

Kera Hood RN, BS

Kera Hood | Behavioral Health Director @ Advanced Health Coordinated Care Organization for Coos and Curry Counties

BAFS RECOVERY HAPPENS
Bay Area First Step

1942 Sheridan Avenue, North Bend, OR 97459
Phone: 541-756-3111 Fax: 541-756-2111
www.bayareafirststep.org

March 5, 2026

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE Salem, OR 97302

Re: Letter of Support for Southwestern Oregon Community College – Bachelor of Applied Science in Behavioral Health

Dear Commissioners,

On behalf of our organization, I am writing to express formal and unequivocal support for Southwestern Oregon Community College's proposed Bachelor of Applied Science in Behavioral Health degree program.

Our organization serves individuals and families in the rural area of southern Oregon, both Coos and Curry Counties, where access to behavioral health services is persistently constrained by workforce shortages. Recruiting and retaining qualified professionals remains a significant and ongoing challenge. The positions most difficult to fill include Certified Alcohol and Drug Counselors (CADC I and CADC II) and Qualified Mental Health Associates (QMHA I). These roles are foundational to the delivery of substance use disorder and community mental health services, yet the applicant pool in our region is limited and highly competitive.

Rural communities face unique barriers that exacerbate workforce shortages, including geographic isolation, limited local training opportunities, reduced access to supervision for credential advancement, and fewer incentives for professionals to relocate from urban centers. In addition to the need for baccalaureate level addiction professionals, the shortage of master's level mental health professionals and qualified supervising counselors further restricts our capacity to develop and advance emerging professionals within our organization.

Approximately 30 percent of our positions in the Outpatient SUD Treatment program require a bachelor's degree. We have an ongoing and documented need for professionals who qualify as QMHA II and CADC II. However, there is a clear shortage of credentialed applicants who meet these standards or who are positioned to obtain them. This workforce gap directly limits our ability to expand services, increases caseload pressure on existing staff, and contributes to longer wait times for individuals seeking care in our community.

The establishment of a local Bachelor of Applied Science in Behavioral Health at Southwestern Oregon Community College would represent a critical investment in regional workforce development.

A locally accessible bachelor's program would strengthen the educational pipeline, increase the number of graduates eligible for QMHA II and CADC II certification, and support sustainable service expansion to increase community treatment capacity. Importantly, rural-serving institutions play a vital role in retaining students who are rooted in their communities and more likely to remain in the area upon graduation.

The proposed Bachelors program aligns directly with documented workforce needs and state priorities related to behavioral health system capacity, substance use disorder treatment expansion, and rural access to care. By providing advanced applied training within the community, SOCC will help address structural workforce shortages that cannot be resolved through recruitment efforts alone.

Our organization values its partnership with SOCC's Human Services program and affirms our willingness to provide internship/practicum placements for students. We would also strongly consider hiring qualified graduates of the program as positions become available. We view this partnership as an essential component of building a sustainable and responsive behavioral health workforce for our region.

For these reasons, we respectfully urge approval of Southwestern Oregon Community College's Bachelor of Applied Science in Behavioral Health program. We commend the College for its leadership in addressing critical rural workforce needs and advancing the health and well-being of Oregon communities.

Sincerely,

Kurt Bradford Smith, BS, CADC II, QMHA I, CRM
Treatment Director
Bay Area First Step, Inc.
Recovery Happens

Coos Health & Wellness
Together, Inspiring Healthier Communities

Promotes and provides innovative quality health services, prevention, and education for our communities

281 LaClair Street, Coos Bay, OR 97420
p. 541-266-6700 • f. 541-888-8726
TTY Relay 711

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

February 24, 2026

Dear Higher Education Coordinating Commission:

It is my honor and pleasure to write this letter of support for Southwestern Oregon Community College's proposed Bachelor's Degree completion program in Behavioral Health. This proposed program will build upon SWOCC's already successful Health and Human Services program. Not only will it expand access to higher education in our region, but it will also create opportunities for individuals who are already invested in the communities in which they live and work—an essential factor in recruitment and retention in any field, especially behavioral health.

I have worked in community mental health for nearly 16 years and have witnessed the ebb and flow of the workforce, as well as the unique challenges that smaller, rural communities face when recruiting and retaining qualified professionals. Over the past several years, our agency has experienced significant workforce shortages. The professionals we are able to recruit often remain for only a couple of years or less and frequently relocate from outside the region or state. While many bring valuable skills and dedication, these roles are often viewed as stepping stones to other opportunities.

More recently, we have struggled to find qualified applicants at all educational levels. With more than fifty percent of our workforce comprised of Qualified Mental Health Associates, Certified Alcohol and Drug Counselors (CADCs), or Peer Support Specialists—and the remaining half made up of Qualified Mental Health Professionals—ongoing shortages have led to increased burnout and turnover. Our current staff are working diligently to meet growing service demands, often at significant personal and professional cost. Although we have invested heavily in recruitment and retention efforts, including sign-on bonuses and relocation assistance, these strategies carry ongoing financial strain and do not offer a long-term solution.

Coos Health & Wellness
Together, Inspiring Healthier Communities

Promotes and provides innovative quality health services, prevention, and education for our communities

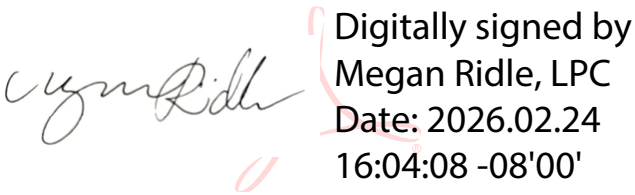
281 LaClair Street, Coos Bay, OR 97420
p. 541-266-6700 • f. 541-888-8726
TTY Relay 711

Given the current workforce climate, I strongly believe that implementing this proposed program at SWOCC will significantly benefit our community and partner agencies. Providing accessible educational pathways for individuals who are already living, working, and connected to our rural communities is essential to building and sustaining a stable workforce. These individuals bring lived experience and a deep understanding of local needs—qualities that are invaluable in behavioral health practice and cannot be easily cultivated from outside the region.

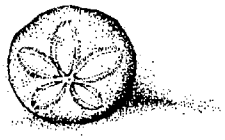
Lastly, we would welcome the opportunity to partner with SWOCC to provide practicum placements for students enrolled in this proposed program, with the hope of extending employment offers as positions become available. Strengthening this educational pipeline will not only enhance workforce stability but also improve the quality and continuity of care for the communities we serve.

For all of these reasons, I wholeheartedly support Southwestern Oregon Community College's expansion of its Health and Human Services program to include a Bachelor's Degree completion program in Behavioral Health.

Sincerely,



Megan Ridle, LPC
Behavioral Health Director
Coos Health and Wellness.



Coastal Center, LLC

1834 McPherson Ave.
North Bend, OR 97459
(541) 267-2113
FAX (541) 267-5071

February 12, 2026

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

RE: SOCC proposed Bachelor of Applied Science in Behavioral Health

Thank you for taking the time to read and accept Coastal Center's endorsement of this proposed degree program at Southwestern Oregon Community College (SWOCC).

Coastal Center, located in North Bend, Oregon, has been part of the local community for over 40 years and serves our local, state and regional populations through outpatient mental health therapy, specialized treatment, education and consultation services. We provide therapy to state and commercial insurance consumers, as well as agencies and organizations through contracted services.

As an employee and owner of Coastal Center for the past 25 years, I can attest to the community and professional impact of reduced behavioral health providers and decreased professional competencies especially compounded by changes in healthcare, methods of service delivery, rural dynamics and the Covid pandemic. The need for locally trained, regionally grounded behavioral health professionals in Coos and Curry counties is consistent and well-documented, and this degree program is a direct and meaningful response to that need.

This BAS program's proposed model of combining accessible online coursework with meaningful in-person, regionally embedded experience is a critical distinction. At Coastal Center, we have observed consistently that candidates who have pursued behavioral health degrees entirely online, frequently arrive without the practical, community-specific competencies our clients and setting require. A program that intentionally builds regional skills and professional relationships into the curriculum, before graduates potentially pursue further education, produces practitioners who are genuinely prepared to serve, and more likely to stay and do so.

When this work began in 2019, the ambition was to address the significant "leaving of the area" for higher education, including bachelor level degrees, a very common struggle for rural areas. The hope was that introducing a bachelor's degree at the community college level would allow Coos and Curry counties to "grow their own" and decrease residents from leaving the area and not returning. This degree is an urgent and necessary first step and should not be seen as the last step for those pursuing a career in behavioral health. A complete pipeline from community college to fully employed in the field should be a continued conversation, along with continued building of community infrastructure, including adequate wages and benefits, to support and retain new graduates.

Coastal Center is excited for the prospect that this degree will bring to our community and potentially bring new students and families to the area. We have all intentions of continuing to support this program from its inception through all phases. Our work with other organizations, that will also utilize these graduates, can help secure placements and build integrity of the program.

Thank you for this opportunity to express our support to SWOCC and the BAS degree program!

Sincerely,

Debbie K. Kirby, LCSW
Clinical Director

ColumbiaCare
We believe **people** get better.

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

I am writing to express strong support for the development of a Bachelor of Applied Science (BAS) in Behavioral Health at Southwestern Oregon Community College (SOCC). As an organization deeply committed to improving the wellbeing of individuals and communities, ColumbiaCare Services (CCS) recognizes the urgent need for a more robust, educated behavioral health workforce, particularly in Oregon's rural and coastal regions.

Like many behavioral health providers across Oregon, CCS faces ongoing challenges recruiting qualified professionals. As a nonprofit behavioral health agency offering a full spectrum of residential, outpatient, supportive housing, and crisis services statewide, our service model relies heavily on trained, credentialed staff to meet the diverse needs of the individuals we serve.

Positions that are most difficult to fill in this geographic area typically include Qualified Mental Health Associates (QMHAs) and crisis program staff, all of whom must be adept in trauma-informed care, behavioral health interventions, and collaborative treatment planning. Our programs, such as the two licensed residential treatment homes located in Coos and Curry Counties, and one short-term crisis respite program, require consistent staffing operating 24/7, which makes recruitment even more challenging in smaller, rural areas.

A significant portion of our workforce requires at least a bachelor's degree or 3-years' experience in the field, with positions that fall under the Mental Health and Addiction Certification Board of Oregon (MHACBO). CCS' residential programs emphasize individualized treatment planning, skills training, and Feedback-Informed Treatment (FIT), all of which require professional staff trained beyond the entry level.

Many roles within these service lines either require or strongly prefer candidates who may also meet QMHA-II standards (which include bachelor's-level qualification). CCS' integrated behavioral health model, which includes crisis stabilization, transitional housing, and Intensive Supported Housing, involves serving individuals with substance use needs as part of a whole-person approach; bachelor's-level and clinically informed training is essential.

A BAS in Behavioral Health at SOCC would be a transformative asset to both CCS and the broader southern Oregon coastal communities. CCS' mission emphasizes helping people achieve self-sufficiency, wellbeing, and their highest potential, guided by trauma-informed, person-centered practices and a strong focus on community integration.

Having a local pipeline of bachelor's-trained graduates would: Strengthen recruitment by increasing the number of qualified candidates living in the region. Improve workforce retention, as students trained locally are more likely to remain and serve their communities. Enhance service quality, because bachelor's-level staff bring deeper knowledge of psychology, case management, recovery models, and evidence-based practices. Support crisis, and residential programs, which rely on consistent staffing to provide safe, clinically appropriate alternatives to

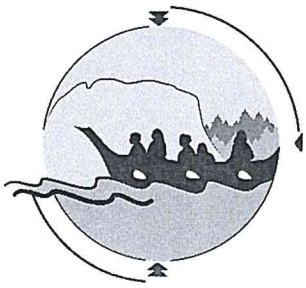
hospitalization. In short, a BAS program directly aligns with CCS' values, supporting self-sufficiency, honoring client dignity, and empowering individuals through skilled, compassionate care.

ColumbiaCare Services believes deeply that **"people get better,"** and that communities thrive when organizations, educators, and service providers work together to strengthen the behavioral health workforce. SOCC's proposed Applied Bach program represents an important step toward addressing workforce shortages and improving care for individuals across our region.

Thank you for considering this letter of support. We look forward to the opportunity to collaborate in building a strong and sustainable future for behavioral health services in our community.

Sincerely,

Mallory Babcock, QMHA-II
Southern Oregon and Coastal Regional Administrator, CCS.



Ko-Kwel
Wellness Center
630 Miluk Drive, Coos Bay, OR 97420
Phone: 541-888-9494 • 1-800-344-8583
Fax: 541-888-3431 • kokwelwellness.org

February 20, 2026

RE: Letter of Support – Bachelor of Applied Science in Behavioral Health at Southwestern Oregon Community College

To the Higher Education Coordinating Commission:

On behalf of Ko-Kwel Wellness Center, I am pleased to offer our strong support for Southwestern Oregon Community College's proposed Bachelor of Applied Science (BAS) in Behavioral Health.

Our five-county service area, including Coos, Curry, Douglas, Jackson and Lane counties, continue to face significant and persistent behavioral health workforce challenges. Staff shortages directly impact access to timely, culturally responsive, and trauma-informed services for individuals and families in our communities. The need is especially critical in rural and tribal communities, where recruitment and retention of qualified professionals remain a substantial challenge.

The development of a community college-based BAS in Behavioral Health represents an important and innovative step forward for our region. By creating a local, accessible pathway for students to become Qualified Mental Health Associates (QMHAs), Southwestern Oregon Community College is directly addressing workforce gaps while expanding economic and educational opportunities for residents.

As an organization deeply invested in the health and wellbeing of our communities, we recognize the value of partnerships between education providers and the community. We are supportive of SWOCC's efforts and stand ready to collaborate in ways that strengthen workforce development, clinical readiness, and culturally responsive practice.

We respectfully urge the Higher Education Coordinating Commission to approve this proposed BAS in Behavioral Health. This program represents a meaningful and necessary investment in the future of behavioral health services in southwestern Oregon.

Sincerely,

Caryn Mickelson
Health and Wellness Division Chief Executive Officer
Coquille Indian Tribe
Ko-Kwel Wellness Center
carynmickelson@coquilletribe.org

CONFEDERATED TRIBES OF
COOS, LOWER UMPQUA AND SIUSLAW INDIANS
TRIBAL GOVERNMENT
1245 Fulton Avenue - Coos Bay, OR 97420
Telephone: (541)888-9577 **Toll Free:** 1-888-280-0726 **Fax:** (541)888-2853

February 17, 2026

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

Re: Letter of Support for Southwestern Oregon Community College's Proposed Bachelor of Applied Science in Behavioral Health

To the Higher Education Coordinating Commission:
On behalf of The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, I am writing to express strong support for Southwestern Oregon Community College's proposed Bachelor of Applied Science (BAS) in Behavioral Health. Our organization serves individuals and families across the South Coast region, and we continue to experience significant challenges in recruiting and retaining qualified behavioral health professionals. A locally accessible bachelor's-level program is both timely and essential to meeting the needs of our community.

Workforce Challenges
Like many behavioral health providers in Oregon, we face persistent vacancies in positions requiring bachelor's-level preparation or certification-eligible experience. Roles such as Qualified Mental Health Associate (QMHA), QMHA II, Certified Alcohol and Drug Counselor (CADC), case managers, and crisis response staff are among the most difficult to fill. Recruitment cycles are long, applicant pools are limited, and competition among employers is high.

Statewide workforce patterns reinforce this challenge. An estimated **60–75%** of Oregon's mid-level behavioral health positions require either a bachelor's degree or eligibility for QMHA II or CADC II certification. This aligns directly with what we see in our own hiring efforts and underscores the need for a stronger regional pipeline of bachelor-prepared professionals.

Credential Requirements
A substantial portion of our behavioral health positions require a bachelor's degree or the ability to obtain QMHA II or CADC II certification. Candidates who hold these credentials, or who graduate from programs aligned with these pathways, are significantly more prepared for the clinical, regulatory, and documentation demands of the work. SWOCC's proposed BAS in Behavioral Health is designed around these exact workforce requirements, which makes it highly relevant to employer needs.

Value of a Local Bachelor's Program

A regional bachelor's-level program will meaningfully strengthen the behavioral health workforce pipeline. Many of our strongest employees and applicants are place-bound due to family, financial, or community commitments. The ability to complete a BAS locally, building on SWOCC's rapidly growing AAS in Human Services, will expand access to education for individuals who otherwise could not pursue a four-year degree.
Graduates of this program will enter the workforce with relevant competencies, practical experience, and a clear path to certification. This will benefit not only our organization but also the broader community, which urgently needs more trained professionals to address mental health and substance use challenges.

Partnership Opportunities

The Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians is willing to partner with Southwestern Oregon Community College to support this program. We would welcome the opportunity to:

- Provide practicum or internship placements for BAS students
- Collaborate on applied learning experiences
- Consider qualified graduates for employment opportunities within our organization

We believe these partnerships will strengthen the program and help ensure students are well prepared for real-world practice.

Closing

The proposed BAS in Behavioral Health is a critical investment in the future of our region's workforce and the well-being of the communities we serve. We strongly encourage the Higher Education Coordinating Commission to approve this program.

Thank you for your consideration.

Sincerely,

Brad Kneaper, Tribal Council Chair

375 Park Avenue, Suite 6
Coos Bay, OR 97420
Phone: 541-266-7005
Fax: 541-266-7008

Pacific Home Health & Hospice

Higher Education Coordinating Commission
Office of Community Colleges and Workforce Development
3225 25th Street SE
Salem, OR 97302

Dear Members of the Higher Education Coordinating Commission,

I am writing on behalf of Pacific Home Health & Hospice to express strong support for Southwestern Oregon Community College's proposed Bachelor of Applied Science (BAS) in Behavioral Health. As a healthcare provider serving individuals and families across rural southwestern Oregon, we are acutely aware of the significant and ongoing workforce challenges facing the behavioral health and social services fields in our region.

Like many healthcare organizations in Oregon, Pacific Home Health & Hospice experiences persistent difficulty recruiting and retaining qualified behavioral health professionals. Positions that require bachelor's-level preparation—particularly social workers and behavioral health professionals eligible for Qualified Mental Health Associate II (QMHA II) status—are among the most challenging to fill. These shortages are especially pronounced in rural and coastal communities, where limited educational pipelines and workforce migration further strain service availability. As the demand for behavioral health services continues to rise, particularly among aging and medically complex populations, these staffing gaps directly impact continuity of care and access to essential services.

A significant portion of positions within hospice, home health, and behavioral health settings require a bachelor's degree as a minimum qualification, with many roles necessitating eligibility for QMHA II or progression toward advanced clinical licensure. For hospice agencies in particular, social workers play a vital role in addressing psychosocial needs, caregiver stress, anticipatory grief, and end-of-life planning. The need for qualified hospice social workers continues to grow as Oregon's population ages and as hospice care expands to meet community needs.

The proposed BAS in Behavioral Health at Southwestern Oregon Community College represents a critical solution to these workforce challenges. A local bachelor's-level program provides an accessible entry point for students who may otherwise face barriers to completing a four-year degree outside the region. Importantly, this program creates a foundational pathway for graduates to pursue advanced credentials, including Licensed

375 Park Avenue, Suite 6
Coos Bay, OR 97420
Phone: 541-266-7005
Fax: 541-266-7008
Pacific Home Health & Hospice

Clinical Social Worker (LCSW) licensure, which is essential to strengthening Oregon's long-term behavioral health workforce. Developing this pipeline locally increases the likelihood that graduates will remain in the community, providing sustainable workforce stability.

Pacific Home Health & Hospice currently partners with Southwestern Oregon Community College by supporting and supervising student interns, and we have seen firsthand the value of this collaboration. Internships not only enhance student learning but also allow healthcare organizations to invest early in workforce development. We would welcome continued and expanded opportunities to support BAS students through practicum placements and would strongly consider qualified graduates of this program for future employment.

In summary, the proposed BAS in Behavioral Health directly aligns with documented workforce needs in Oregon and offers a practical, community-centered approach to addressing shortages in behavioral health and hospice social work. We strongly support this program and believe it will benefit healthcare providers, students, and the communities we serve.

Thank you for the opportunity to provide this letter of support and for your consideration of this important proposal.

Sincerely,

Cdoyle CSWA.

Carissa Doyle, CSWA
Certified Social Work Associate
Pacific Home Health & Hospice

PT, DPT/AD

Troy Cribbins PT, DP/ AD
Administrator
Pacific Home Health and Hospice

Attachment B: Oregon Employment Department Labor Market Data

The Oregon Employment Department article "Demand for Mental Health Professionals Rising in Oregon" (June 2024, Luke Coury) is incorporated as a PDF document following this narrative in the final combined submission. The article includes statewide occupational projections, online job posting data, and growth rate charts for key behavioral health occupations.

Additionally, regional occupational projection data for Southwestern Oregon (Coos, Curry, and western Douglas Counties) drawn from the Oregon Employment Department Southwestern Oregon Occupational Employment Projections 2024-2034 is documented in the OED article incorporated as a PDF following this page, and the full projection spreadsheet is available upon request.

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State of Oregon
Employment Department
Quality Information, Informed Choices

Demand for Mental Health Professionals Rising in Oregon

June 30, 2024

by Luke Coury

Oregon has a critical need for behavioral health services. Mental health conditions for Oregonians, especially for young adults and adolescents rose dramatically during and after the pandemic. While this mirrors larger trends across the nation, the need for mental health professionals is especially high in Oregon. According to a report by the Oregon Health Authority, Oregon ranks fourth in the nation in unmet mental health needs.

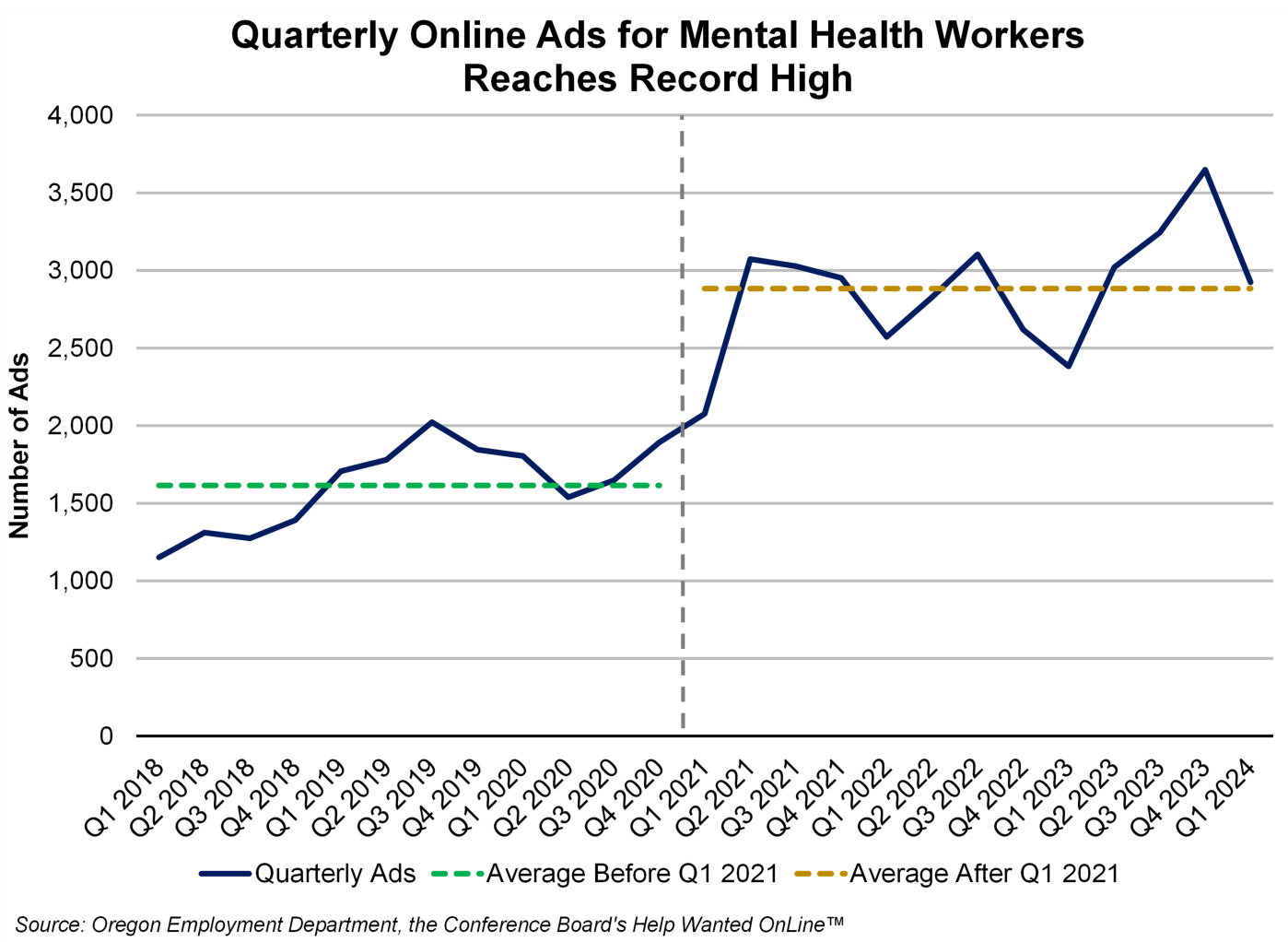
Mental Health Services Encompass a Wide Range of Occupations

Mental health-related occupations have the broad purpose of helping others maintain and improve mental health and behavior. Exactly how mental health professionals assist their clients varies, however. The Bureau of Labor Statistics lists nine groups of occupations that fall into this category:

- Substance abuse and behavioral disorder counselors, and mental health counselors counsel and advice individuals experiencing mental health issues or substance abuse disorders.
- Educational, guidance, and career counselors and advisors advise and assist students and provide educational and vocational guidance services.
- Marriage and family therapists diagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems.
- Community health workers promote health within a community by assisting individuals to adopt healthy behaviors.
- Clinical and counseling psychologists assess, diagnose, and treat mental and emotional disorders of individuals through observation, interview, and psychological tests.
- Psychiatric technicians and psychiatric aides care for individuals with mental or emotional conditions or disabilities, following the instructions of physicians, other health practitioners, or nursing and medical staff.
- Mental health and substance abuse social workers assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs.
- Psychiatrists diagnose, treat, and help prevent mental disorders.
- Social and human service assistants assist other social and human service providers in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families.

Demand for Mental Health Workers Continues to be Elevated in 2024

Demand for mental health workers is at an all-time high. Online ad posting measured by the Conference Board-Lightcast's Help Wanted OnLine (HWOL) index almost doubled from a quarterly average of just over 1,600 in the twelve quarters before the first quarter of 2021 to an average of nearly 3,000 in the twelve quarters after.

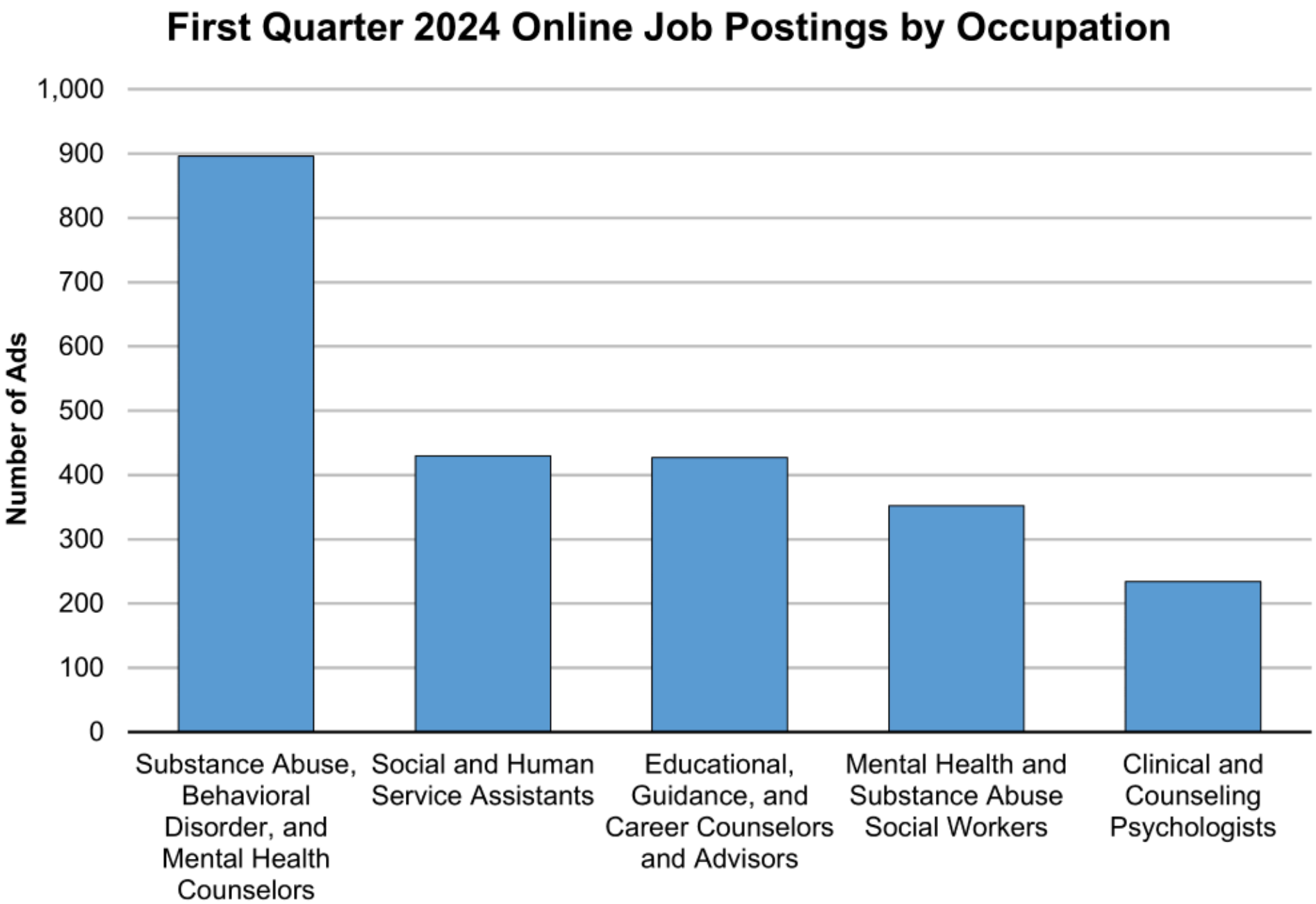


Source: Oregon Employment Department, the Conference Board's Help Wanted OnLine™

46

The record high demand for mental health workers in 2023 represents a divergence from the economy-wide trend. According to the Oregon Employment Department's Job Vacancy Survey, demand for workers across Oregon's economy reached record levels in 2021 and 2022 before cooling slightly in 2023. Demand for mental health professionals, however, remained historically strong in 2023.

Among mental health occupations, substance abuse, behavioral disorder, and mental health counselors had the highest number of online job postings in the first quarter of 2024 at 900. The next highest occupations were about half that - around 400 ads for social and human service assistants, around 400 for educational, guidance, and career counselors and advisors and about 350 for mental health and substance abuse social workers. Rounding out the top five, clinical and counseling psychologists had about 200 postings.

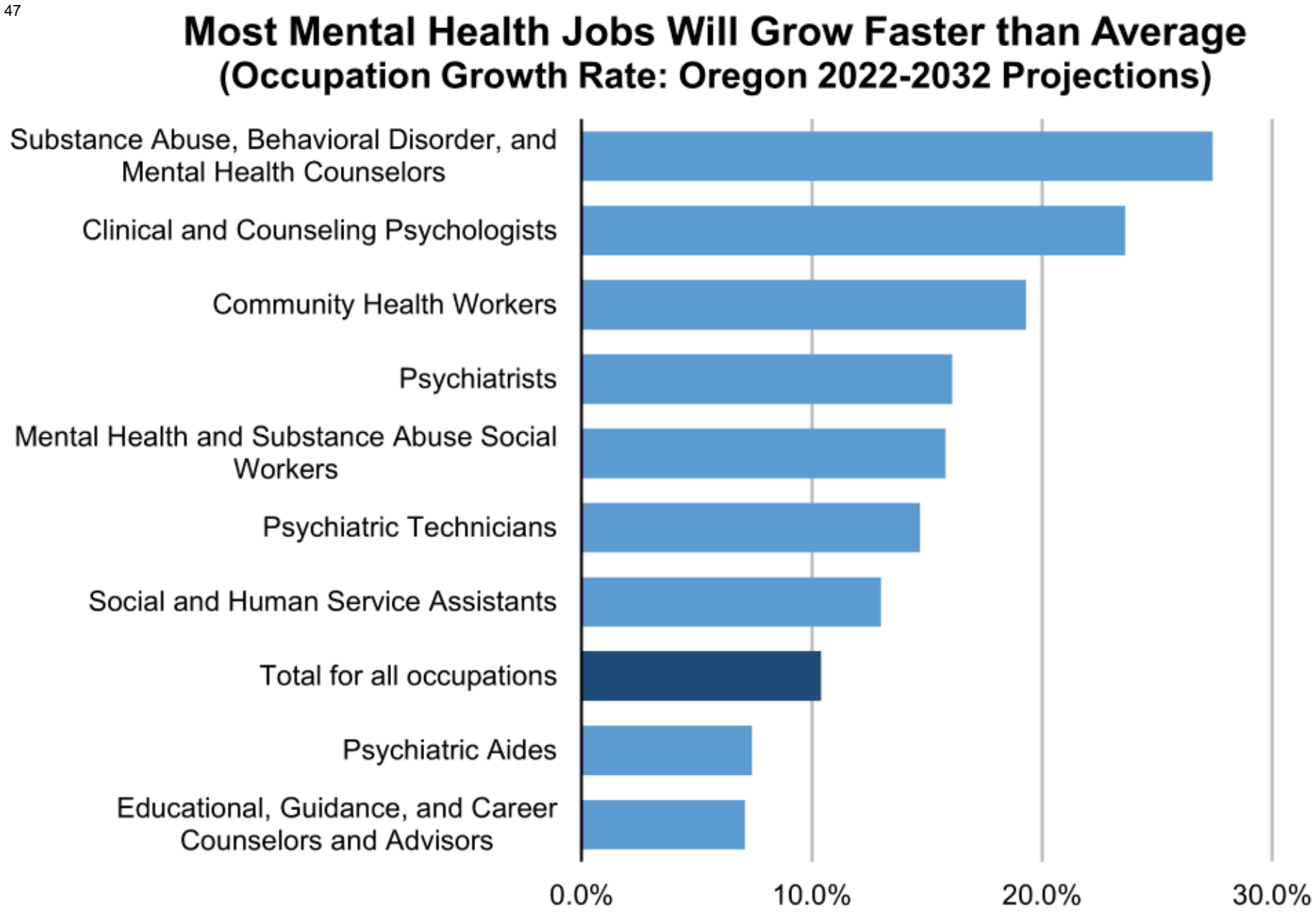


Source: Oregon Employment Department, the Conference Boards Help Wanted OnLine®

Demand Projected to Remain Strong Through 2032

The Oregon Employment Department projects jobs mental health services will continue to grow strongly over the next decade. This is consistent with the ever-rising public need for mental health services.

Almost all the occupations listed above are projected to grow faster than the 10% growth for all occupations. Substance abuse, behavioral disorder, and mental health counselors are projected to grow by 27%, more than twice as fast as the total for all occupations. Growth is also stronger for clinical and counseling psychologists (24%), community health workers (19%), psychiatrists (16%), mental health and substance abuse social workers (16%), psychiatric technicians (15%), and social and human service assistants (13%). Only psychiatric aids (7%), and educational, guidance, and career counselors and advisors (7%) had growth rates lower than the total for all occupations.



Note: Growth rates suppressed for marriage and family counselors.

Source: Oregon Employment Department

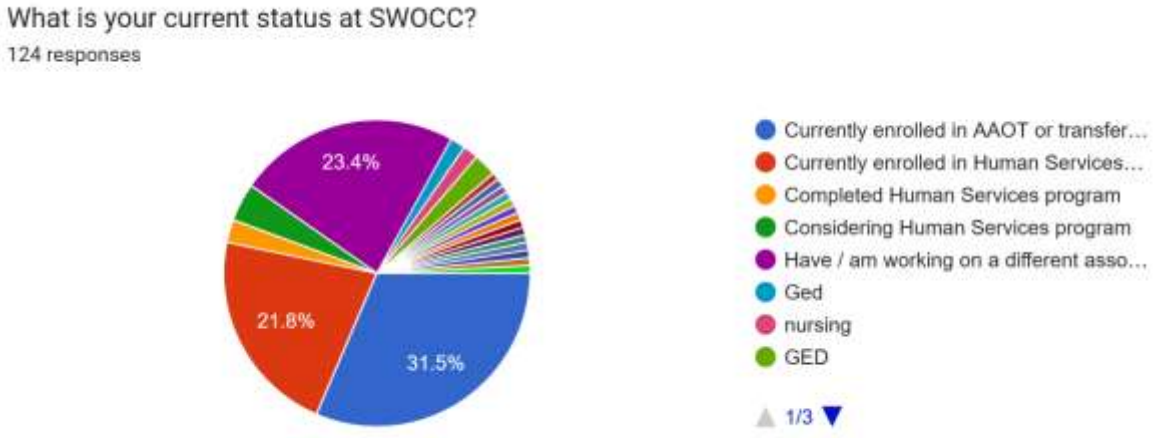
Strong growth in mental heath careers is projected to add over 4,000 jobs in mental health professions over the next decade. While growth is an important part of projected openings, most job openings in the next decade will come from existing workers who retire or switch careers. About 25,000 job openings are projected in mental health professions due to growth, as well as replacing workers exiting the workforce or changing careers.

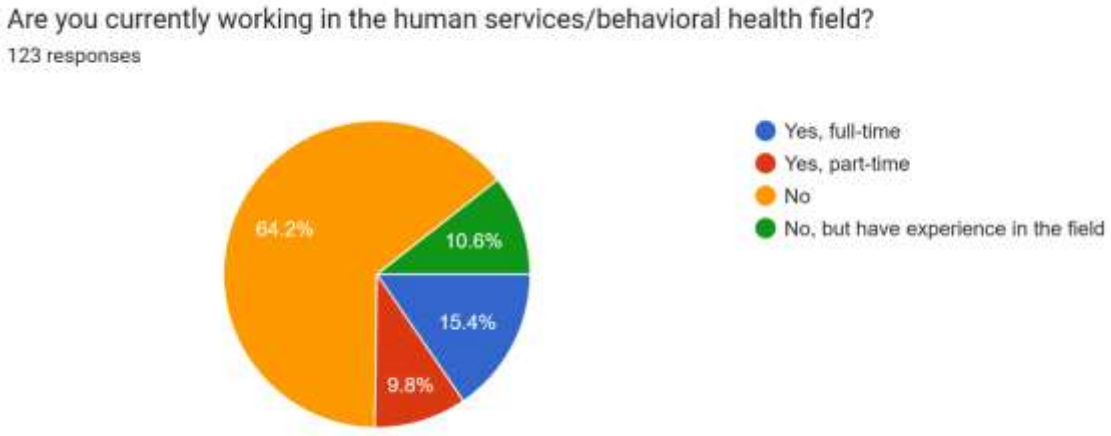
ATTACHMENT C: STUDENT INTEREST SURVEY

Survey Distribution: Fall 2025 - Winter 2026

Total Responses: 124

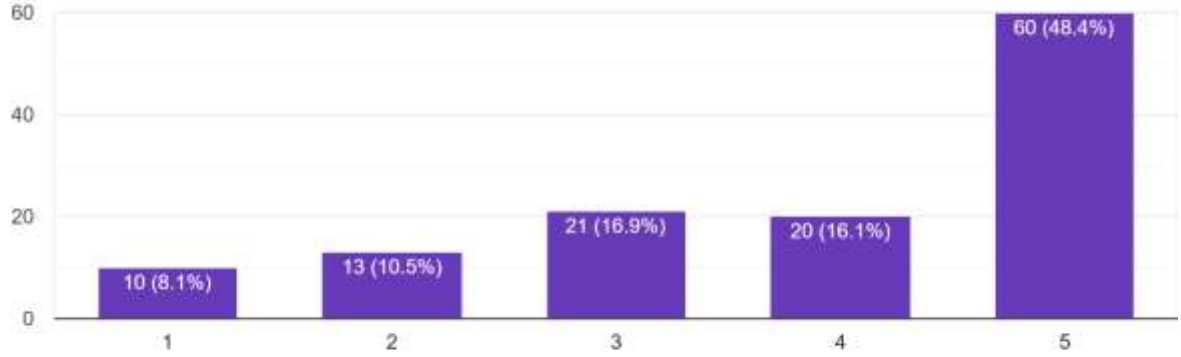
Method: Electronic survey distributed to current SWOCC students, recent graduates, and community members who had expressed interest in human services or behavioral health education.





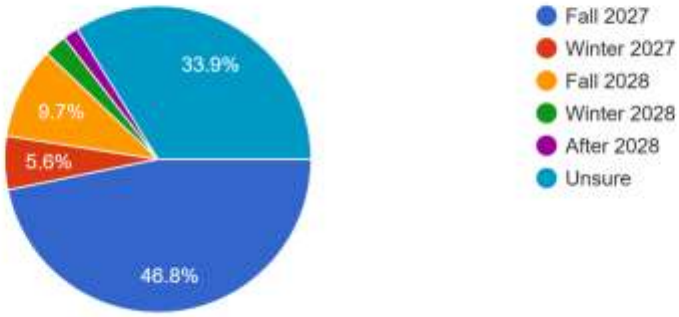
How interested are you in pursuing an Applied Bachelor's in Behavioral Health at SWOCC?

124 responses



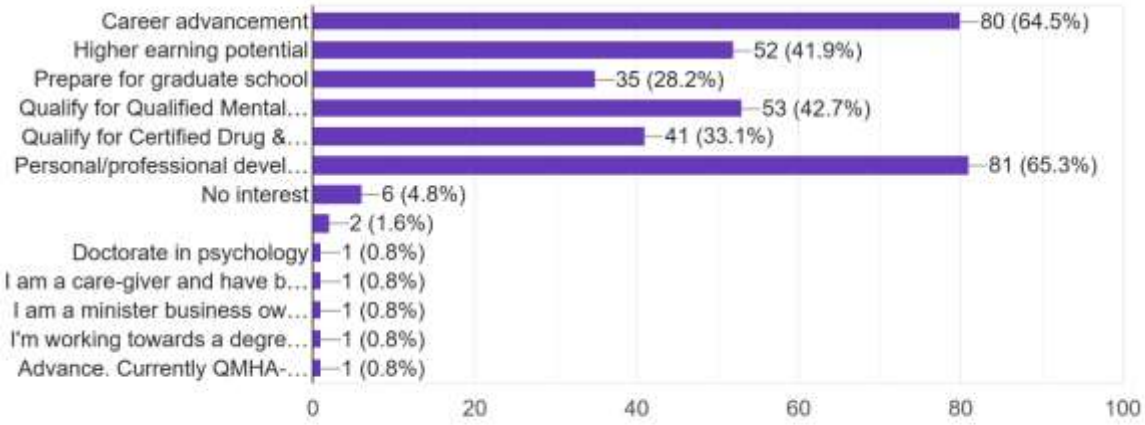
If this program were available, when would you most likely start?

124 responses



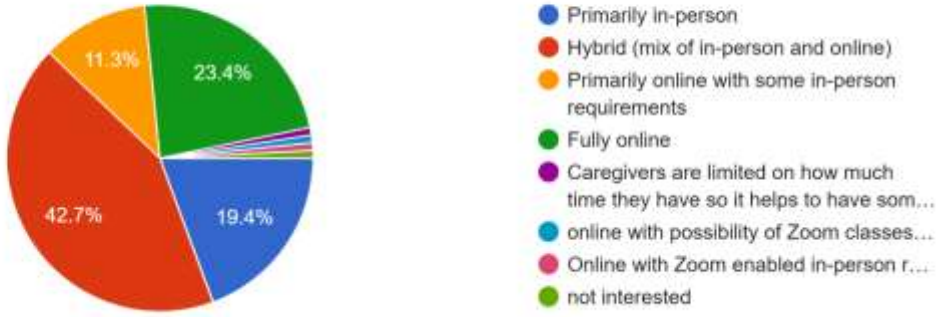
What would be your primary reasons for considering this degree? (check all that apply)

124 responses



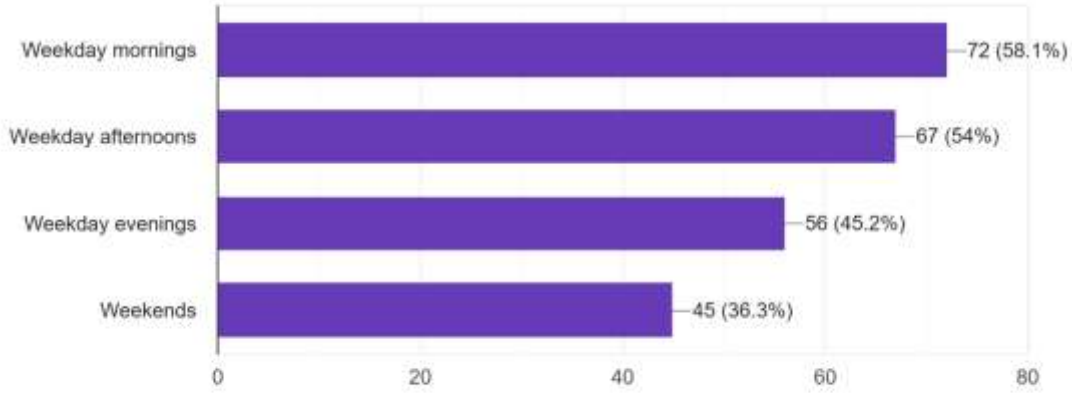
What course delivery format would work best for you if you were to pursue this degree?

124 responses



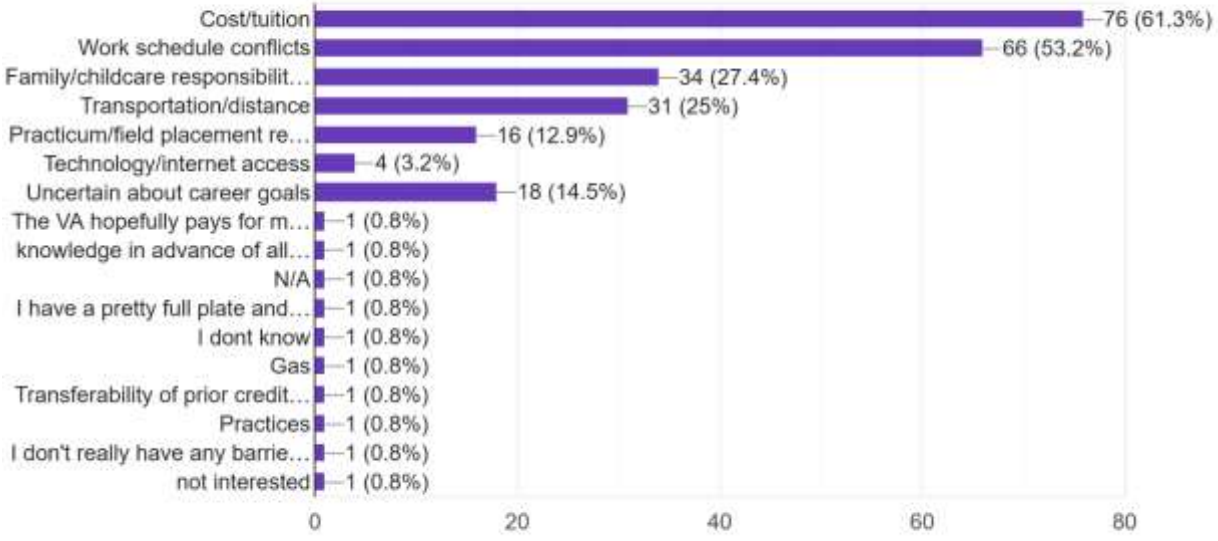
What days/times would work best for in-person classes? (check all that apply)

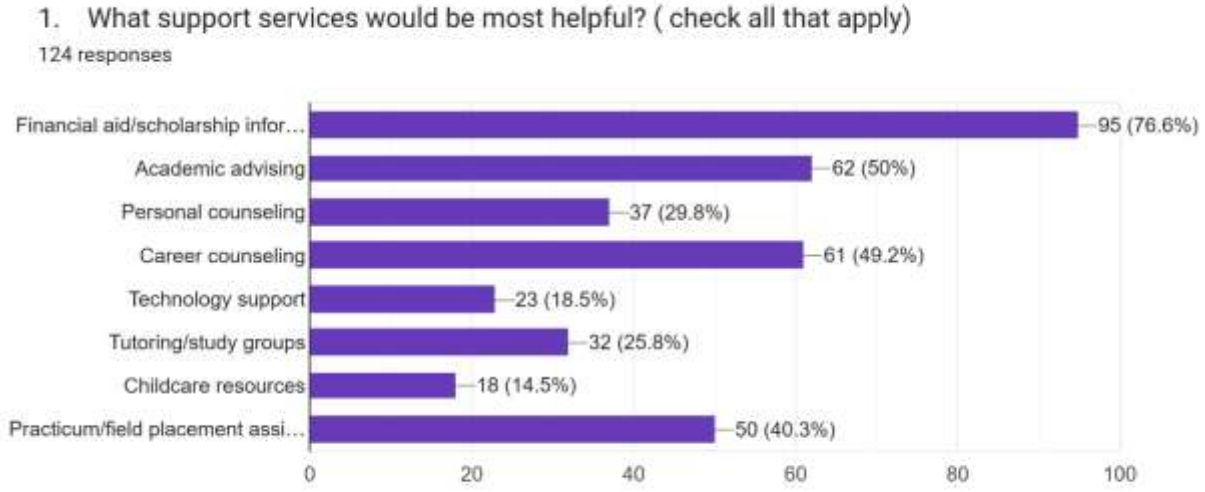
124 responses

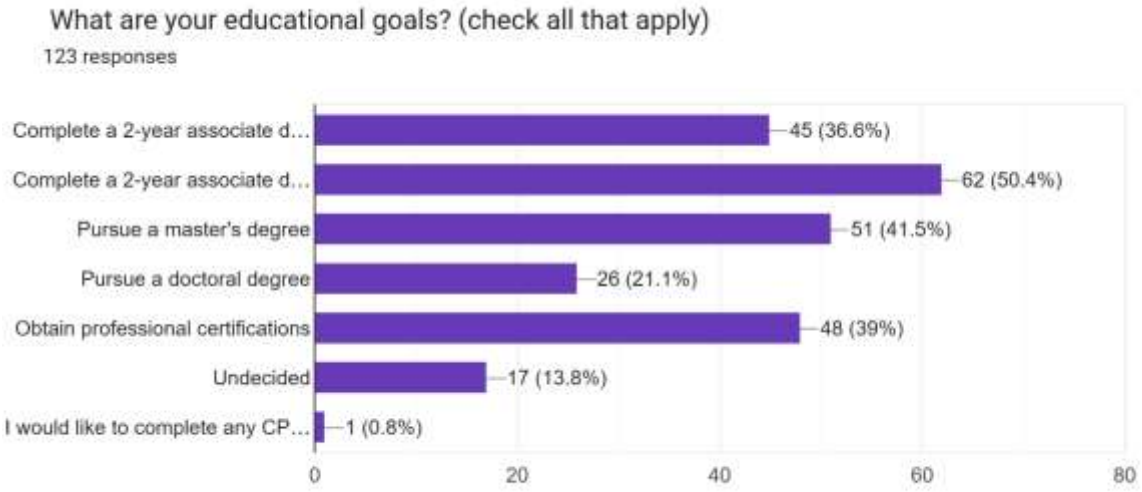


1. What potential barriers might prevent you from enrolling? (check all that apply)

124 responses







The following comments are drawn from responses to the final open-ended question: *"Is there anything else you'd like us to know about your interest in this program or what would make it successful for you?"*

Of the 124 survey respondents, 33 provided written comments. The selection below reflects the range of perspectives shared, including community need, career goals, access barriers, and enthusiasm for a local pathway to a behavioral health bachelor's degree.

"I must say having this program would considerably help not only our students obtain a higher education in mental health, but it would also be beneficial for our community. I work in the behavioral health unit at Bay Area Hospital as a CNA and having a higher education and more

extensive training would be amazing. Our community has a mental health problem on our hands, and we have very little trained professionals to help them!"

"I am currently pursuing a nursing degree and I truly believe that with the population in this area alone, healthcare staff should be educated more deeply in mental health services so that we can provide better care for our patients."

"I believe having more options for those interested in psychology and social sciences is incredibly important, especially because there are a lot of us out there!"

"I finish my AA this term and would love an opportunity to complete a BA through this school... I really enjoyed my sociology classes and I would like to do something that makes a difference in the world around me."

"I am very much surprised with how nice and helpful campus staff and advisors have been towards me so far... THANK YOU!!!"

"I am a Coos Bay local highly involved in the homeless and mental health services realm with my job."

"There is also a newly developed human services building in our town that could really use some great new employees." (Brookings respondent)

"I would like to experience the mental health field before I pursue my masters/doctorate."

"Math support, math is my biggest barrier. Here in Curry County we need in-person math for all math classes."

"Making it all accessible online would be the best option for me as I have a busy family and work life."

"I think if SWOCC has the opportunity to introduce new classes for the people in this area they should go for it. Mental and behavioral health in our area is bad and getting worse."

Survey Instrument

1. **What is your current status at SWOCC?**

Response options:

- Currently enrolled in AAOT or transfer degree with social science/psychology/human services emphasis
- Currently enrolled in Human Services program
- Completed Human Services program
- Considering Human Services program

- Have / am working on a different associate degree
- Other (open-ended)

2. **Are you currently working in the human services/behavioral health field?**

Response options:

- Yes, full-time
- Yes, part-time
- No
- No, but have experience in the field

3. **How interested are you in pursuing an Applied Bachelor's in Behavioral Health at SWOCC?**

Response scale: 1 (not interested) to 5 (very interested)

4. **If this program were available, when would you most likely start?**

Response options:

- Fall 2027
- Winter 2027
- Fall 2028
- Winter 2028
- After 2028
- Unsure

5. **What would be your primary reasons for considering this degree? (check all that apply)**

Response options:

- Career advancement
- Higher earning potential
- Personal/professional development
- Qualify for QMHA status
- Qualify for CADC status
- Prepare for graduate school
- Other (open-ended)

6. **What course delivery format would work best for you if you were to pursue this degree?**

Response options:

- Fully online
- Hybrid (mix of in-person and online)
- Primarily in-person
- Primarily online with some in-person requirements
- Other (open-ended)

7. **What days/times would work best for in-person classes? (check all that apply)**

Response options:

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekends

8. **What potential barriers might prevent you from enrolling? (check all that apply)**

Response options:

- Cost/tuition
- Work schedule conflicts
- Family/childcare responsibilities
- Transportation/distance
- Uncertain about career goals
- Other (open-ended)

9. **What support services would be most helpful? (check all that apply)**

Response options:

- Financial aid/scholarship information
- Academic advising
- Career counseling
- Practicum/field placement assistance
- Tutoring/study groups
- Personal counseling
- Technology support
- Other (open-ended)

10. **What are your educational goals? (check all that apply)**

Response options:

- Complete a 2-year associate degree
- Complete a 2-year associate degree and transfer to a 4-year university

- Pursue a master's degree
- Obtain professional certifications
- Undecided
- Other (open-ended)

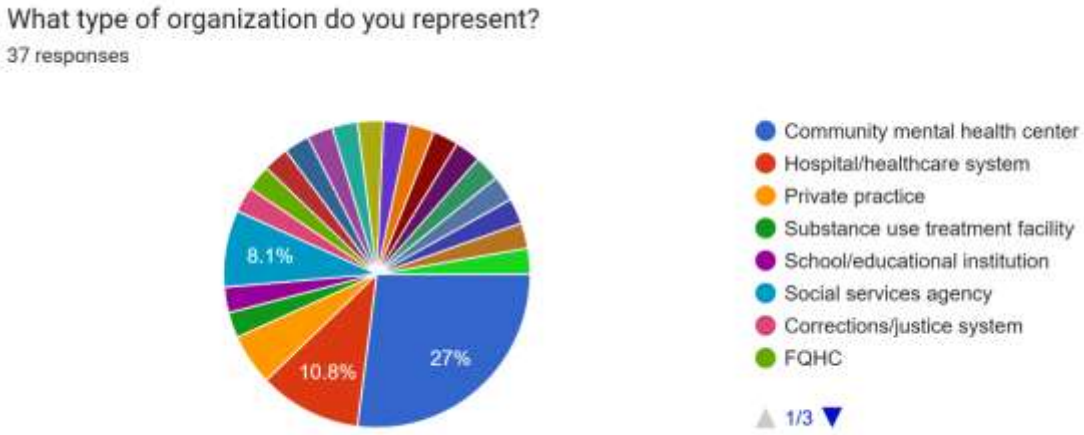
11. **Is there anything else you'd like us to know about your interest in this program or what would make it successful for you?** *(Open-ended)*

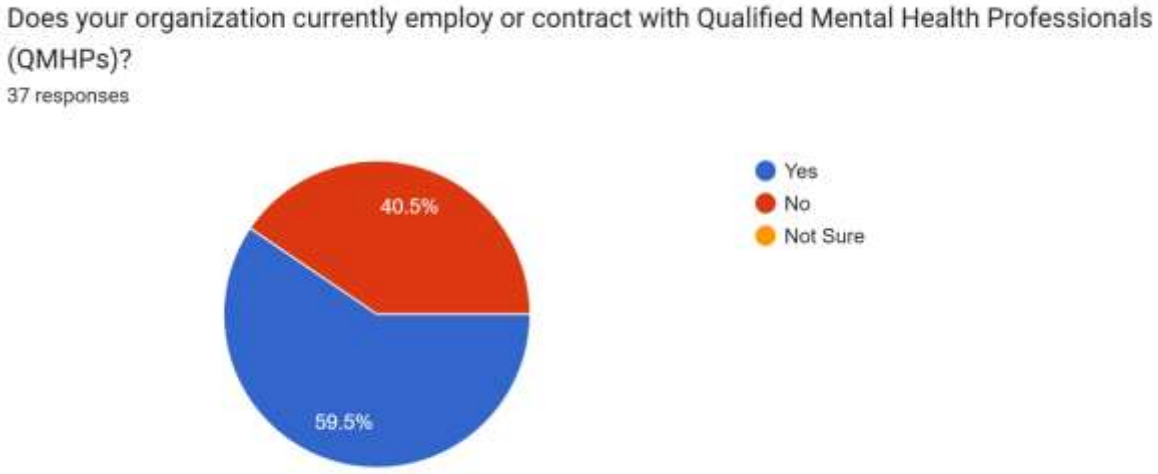
ATTACHMENT D: COMMUNITY STAKEHOLDER SURVEY

Survey Distribution: 2025-2026

Total Responses: 37

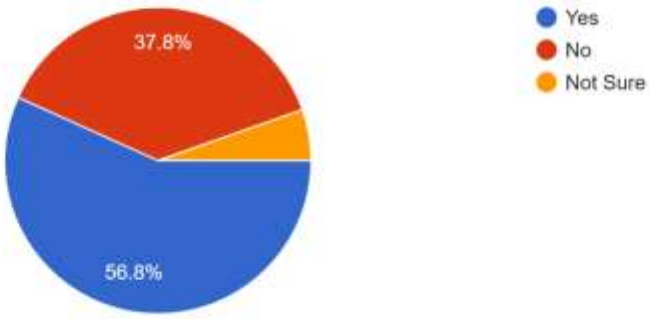
Method: Electronic survey distributed to behavioral health agencies, community organizations, and stakeholders in the SWOCC service area (Coos, Curry, and western Douglas Counties).





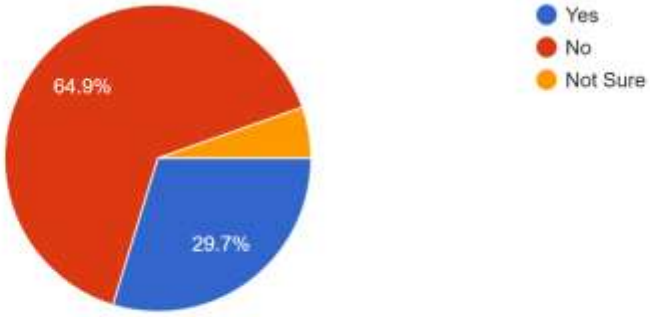
Does your organization currently employ or contract with Qualified Mental Health Associates (QMHAs)?

37 responses



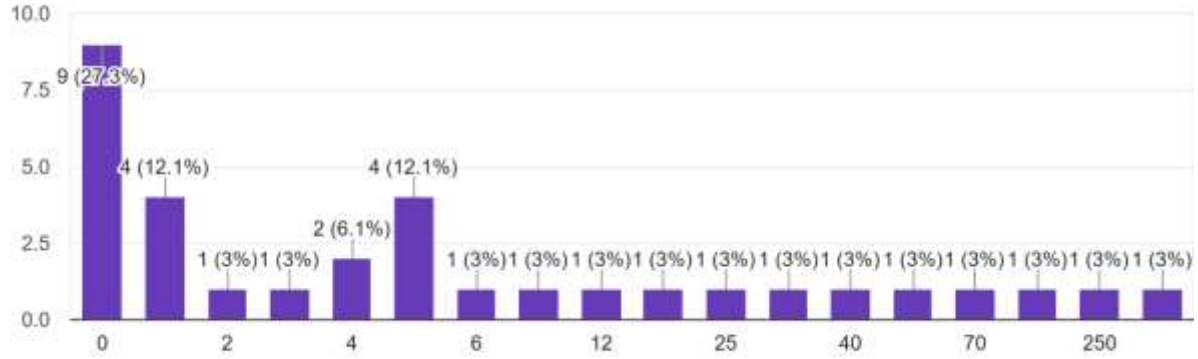
Does your organization currently employ or contract with Certified Alcohol and Drug Counselors (CADCs)?

37 responses



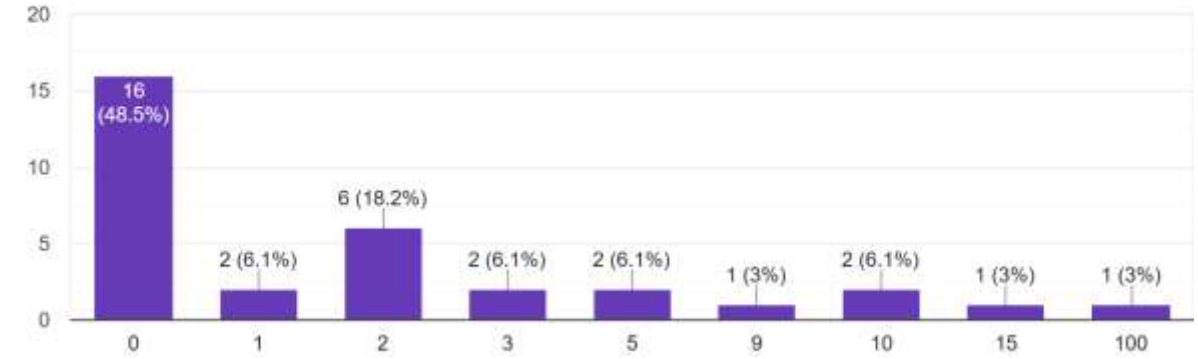
Approximately how many behavioral health positions (requiring QMHA, QMHP, or CADC credentials) does your organization currently have FILLED?

33 responses



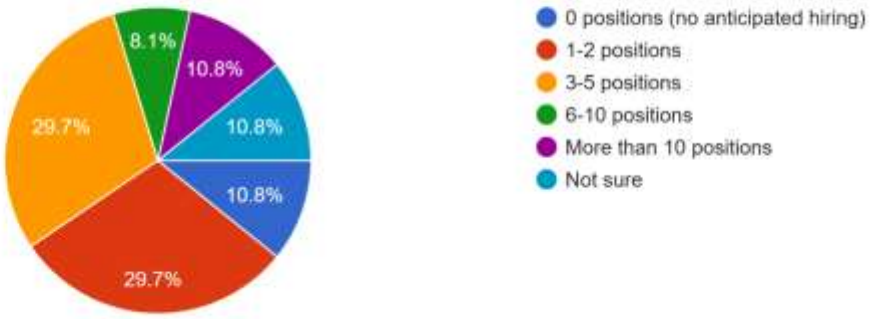
Approximately how many behavioral health positions (requiring QMHA, QMHP, or CADC credentials) does your organization currently have OPEN/UNFILLED?

33 responses



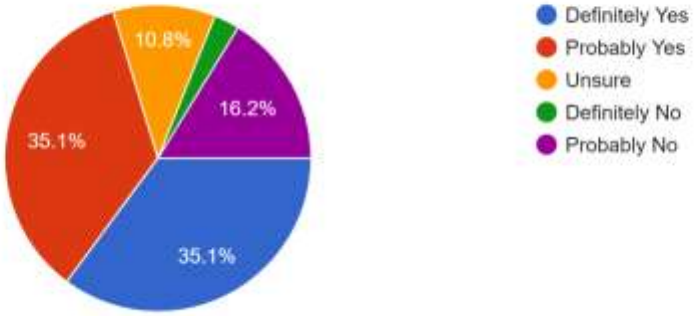
Over the next 3-5 years, how many additional behavioral health staff do you anticipate needing to hire?

37 responses



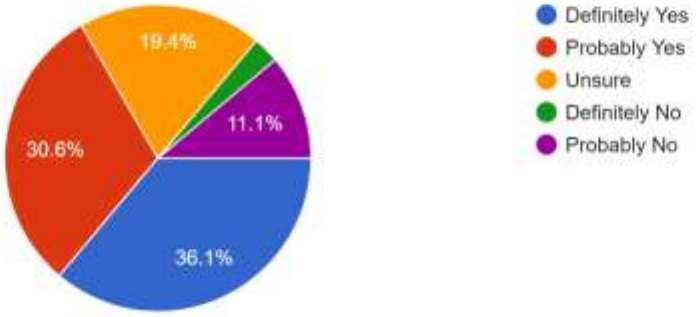
Over the next 3-5 years, do you anticipate needing to hire staff with QMHA certification?

37 responses



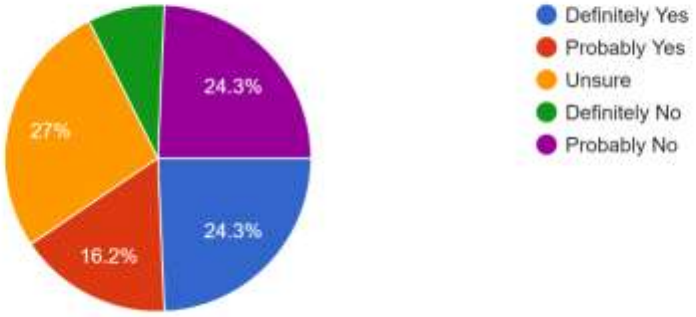
Over the next 3-5 years, do you anticipate needing to hire staff with QMHP certification?

36 responses



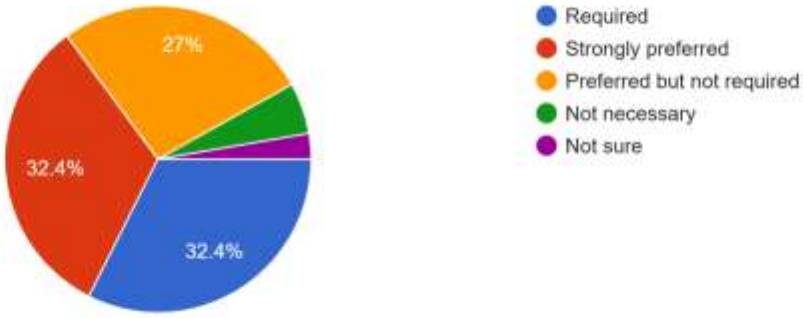
Over the next 3-5 years, do you anticipate needing to hire staff with CADC certification?

37 responses



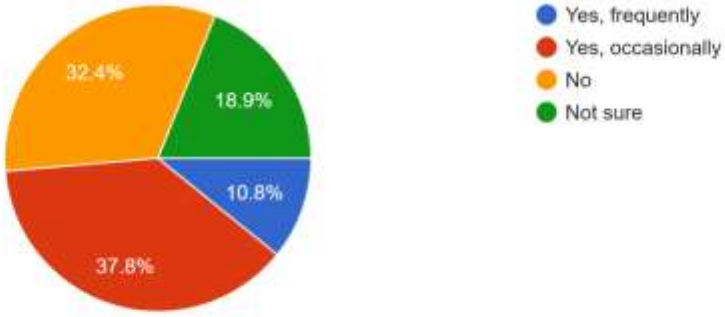
For behavioral health positions in your organization, a bachelor's degree is:

37 responses



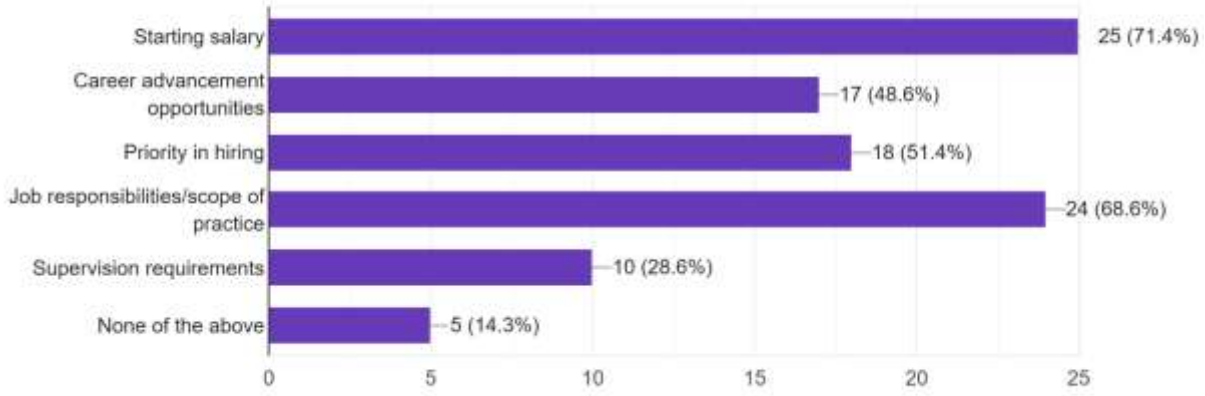
Do you currently hire candidates with associate degrees or certificates for positions you would prefer to fill with bachelor's-level candidates?

37 responses



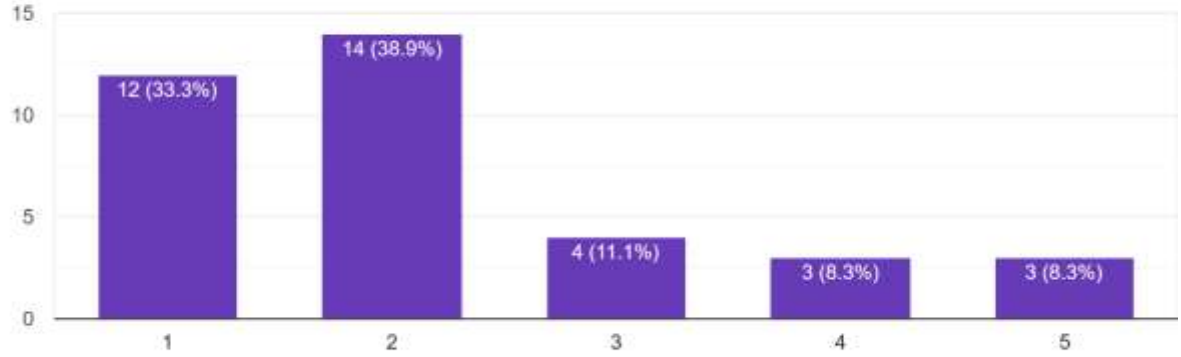
In your organization, does having a bachelor's degree (vs. associate degree) in behavioral health affect: (check all that apply)

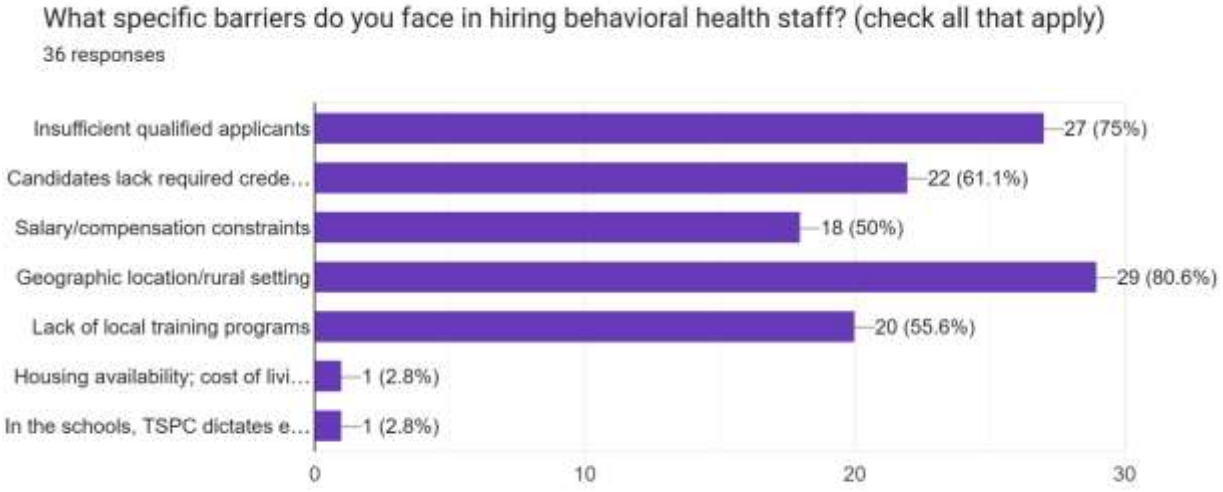
35 responses

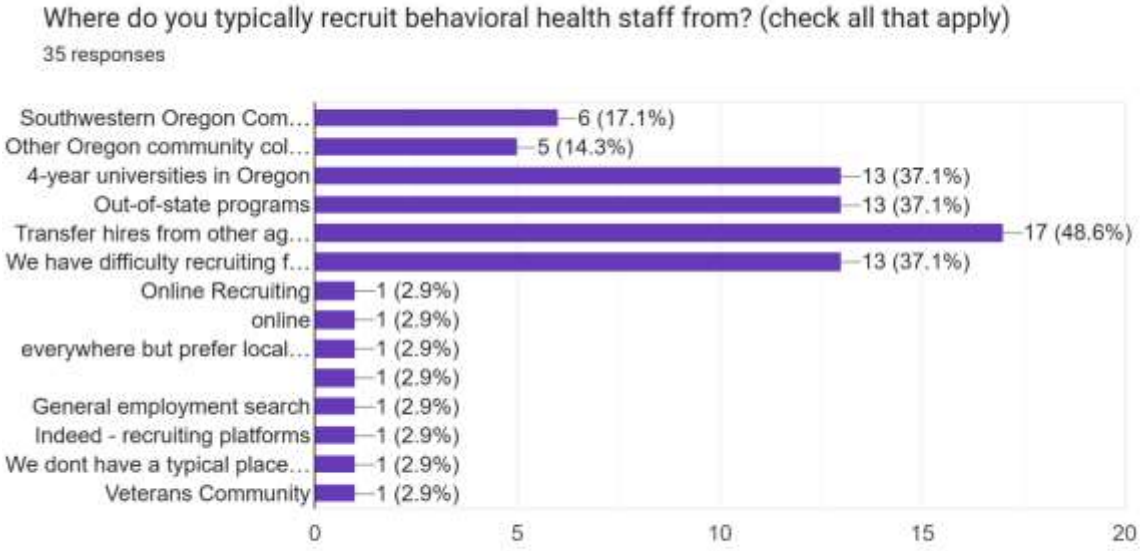


How challenging is it for your organization to recruit qualified behavioral health professionals?

36 responses

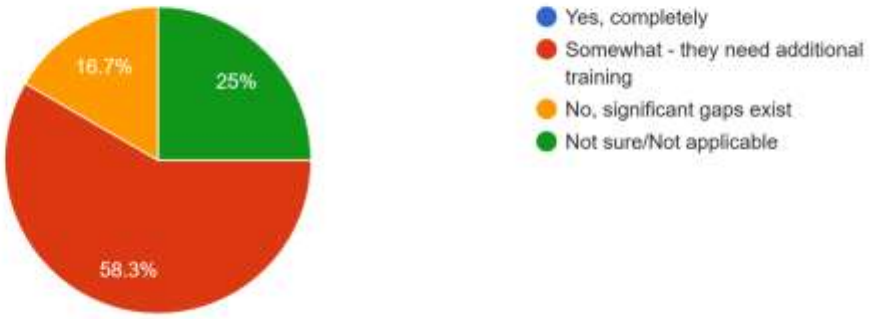



What specific barriers do you face in hiring behavioral health staff? (check all that apply)
36 responses
Insufficient qualified applicants
27 (75%)
Candidates lack required crede…
22 (61.1%)
Salary/compensation constraints
18 (50%)
Geographic location/rural setting
29 (80.6%)
Lack of local training programs
20 (55.6%)
Housing availability; cost of livi…
1 (2.8%)
In the schools, TSPC dictates e…
1 (2.8%)
0
10
20
30


Where do you typically recruit behavioral health staff from? (check all that apply)
35 responses
Southwestern Oregon Com…
6 (17.1%)
Other Oregon community col…
5 (14.3%)
4-year universities in Oregon
13 (37.1%)
Out-of-state programs
13 (37.1%)
Transfer hires from other ag…
17 (48.6%)
We have difficulty recruiting f…
13 (37.1%)
Online Recruiting
1 (2.9%)
online
1 (2.9%)
everywhere but prefer local…
1 (2.9%)
1 (2.9%)
General employment search
1 (2.9%)
Indeed - recruiting platforms
1 (2.9%)
We dont have a typical place…
1 (2.9%)
Veterans Community
1 (2.9%)
0
5
10
15
20

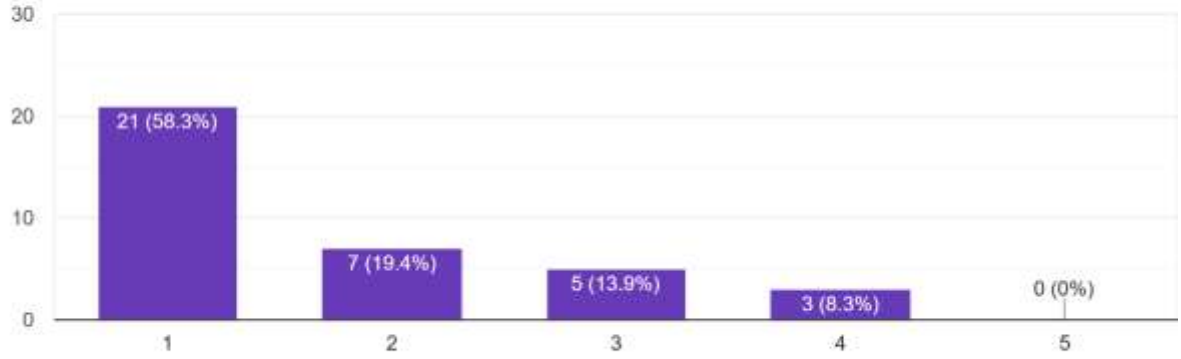
Do current graduates from existing programs adequately meet your hiring needs?

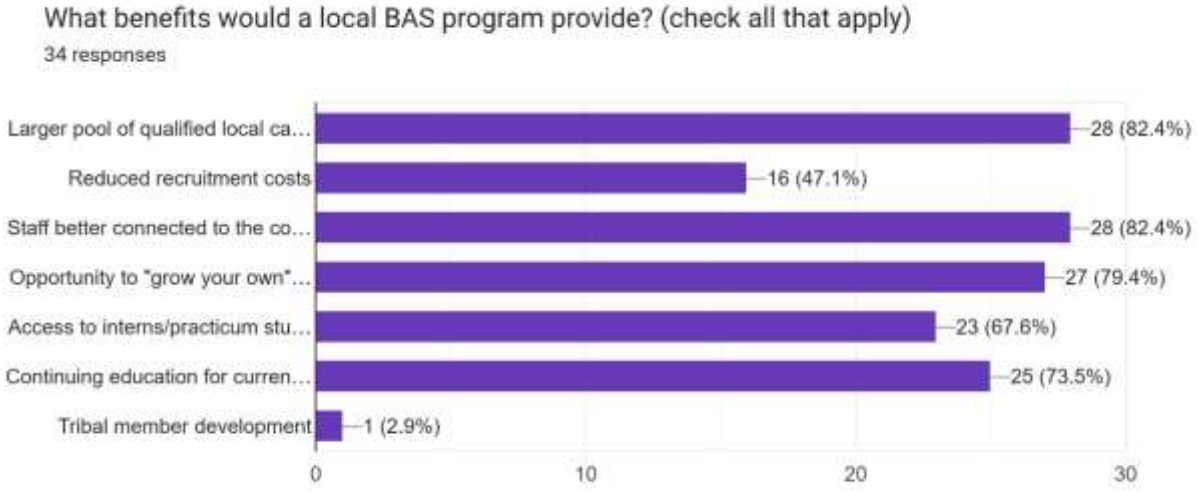
36 responses

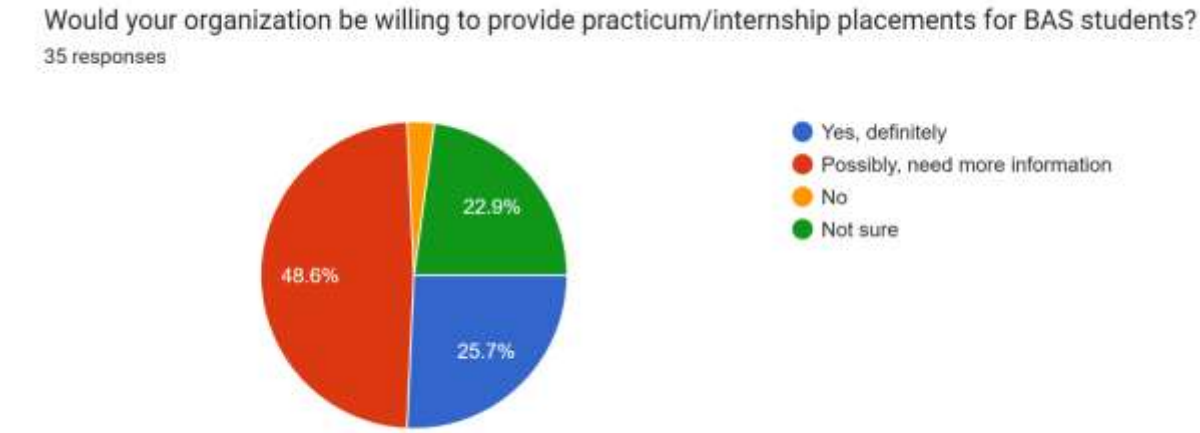


How beneficial would a local BAS in Behavioral Health program be for your organization?

36 responses







The following comments are drawn from responses to open-ended questions in the Community Stakeholder Survey, distributed to behavioral health employers and community organizations across Coos, Curry, and western Douglas Counties. Of the 37 respondents, the selections below represent the range of perspectives on regional workforce needs, hiring challenges, and the anticipated value of a local BAS in Behavioral Health program.

From a CCO Behavioral Health Director: *"It is absolutely imperative that our community partners have a solid pool of providers that know and love our area — thus likelihood of staying in our community after training. I am 100% behind expanding this program as the data shows a continued increase in need for BH services year over year. Currently we have too many members that seek care via telehealth due to lack of local providers."*

"A local program would be helpful for students since the online option involves months of weekly participation on Saturdays."

"Our need is for the local agencies to have more of a workforce so our members have better access to services."

"The need will increase once more BH organizations become COA entities, which will open up the number of sites that can employ non-licensed BH providers."

"Remote and on-your-own-time learning programs have been essential for our rural community because it helps with flexibility of agencies so we can fully train staff and still maintain coverage for services."

"We need more qualified local folks providing services and insurance companies willing to compensate at competitive levels."

Most Frequently Cited Competencies by Regional Employers

Across 32 stakeholder responses identifying priority skills for behavioral health positions, the following competencies emerged most consistently:

Trauma-Informed Practice was the most commonly cited area, referenced by respondents across community mental health centers, CCOs, social services agencies, and private practice, reflecting its centrality to all behavioral health roles in the region.

Ethics and Professional Standards appeared in nearly half of all responses, including specific references to ethical decision-making, HIPAA compliance, and adherence to Oregon Administrative Rules and state regulatory requirements.

Clinical Documentation was highlighted by multiple employers across hospital, community mental health, and residential settings as an essential and often underdeveloped skill in entry-level candidates.

Crisis Intervention and De-escalation was identified by respondents from corrections, community mental health, hospitals, and residential treatment providers as a core competency required across virtually all behavioral health settings.

Cultural Humility and Intercultural Competence was cited by tribal health, hospital, CCO, and social services respondents, with specific mention of the need for competence working with tribal populations in the region.

Communication Skills were consistently named across all organization types as foundational to effective practice.

These findings will directly inform the proposed curriculum for SWOCC's BAS in Behavioral Health, which integrates each of these competency areas across upper-division coursework and supervised field experience.

Survey Instrument

1. **What type of organization do you represent?** *(Open-ended)*
2. **Does your organization currently employ or contract with Qualified Mental Health Professionals (QMHPs)?**

Response options: Yes / No

3. **Does your organization currently employ or contract with Qualified Mental Health Associates (QMHAs)?**

Response options: Yes / No

4. **Does your organization currently employ or contract with Certified Alcohol and Drug Counselors (CADCs)?**

Response options: Yes / No

5. **Approximately how many behavioral health positions (requiring QMHA, QMHP, or CADC credentials) does your organization currently have FILLED?** *(Open-ended)*
6. **Approximately how many behavioral health positions (requiring QMHA, QMHP, or CADC credentials) does your organization currently have OPEN/UNFILLED?** *(Open-ended)*
7. **Over the next 3-5 years, how many additional behavioral health staff do you anticipate needing to hire?** *(Open-ended)*
8. **Over the next 3-5 years, do you anticipate needing to hire staff with QMHA certification?**

Response options: Yes / No / Unsure

9. **Over the next 3-5 years, do you anticipate needing to hire staff with QMHP certification?**

Response options: Yes / No / Unsure

10. **Over the next 3-5 years, do you anticipate needing to hire staff with CADC certification?**

Response options: Yes / No / Unsure

11. **For behavioral health positions in your organization, a bachelor's degree is:**

Response options:

- Required for all positions
- Required for most positions
- Preferred but not required
- Not typically required

12. **Do you currently hire candidates with associate degrees or certificates for positions you would prefer to fill with bachelor's-level candidates?**

Response options: Yes / No

13. **In your organization, does having a bachelor's degree (vs. associate degree) in behavioral health affect: (check all that apply)**

Response options:

- Eligibility for certain positions
- Starting salary
- Promotion opportunities
- Supervision responsibilities
- Other (open-ended)

14. **How challenging is it for your organization to recruit qualified behavioral health professionals?**

Response scale:

- Extremely challenging
- Very challenging
- Moderately challenging
- Slightly challenging
- Not challenging

15. **What specific barriers do you face in hiring behavioral health staff? (check all that apply)**

Response options:

- Insufficient qualified applicants in the region
- Salary/budget constraints
- Lack of required credentials/certifications
- Competition from other employers
- Geographic isolation/rural location
- Other (open-ended)

16. **What are the top 3-5 skills or competencies most important for behavioral health positions in your organization?** *(Open-ended)*
17. **What specific job titles do you hire for in behavioral health? (e.g., Case Manager, Counselor, Behavioral Health Specialist)** *(Open-ended)*
18. **Where do you typically recruit behavioral health staff from? (check all that apply)**

Response options:

- Local candidates
- Regional candidates (Oregon)
- Out-of-state candidates
- SWOCC graduates
- Other college/university programs
- Other (open-ended)

19. **Do current graduates from existing programs adequately meet your hiring needs?**

Response options: Yes / No / Partially

20. **How beneficial would a local BAS in Behavioral Health program be for your organization?**

Response scale:

- Extremely beneficial
- Very beneficial
- Moderately beneficial
- Slightly beneficial
- Not beneficial

21. **What benefits would a local BAS program provide? (check all that apply)**

Response options:

- Larger pool of qualified applicants
- Employees could advance credentials while working
- Better understanding of regional needs
- Reduced recruitment costs
- Partnership opportunities
- Other (open-ended)

22. **Would your organization be willing to provide practicum/internship placements for BAS students?**

Response options: Yes / No / Maybe

23. **Additional comments or suggestions about workforce needs or the proposed program:** *(Open-ended)*
24. **May we contact you for follow-up? If yes, please provide email: (optional)** *(Open-ended)*

Attachment E: 2019 Community Interest Survey

Background

In 2019, SWOCC faculty conducted an initial community needs assessment to explore interest in an Applied Baccalaureate in Behavioral Science with an emphasis in mental health and drug and alcohol counseling. The survey received 59 responses from community members, employers, and practitioners across the region. While this survey predates the current proposal by six years, its findings established the foundation of demonstrated need that the 2025-2026 student and stakeholder surveys have since confirmed and significantly expanded upon.

Key Findings

Of the 59 respondents, 100% identified local need for this degree as either "very important" (85%) or "important" (15%), not a single respondent rated need as low or absent. Notably, the majority of respondents were not SWOCC students but rather community members, employers, and practitioners already working in the field, lending particular weight to their assessment of regional need.

Selected Community Comments

"There is a depressingly HUGE lack of behavioral health professionals/services for all in our communities."

"Local organizations currently have to offer expensive incentives, often to people outside the community, in order to get people to come work here. Unfortunately, they often do not stay, which negatively affects the consumers, organizations, and the entire community."

"I am a physician. Mental health providers are in high demand in our area and I believe it would be a great niche for SWOCC to offer this degree."

"Mental health service providers in central Curry County are unreliable and very low-quality as a general rule. Most have very short tenures. There is a high need for quality local people who will remain in our communities."

"Having an option for a baccalaureate degree in behavioral health locally is a strong incentive for raising our own education level in our community."

The consistency between 2019 and 2025-2026 survey findings demonstrates that regional demand for behavioral health workforce development is not a recent phenomenon but a longstanding, documented need. The six-year gap between surveys, during which no local bachelor's pathway was created, reflects the structural barriers this proposal directly addresses.

Attachment F: Human Services Program Enrollment Data and Growth Trends

The following enrollment data was compiled by SWOCC Institutional Research in January 2026 and reflects new student enrollments across Human Services pathway programs from 2023-24 through 2025-26, with early 2026-27 applications noted.

Human Services

January 2026

Since 2023-24, 222 students have declared a major in one of three key programs that lead to a career in social services: Human Services (AAS), Associate of Arts Oregon Transfer (AAOT) with an emphasis in Psychology or Human Services and Social Work, as well as the Certificate in Addiction Studies. New enrollment in these programs has increased by nearly two-thirds (62 percent), from 53 in 2023-24, to 82 in 2024-25, and 86 in 2025-26.

New Enrollments in Human Services Fields 2023- 24 to 2026-27	
Academic Year	**Number of Students**
2023-24	53
2024-25	82
2025-26	86
2026-27	8
Grand Total	**222**

Sixty percent of these enrollments are in Human Services AAS, suggesting students are ready to enter the workforce immediately, and locally. The forty percent of enrollments in the AAOT Human Services and Psychology emphases indicate students' anticipate additional education to work in the field.

Row Labels	Count of ID_NUM
AA/OT Associate of Arts Oregon Transfer	40%
Addiction Studies	1%
Human Services	59%
Grand Total	**100%**

While some students have changed their major or withdrawn from the institution, 90 percent of these students have persisted, including a handful of students who have already applied for admission in the forthcoming academic year.

Attachment G: Regional Crisis Data and Statistics

The following data documents the scope of behavioral health crises in Coos, Curry, and western Douglas Counties, providing regional context for the workforce need addressed by the proposed BAS in Behavioral Health. Data sources include the Oregon Health Authority, Oregon Department of Human Services, U.S. Census Bureau, and the Oregon Substance Use Disorder Services Inventory and Gap Analysis. Key indicators include suicide rates, fatal overdose trends, substance use disorder prevalence, child abuse and neglect rates, and poverty rates, all of which exceed state averages and underscore the urgency of expanding the regional behavioral health workforce.

Data on Rates of Suicide, Overdose Trends, Substance Use, and Child Abuse/Neglect in Coos, Curry, and Douglas County

1. Suicide

Location	Suicide Rate (per 100,000)
Coos County	26.8
Curry County**	28.2** (5yr Avg)
Douglas County	31.4
Overall Oregon	20.9

** Suicide rates in Curry County have fluctuated significantly due to the county's small population. Some recent annual reports show rates as high as **50.7 per 100,000**, highlighting the vulnerability of rural communities where small changes in case numbers can dramatically affect mortality rates.

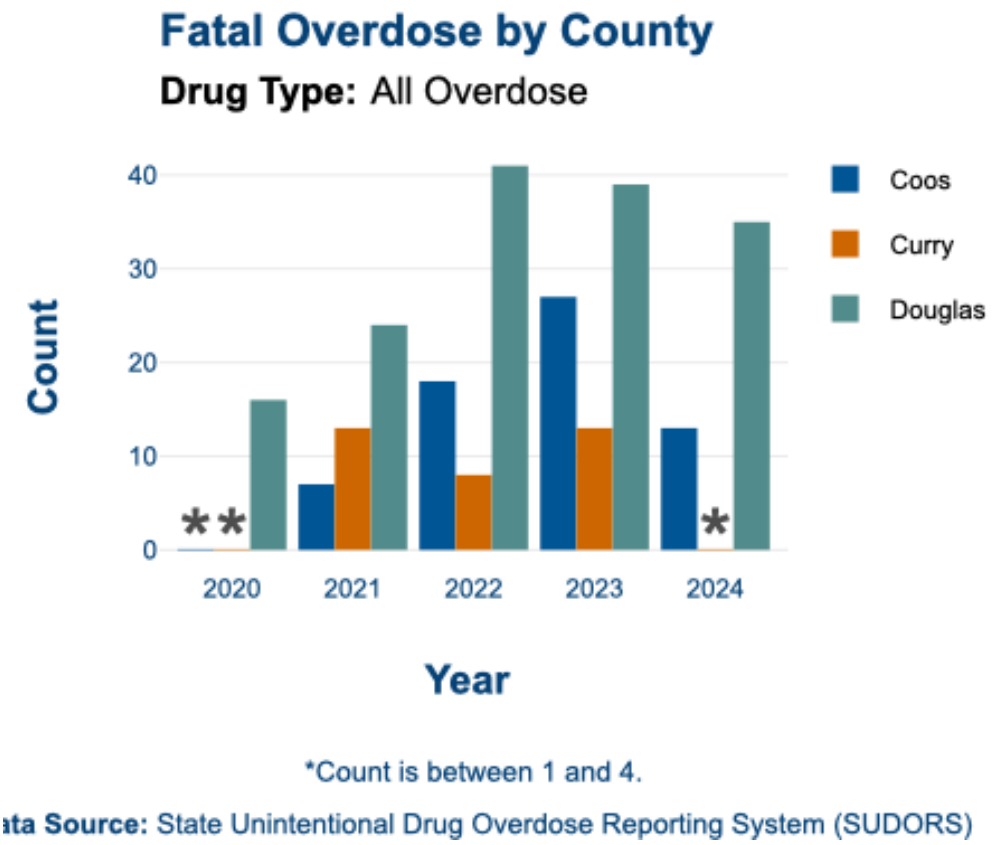
Source Name: *Suicide Deaths by Oregon County (2018–2022)*
Agency: Oregon Health Authority
URL
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/INJURYFATALITYDATA/Documents/Fact%20Sheets/Suicide%20Deaths%20by%20Oregon%20County.pdf
Data Source Description:
County-level suicide mortality rates derived from Oregon death certificate data and population estimates from the National Center for Health Statistics.
Publication Date: May 2, 2024
Access Date: March 8, 2026

2. Overdose Trends

County	Approx. Annual Deaths	Key Trend
Coos	8–12 per year	Increasing with fentanyl and stimulant combinations
Curry	3–6 per year	Small population → large rate swings
Douglas	18–25 per year	Largest total deaths in the region

County	2025 Overdose Death Rate per 100k
Coos	21.1
Curry	35.7
Douglas	27.66

Data Source: State Unintentional Overdose Reporting System (SUDORS)



Source Name: Oregon Health Authority – Overdose Prevention Data Dashboard (SUDORS)
Agency: Oregon Health Authority, Public Health Division
URL: https://oregoninjurydata.shinyapps.io/overdose/
Dataset: State Unintentional Drug Overdose Reporting System (SUDORS)
Publication / Update Date: 2025 (most recent data displayed on dashboard)
Access Date: March 11, 2026

Source Name: Oregon Health Authority – *Overdose Prevention Data Dashboard*
Agency: Oregon Health Authority (Public Health Division)
URL
https://oregoninjurydata.shinyapps.io/overdose/
Supporting data page
https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx
Publication / Update Date: December 2024 (dashboard update and overdose trend report)
Access Date: March 8, 2026

3. Substance Use

County	Estimated People with SUD (Past Year)	Approx. County Population	Estimated Rate 2025
Coos	10,414 individuals	65,000	16% of population
Curry	3,878 individuals	23,000	17% of population
Douglas County	17,800 individuals (estimated)	111,000	16% of population

Source: Oregon Substance Use Disorder Services Inventory and Gap Analysis (Oregon Alcohol and Drug Policy Commission & Oregon Health Authority)
URL
https://www.oregon.gov/oha/HSD/AMH/DataReports/SUD-Gap-Analysis-Inventory-Report.pdf
Publication date: September 2022
Accessed: March 8, 2026

4. Child Abuse/Neglect

County	Child Abuse/Neglect Victim Rate (per 1,000 children)
Coos	13–15 per 1,000 children
Curry	14–16 per 1,000 children
Douglas	12–14 per 1,000 children
Oregon (State Average)	12–13 per 1,000 children

- 38,387 child abuse assessments conducted statewide
- 8,242 confirmed abuse cases
- 11,669 child victims
- 35.9% of victims were age five or younger

Source:
Oregon Department of Human Services – Child Welfare Data Book 2024
URL
https://www.oregon.gov/odhs/data/cwdata/cw-data-book-2024.pdf
Publication date: 2024
Accessed: March 8, 2026

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United States Census Bureau

QuickFacts

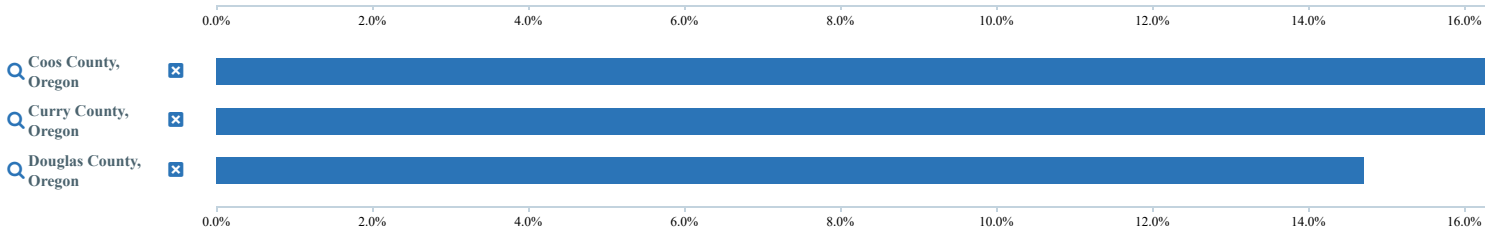
Coos County, Oregon; Curry County, Oregon; Douglas County, Oregon

QuickFacts provides statistics for all states and counties. Also for cities and towns with a ***population of 5,000 or more***.

Enter state, county, city, town, or zip code -- Select a fact -- CLEAR TABLE

Chart

Show selected locations



Value Notes

Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to the left of each learn about sampling error.

The vintage year (e.g., V2025) refers to the final year of the series (2020 thru 2025). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2020-2024 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2024 5-year ACS Comparison Guidance page.

Follow the U.S. Census Bureau citation guidelines to help credit your data sources correctly.

Fact Notes

- **(a)** Includes persons reporting only one race
- **(b)** Hispanics may be of any race, so also are included in applicable race categories
- **(c)** Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- **D** Suppressed to avoid disclosure of confidential information
- **F** Fewer than 25 firms
- **FN** Footnote on this item in place of data
- **NA** Not available
- **S** Suppressed; does not meet publication standards
- **X** Not applicable
- **Z** Value greater than zero but less than half unit of measure shown
- **-** Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of ar
- **N** Data for this geographic area cannot be displayed because the number of sample cases is too small.

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Est Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Appendix: County Data

FFY 2024 Screening Reports of Suspected Child Abuse by Screening Decision & County of Report Origin

County of Origin*	Closed At Screening	Referred	Total Reports	% Closed at Screening
Baker	180	247	**427**	**42.2%**
Benton	703	581	**1,284**	**54.8%**
Clackamas	3,223	3,336	**6,559**	**49.1%**
Clatsop	532	496	**1,028**	**51.8%**
Columbia	658	720	**1,378**	**47.8%**
Coos	797	937	**1,734**	**46.0%**
Crook	362	435	**797**	**45.4%**
Curry	190	194	**384**	**49.5%**
Deschutes	1,726	1,904	**3,630**	**47.5%**
Douglas	1,186	1,692	**2,878**	**41.2%**
Gilliam	28	28	**56**	**50.0%**
Grant	74	88	**162**	**45.7%**
Harney	87	124	**211**	**41.2%**
Hood River	164	158	**322**	**50.9%**
Jackson	2,101	2,449	**4,550**	**46.2%**
Jefferson	453	343	**796**	**56.9%**
Josephine	1,134	1,297	**2,431**	**46.6%**
Klamath	895	1,284	**2,179**	**41.1%**
Lake	98	113	**211**	**46.4%**
Lane	4,392	4,471	**8,863**	**49.6%**
Lincoln	553	542	**1,095**	**50.5%**
Linn	1,898	1,969	**3,867**	**49.1%**
Malheur	402	467	**869**	**46.3%**
Marion	4,441	4,263	**8,704**	**51.0%**
Morrow	135	195	**330**	**40.9%**
Multnomah	6,453	6,921	**13,374**	**48.3%**
Polk	1,126	1,068	**2,194**	**51.3%**
Sherman	8	16	**24**	**33.3%**
Tillamook	283	363	**646**	**43.8%**
Umatilla	918	1,158	**2,076**	**44.2%**
Union	318	426	**744**	**42.7%**
Wallowa	67	55	**122**	**54.9%**
Wasco	358	371	**729**	**49.1%**
Washington	4,722	4,294	**9,016**	**52.4%**
Wheeler	9	8	**17**	**52.9%**
Yamhill	1,064	1,097	**2,161**	**49.2%**
Central Office	6,133	1,752	**7,885**	**77.8%**
Out of Country	--	0	--	**100.0%**
Out of State	1,107	55	**1,162**	**95.3%**
Other**	--	--	8	**87.5%**
Statewide	**48,988**	**45,918**	**94,906**	**51.6%**

*County of Origin is the county where the report of child abuse originated.

**Other includes reports on children coded with a non-county value.

-- Values masked to ensure confidentiality

FFY 2024 Source of Screening Report of Suspected Child Abuse by County

County of Origin*	Medical	Other mandated	Other non mandated	Parent/Self	Police	School	Total
Baker	19	130	69	31	67	111	427
Benton	112	391	133	96	235	317	1,284
Clackamas	505	1,790	839	469	1,184	1,772	6,559
Clatsop	54	199	139	49	243	344	1,028
Columbia	88	383	172	99	249	387	1,378
Coos	173	473	327	133	219	409	1,734
Crook	76	243	90	65	174	149	797
Curry	21	95	69	33	99	67	384
Deschutes	295	1,213	471	316	536	799	3,630
Douglas	221	917	554	272	356	558	2,878
Gilliam	--	12	10	--	12	20	56
Grant	8	60	24	9	31	30	162
Harney	7	88	43	14	23	36	211
Hood River	20	94	36	29	43	100	322
Jackson	351	1,376	753	418	643	1,009	4,550
Jefferson	103	173	87	40	213	180	796
Josephine	151	716	423	213	393	535	2,431
Klamath	239	636	367	229	272	436	2,179
Lake	15	49	35	18	31	63	211
Lane	567	2,811	1,274	682	1,424	2,105	8,863
Lincoln	95	342	144	65	135	314	1,095
Linn	326	1,124	537	320	515	1,045	3,867
Malheur	61	299	120	49	127	213	869
Marion	1,130	2,153	1,076	562	1,289	2,494	8,704
Morrow	26	91	37	22	61	93	330
Multnomah	1,118	3,815	1,740	845	2,625	3,231	13,374
Polk	228	550	226	140	423	627	2,194
Sherman	--	7	--	--	--	--	24
Tillamook	43	128	125	48	118	184	646
Umatilla	147	429	308	142	557	493	2,076
Union	45	221	188	72	81	137	744
Wallowa	9	44	14	8	15	32	122
Wasco	48	195	96	49	145	196	729
Washington	606	2,298	755	549	2,266	2,542	9,016
Wheeler	--	--	--	--	--	--	17
Yamhill	140	711	321	157	277	555	2,161
Central Office	425	3,975	525	636	1,099	1,225	7,885
Out of Country	0	--	0	0	0	0	--
Out of State	126	511	150	133	170	72	1,162
Other**	--	--	0	0	--	--	--
Statewide	**7,605**	**28,753**	**12,282**	**7,018**	**16,360**	**22,888**	**94,906**

**County of Origin is the county where the report of child abuse originated.*

***Other includes reports on children coded with a non-county value.*

-- Values masked to ensure confidentiality

FFY 2024 Assessments by Disposition and County

County	Founded	Unfounded	Unable to Determine	No Allegation of CA/N	Unable to Locate	Total
Baker	38	70	--	--	0	**121**
Benton	77	412	11	--	--	**506**
Central Office	605	905	595	39	7	**2,151**
Clackamas	478	1,743	240	43	34	**2,538**
Clatsop	41	303	34	--	--	**382**
Columbia	73	456	42	9	9	**589**
Coos	210	409	96	--	--	**739**
Crook	90	218	28	--	--	**340**
Curry	44	106	19	--	--	**175**
Deschutes	375	1,140	169	--	--	**1,703**
Douglas	315	868	86	7	16	**1,292**
Gilliam	--	25	--	0	0	**31**
Grant	24	52	--	--	0	**86**
Harney	36	58	--	0	--	**106**
Hood River	37	62	--	--	0	**116**
Jackson	440	1,549	186	20	13	**2,208**
Jefferson	79	206	10	--	--	**297**
Josephine	216	849	90	--	--	**1,172**
Klamath	161	680	240	10	8	**1,099**
Lake	28	77	8	0	0	**113**
Lane	764	2,243	340	50	57	**3,454**
Lincoln	137	251	27	--	--	**425**
Linn	374	1,029	197	33	14	**1,647**
Malheur	145	220	39	--	--	**413**
Marion	814	2,204	358	16	66	**3,458**
Morrow	59	251	29	--	--	**356**
Multnomah	980	3,528	927	20	87	**5,542**
Polk	200	534	117	19	19	**889**
Sherman	0	0	0	0	0	**0**
Tillamook	34	243	43	--	--	**325**
Umatilla	142	359	45	15	7	**568**
Union	93	262	--	--	0	**393**
Wallowa	--	18	--	0	0	**36**
Wasco	58	146	12	11	0	**227**
Washington	841	2,392	502	15	26	**3,776**
Wheeler	0	0	0	0	0	**0**
Yamhill	215	696	161	18	24	**1,114**
Statewide*	**8,242**	**24,564**	**4,739**	**396**	**446**	**38,387**

*State total includes investigations of child abuse in or by a Children's Care Provider, conducted by the Office of Training, Investigations and Safety (OTIS).

-- Values masked to ensure confidentiality

FFY 2024 Incidents of Child Abuse

County	Mental Injury	Neglect	Physical Abuse	Sexual Abuse	Threat of Harm	Neglect in Care	Physical Abuse In Care	Verbal Abuse in care	Wrongful Restraint in care
Baker	3	31	10	5	25	0	0	0	0
Benton	2	46	11	12	58	0	0	0	0
Central Office	7	70	95	360	142	6	1	1	1
Clackamas	35	210	92	82	440	0	1	0	0
Clatsop	0	29	6	8	30	0	0	0	0
Columbia	0	45	10	8	80	0	0	0	0
Coos	13	118	59	20	206	0	0	0	0
Crook	5	43	21	16	88	0	0	0	0
Curry	2	18	14	3	44	0	0	0	0
Deschutes	19	156	91	45	367	0	0	0	0
Douglas	10	116	65	44	362	0	0	0	0
Gilliam	1	3	2	0	5	0	0	0	0
Grant	0	12	3	5	21	0	0	0	0
Harney	1	11	12	7	42	0	0	0	0
Hood River	2	23	4	2	30	0	0	0	0
Jackson	21	227	54	53	425	0	2	0	0
Jefferson	8	42	12	9	77	0	0	0	0
Josephine	15	73	35	24	234	3	0	1	1
Klamath	12	92	33	17	199	0	0	0	0
Lake	0	13	9	4	30	0	0	0	0
Lane	38	402	145	125	661	0	2	1	0
Lincoln	3	60	27	11	133	0	0	0	0
Linn	17	197	101	64	331	0	0	0	0
Malheur	5	102	29	13	148	3	3	1	0
Marion	38	338	167	148	834	1	0	0	0
Morrow	0	18	12	10	61	0	0	0	0
Multnomah	49	450	190	134	967	1	0	0	0
Polk	20	87	41	26	170	0	0	0	0
Sherman	0	0	0	0	0	0	0	0	0
Tillamook	0	17	4	2	31	0	0	0	0
Umatilla	4	83	33	17	154	0	1	0	0
Union	5	70	16	12	80	0	0	0	0
Wallowa	0	15	3	3	7	0	0	0	0
Wasco	3	43	17	9	50	0	0	0	0
Washington	73	279	186	125	785	0	1	0	0
Wheeler	0	0	0	0	0	0	0	0	0
Yamhill	10	109	39	50	172	0	0	0	0
Statewide	**421**	**3,648**	**1,648**	**1,473**	**7,489**	**14**	**11**	**4**	**2**

*New allegation types of Abandonment in Care, Financial Exploitation in Care, Involuntary Seclusion in Care, Neglect in Care, Physical Abuse in Care, Sexual Abuse in Care, Verbal Abuse in Care, and Wrongful Restraint in Care were added effective 1/1/2020. If none were recorded during the FFY, they are not shown in this table.

Victim Rate per 1,000 Children, by County - FFY 2022-FFY 2024

	Population under 18**			Victims			Rate per 1,000		
County	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Baker	3,323	3,333	3,332	74	60	56	22.3	18.0	16.8
Benton	15,094	14,978	14,835	201	161	107	13.3	10.7	7.2
Clackamas	89,336	88,428	87,301	603	642	666	6.7	7.3	7.6
Clatsop	7,645	7,614	7,384	75	96	53	9.8	12.6	7.2
Columbia	10,829	10,756	10,839	224	135	113	20.7	12.6	10.4
Coos	11,739	11,631	11,504	263	403	306	22.4	34.6	26.6
Crook	4,935	5,061	5,167	86	119	138	17.4	23.5	26.7
Curry	3,363	3,369	3,350	66	118	64	19.6	35.0	19.1
Deschutes	39,088	39,295	38,719	571	515	533	14.6	13.1	13.8
Douglas	21,457	21,515	21,547	414	448	464	19.3	20.8	21.5
Gilliam	403	399	398	17	16	7	42.2	40.1	17.6
Grant	1,325	1,330	1,309	32	28	31	24.2	21.1	23.7
Harney	1,481	1,468	1,455	54	62	56	36.5	42.2	38.5
Hood River	5,480	5,418	5,327	28	37	54	5.1	6.8	10.1
Jackson	45,630	45,606	44,922	715	514	627	15.7	11.3	14.0
Jefferson	5,678	5,766	5,735	73	102	119	12.9	17.7	20.7
Josephine	16,880	16,832	16,622	302	334	320	17.9	19.8	19.3
Klamath	15,137	15,317	15,367	320	345	273	21.1	22.5	17.8
Lake	1,554	1,573	1,610	13	47	46	8.4	29.9	28.6
Lane	68,253	67,194	66,030	1,027	980	1045	15.0	14.6	15.8
Lincoln	8,189	8,098	7,802	131	181	193	16.0	22.4	24.7
Linn	28,505	28,568	28,445	461	500	551	16.2	17.5	19.4
Malheur	8,239	8,163	8,197	235	216	227	28.5	26.5	27.7
Marion	83,240	82,150	81,028	1,098	979	1228	13.2	11.9	15.2
Morrow	3,334	3,341	3,278	31	54	94	9.3	16.2	28.7
Multnomah	147,075	142,441	138,094	1,441	1,361	1389	9.8	9.6	10.1
Polk	19,495	19,524	19,271	291	301	277	14.9	15.4	14.4
Sherman	360	378	391	0	0	0	0.0	0.0	0.0
Tillamook	5,118	5,023	4,979	67	59	43	13.1	11.7	8.6
Umatilla	19,923	19,583	19,454	280	261	235	14.1	13.3	12.1
Union	5,809	5,822	5,680	111	127	141	19.1	21.8	24.8
Wallowa	1,432	1,494	1,507	13	16	22	9.1	10.7	14.6
Wasco	5,826	5,765	5,699	67	112	96	11.5	19.4	16.8
Washington	133,450	130,658	127,723	1,042	1,024	1201	7.8	7.8	9.4
Wheeler	208	203	189	0	0	0	0.0	0.0	0.0
Yamhill	23,251	22,917	22,498	170	257	302	7.3	11.2	13.4
Statewide*	**862,084**	**851,011**	**836,988**	**10,711**	**11,191**	**11,669**	**12.4**	**13.2**	**13.9**

**State total includes investigations of child abuse in or by a Children's Care Provider, conducted by the Office of Training, Investigations and Safety (OTIS).*

*** Population data is two years behind. Population data is from Puzzanchera, C., Sladky, A. and Kang, W. (2024). "Easy Access to Juvenile Populations: 1990-2022." Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/ . Easy Access updated their methodogy in July 2024. Versions published before FFY 2024 Child Welfare Data Book will not reflect the new population data.*

Attachment H: Senate Bill 1547 Legislative Materials

The following materials document the enactment of Senate Bill 1547 (2026), which establishes a new Licensed Behavioral Health and Wellness Practitioner credential in Oregon, creating a bachelor's-level licensure pathway directly relevant to graduates of the proposed BAS in Behavioral Health. Included are the Oregon Senate Majority Office press release and the enrolled bill text.

SENATE MAJORITY OFFICE

FOR IMMEDIATE RELEASE

February 11, 2026

Press Contact:
Elizabeth Cronen, elizabeth.cronen@oregonlegislature.gov

Oregon Senators Move to Ease the Behavioral Health Workforce Shortage

Senate Bill 1547 creates new state license for bachelor's degree-level practitioners

SALEM, Ore. – Oregon has a critical shortage of mental health care providers, with 32 of 36 Oregon counties having fewer than one provider per 1,000 residents. Legislation passed in the state Senate today widens the mental health workforce by creating a new license for bachelor's degree holders trained in behavioral health promotion, prevention and brief intervention. This new role can make mental health care more accessible and potentially lower long-term costs by providing help early.

"As I pediatrician, I know that we do not have enough behavioral health providers for youth who are struggling," said **Senator Lisa Reynolds (D – Portland)**, chair of the Senate Early Childhood and Behavioral Health Committee. "I also know that upstream and early supports go a long way toward preventing more serious behavioral health problems later in life."

Senate Bill 1547 creates a license for prevention-focused providers with bachelor's degrees and at least 700 hours of supervised applied training. The University of Oregon's Ballmer Institute for Children's Behavioral Health in Portland has educated the state's first graduating classes of students pursuing undergraduate degrees in child behavioral health. The license will authorize their practice in early identification, skills training and support, brief interventions, and culturally responsive services.

Behavioral health and wellness practitioners will work under the oversight of a licensed behavioral or mental health providers in settings like schools, pediatric primary care, community-based organizations, and mental health agencies. Crucially, licensure for this role sets the stage for these services to be reimbursed by private insurance and public programs.

The measure passed in an Oregon Senate vote of 27 to 2, with 10 Republicans joining Democrats in support.

# # #

83rd OREGON LEGISLATIVE ASSEMBLY--2026 Regular Session

Enrolled
Senate Bill 1547

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Early Childhood and Behavioral Health for The Ballmer Institute for Children's Behavioral Health at the University of Oregon)

CHAPTER .....

AN ACT

Relating to licensed behavioral health and wellness practitioners; creating new provisions; amending ORS 124.050, 192.556, 414.025, 419B.005, 430.735, 609.652, 675.010, 675.075, 675.085, 675.087, 675.110, 675.115, 675.130, 675.140, 675.145, 675.150, 675.166, 675.178, 675.661 and 675.850; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

LICENSED BEHAVIORAL HEALTH AND WELLNESS PRACTITIONERS

SECTION 1. As used in sections 1 to 7 of this 2026 Act:

(1) "Licensed behavioral health and wellness practitioner" means an individual licensed under section 2 of this 2026 Act to practice behavioral health promotion, prevention and brief intervention.

(2) "Licensed psychologist" has the meaning given that term in ORS 675.010.

(3) "Practice of behavioral health promotion, prevention and brief intervention" includes the provision of the following services, either directly or indirectly, in an individual or group format, with or without client caregivers or families:

(a) Early identification of behavioral health concerns, including identification through the use of behavioral health screening;

(b) Psychoeducation;

(c) Skills training and skills support;

(d) Brief, evidence-based behavioral health interventions and prevention services;

(e) Risk identification and referral; and

(f) Collaboration, consultation and care coordination with other behavioral health providers.

SECTION 2. (1) The Oregon Board of Psychology may issue a license to practice behavioral health promotion, prevention and brief intervention to an applicant who:

(a)(A) Holds a bachelor's degree or higher in behavioral health from a program approved by the board that includes at least 700 hours of supervised practice in the delivery of behavioral health promotion, prevention and brief intervention services; or

(B) Holds a bachelor's degree or higher in a field other than behavioral health if the applicant has also completed an educational program approved by the board that includes at least 700 hours of supervised practice in the delivery of behavioral health promotion, prevention and brief intervention services;

(b) Has successfully completed any training required by the board by rule;

(c) Passes, to the satisfaction of the board, an examination required by the board by rule;

(d) Is determined by the board to be of good moral character, as described in ORS 675.030;

(e) Pays an application fee; and

(f) Meets other requirements established by the board by rule.

(2) The supervised practice described in subsection (1) of this section must be performed under the supervision of an individual described in section 4 of this 2026 Act.

(3) The board may adopt rules to establish requirements for the renewal of a license issued under this section.

(4) Moneys from fees collected under this section shall be deposited in the Oregon Board of Psychology Account established under ORS 675.140.

SECTION 3. An individual whose license issued under section 2 of this 2026 Act has expired may apply as follows to the Oregon Board of Psychology to be relicensed:

(1) If the previous license has been expired for more than two years, the individual must apply and qualify for the new license in the same manner as an individual who has never been licensed.

(2)(a) If the previous license has been expired for two years or less, the individual must:

(A) Apply for relicensure in a manner required by the board;

(B) Meet any requirements for relicensure established by the board by rule; and

(C) Pay the fee established by the board.

(b) An individual who applies for relicensure under paragraph (a) of this subsection may not be required to meet the requirements described in section 2 (1)(a) to (c) of this 2026 Act.

SECTION 4. (1) A licensed behavioral health and wellness practitioner may practice behavioral health promotion, prevention and brief intervention only under the direct supervision of a:

(a) Licensed psychologist;

(b) Physician licensed under ORS chapter 677 who has a specialty in psychiatry;

(c) Licensed professional counselor, as defined in ORS 675.705;

(d) Licensed marriage and family therapist, as defined in ORS 675.705;

(e) Clinical social worker licensed under ORS 675.530; or

(f) Nurse practitioner licensed under ORS 678.375 to 678.390 who has a specialty in psychiatric mental health.

(2) The Oregon Board of Psychology may adopt rules to carry out this section, including rules to establish requirements for supervision and a process for an individual described in subsection (1) of this section to be an approved supervisor.

SECTION 5. An individual may not use the title "licensed behavioral health and wellness practitioner" or similar title or initials unless the individual is a licensed behavioral health and wellness practitioner.

SECTION 6. A licensed behavioral health and wellness practitioner may not:

(1) Engage in the practice of psychology, as described in ORS 675.010;

(2) Practice medicine, as described in ORS 677.085;

(3) Diagnose any physical, behavioral, emotional or mental disorder;

(4) Independently treat any physical, behavioral, emotional or mental disorder;

(5) Administer or interpret any individually administered intelligence, academic achievement or neuropscyhological tests; or

(6) Evaluate the effects of any medical or psychotropic drugs.

SECTION 7. **(1) If any of the grounds enumerated in subsection (2) of this section exist, the Oregon Board of Psychology may impose any of the following sanctions:**

(a) Deny a license to practice behavioral health promotion, prevention and brief intervention;

(b) Refuse to renew or suspend or revoke a license to practice behavioral health promotion, prevention and brief intervention;

(c) Issue a letter of reprimand;

(d) Impose probation with authority to require practice under increased supervision; or

(e) Impose a civil penalty as described under subsection (3) of this section.

(2) Subject to subsection (7) of this section, the board may impose a sanction listed in subsection (1) of this section against a licensed behavioral health and wellness practitioner, an applicant for a license to practice behavioral health promotion, prevention and brief intervention or, if applicable, an unlicensed individual found in violation of sections 1 to 7 of this 2026 Act, if, in the board's judgment, the licensee, applicant or individual:

(a) Has an impairment as defined in ORS 676.303;

(b) Has been convicted of a violation of law related to controlled substances;

(c) Has been convicted of a felony or misdemeanor involving moral turpitude;

(d) Is guilty of immoral or unprofessional conduct or of gross negligence in the practice of behavioral health promotion, prevention and brief intervention, including but not limited to:

(A) Conduct or practice contrary to recognized standards of ethics of the profession or that constitutes a danger to the health or safety of a patient or the public;

(B) Conduct, practice or a condition that adversely affects the ability of a licensed behavioral health and wellness practitioner or an applicant for a license to practice behavioral health promotion, prevention and brief intervention to practice safely and skillfully; or

(C) Having practiced outside the authorized scope of practice for a licensed behavioral health and wellness practitioner;

(e) Has obtained, or attempted to obtain, a license to practice behavioral health promotion, prevention and brief intervention by fraud or material misrepresentation;

(f) Has impersonated a licensed behavioral health and wellness practitioner, or allowed another individual to use the license of a licensed behavioral health and wellness practitioner;

(g) Has violated a provision of sections 1 to 7 of this 2026 Act or ORS 675.850, any applicable rule of the board or the code of professional conduct adopted under ORS 675.110; or

(h) Notwithstanding ORS 670.280, has been convicted of a sex crime as defined in ORS 163A.005 or has been convicted in another state or jurisdiction of a crime that is substantially equivalent to a sex crime as defined in ORS 163A.005.

(3) The board may impose a civil penalty under subsection (1) of this section in an amount not to exceed:

(a) $2,500; or

(b) $5,000, if any of the following conditions exist:

(A) The conduct giving rise to the penalty had a serious detrimental effect on the health or safety of another person;

(B) The individual subject to the penalty has a history of discipline for the same or similar conduct;

(C) The conduct giving rise to the penalty involves a willful or reckless disregard for the law;

(D) The conduct giving rise to the penalty was perpetrated against a minor, elderly person or person with a disability; or

(E) The individual subject to the penalty violated section 5 of this 2026 Act.

(4) Except as provided in subsection (7) of this section, if a conviction described in subsection (2) of this section is used as grounds for discipline described in subsection (1) of this section, a certified copy of the record of the conviction shall be conclusive evidence.

(5) The board may license an applicant or renew or restore a licence suspended or revoked under subsection (2)(a) of this section due to a mental health condition if the board determines that the applicant or previously licensed individual no longer has an impairment due to a mental health condition.

(6) Except as provided in subsection (7) of this section, license suspension or revocation in another state is grounds for license denial or other disciplinary action by the board.

(7) The board may not suspend or revoke an individual's license, or refuse to grant a license to an individual, because of a conviction or license suspension or revocation resulting solely from the individual's provision of licensed services related to reproductive or gender-affirming health care that are otherwise lawful in this state but unlawful in the jurisdiction in which the individual provided the services, so long as the services provided were performed in accordance with the standard of care applicable to the services.

SECTION 8. ORS 675.010 is amended to read:

675.010. As used in ORS 675.010 to 675.150, unless the context requires otherwise:

(1) "Approved doctoral program in psychology" means a doctoral program in psychology accredited by the American Psychological Association or a doctoral program in psychology accredited individually or as part of an institutional accreditation by another private or governmental accrediting agency, when the association's or agency's standards and procedures have been approved by the Oregon Board of Psychology by rule.

[*(2) "Board" means the Oregon Board of Psychology.*]

(2) "Licensed behavioral health and wellness practitioner" has the meaning given that term in section 1 of this 2026 Act.

(3) "Licensed psychologist" means a person licensed to practice psychology under the provisions of ORS 675.010 to 675.150.

(4) "Practice of behavioral health promotion, prevention and brief intervention" has the meaning given that term in section 1 of this 2026 Act.

[*(4)*] **(5)** "Practice of psychology" means rendering or offering to render supervision, consultation, evaluation or therapy services to individuals, groups or organizations for the purpose of diagnosing or treating behavioral, emotional or mental disorders. "Practice of psychology" also includes delegating the administration and scoring of tests to technicians qualified by and under the direct supervision of a licensed psychologist.

[*(5)*] **(6)** "State" means any state or territory of the United States and the District of Columbia.

SECTION 9. ORS 675.075 is amended to read:

675.075. (1) Any information that the Oregon Board of Psychology obtains under ORS 675.070 or 675.085 **or section 7 of this 2026 Act** is confidential as provided under ORS 676.175.

(2) Any person who in good faith provides information to the board shall not be subject to an action for civil damages as a result thereof.

SECTION 10. ORS 675.085 is amended to read:

675.085. (1) Upon receipt of a complaint under ORS 675.010 to 675.150 **or sections 1 to 7 of this 2026 Act**, the Oregon Board of Psychology shall conduct an investigation as described under ORS 676.165.

(2) Where the board proposes to refuse to issue a license or to impose any disciplinary action under ORS 675.070 **or section 7 of this 2026 Act**, opportunity for hearing shall be accorded as provided in ORS chapter 183. The board shall render its decision within 30 days after the hearing.

(3) Adoption of rules, conduct of hearings, issuance of orders and judicial review of rules and orders shall be as provided in ORS chapter 183.

SECTION 11. ORS 675.087 is amended to read:

675.087. The lapse, suspension or revocation of a license issued under ORS 675.010 to 675.150 **or sections 1 to 7 of this 2026 Act** by the operation of law, by order of the Oregon Board of Psy-

chology or by the decision of a court of law, or the voluntary surrender of a license by a licensee, does not deprive the board of jurisdiction to proceed with any investigation of or any action or disciplinary proceeding against the licensee or to revise or render null and void an order suspending or revoking the license.

SECTION 12. ORS 675.110 is amended to read:

675.110. In addition to the powers otherwise granted under ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act**, the Oregon Board of Psychology has all powers necessary or proper to:

(1) Determine qualifications of applicants to practice psychology **and behavioral health promotion, prevention and brief intervention** in this state, prepare, conduct and grade examinations and license qualified applicants who comply with the provisions of ORS 675.010 to 675.150 **or sections 1 to 7 of this 2026 Act** and the rules of the board.

(2) Grant or deny renewal of licenses and renew licenses that have lapsed for nonpayment of the renewal fee, subject to the provisions of ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act**.

(3) Suspend or revoke licenses, subject to ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act**.

(4) Issue letters of reprimand and impose probationary periods with the authority to restrict the scope of practice of a**:**

(a) Licensed psychologist or to require practice under supervision.

(b) Licensed behavioral health and wellness practitioner or to require practice under increased supervision.

(5) Impose civil penalties as provided in ORS 675.070 **and section 7 of this 2026 Act**.

(6) Restore licenses that have been suspended or revoked or voided by nonpayment of the renewal fee.

(7) Collect fees for application, examination and licensing of applicants, for renewal of licenses and for issuance of limited permits and use the fees to defray the expenses of the board as provided in ORS 675.140.

(8) Collect a delinquent renewal fee for licenses renewed after the deadline for renewal but before the grace period for renewal has expired.

(9) Investigate alleged violations of ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act and any rules adopted thereunder**.

(10) Issue subpoenas for the attendance of witnesses, take testimony, administer oaths or affirmations to witnesses, conduct hearings and require the production of relevant documents in all proceedings pertaining to the duties and powers of the board.

(11)**(a)** Enforce ORS 675.010 to 675.150 and exercise general supervision over the practice of psychology in this state.

(b) Enforce sections 1 to 7 of this 2026 Act and exercise general supervision over the practice of behavioral health promotion, prevention and brief intervention in this state.

(12) Adopt a common seal.

(13) Formulate a code of professional conduct for the**:**

(a) Practice of psychology giving particular consideration to the Ethical Standards of Psychologists promulgated by the American Psychological Association.

(b) Practice of behavioral health promotion, prevention and brief intervention, with particular consideration to recognized ethics codes for the practice.

(14) Establish standards of service and training and educational qualifications for**:**

(a) Rendering ethical psychological services in this state, including the formulation of standards for the issuance of licenses for areas of special competence.

(b) Providing ethical services as a licensed behavioral health and wellness practitioner in this state, including the formulation of standards for the issuance of licenses for areas of special competence.

(15) Formulate and enforce continuing education requirements for duly licensed psychologists **and licensed behavioral health and wellness practitioners** to ensure the highest quality of professional services to the public.

(16) Deny renewal of a license **to practice psychology**, or renewal of a license **to practice psychology** that has lapsed for nonpayment of the renewal fee, unless the applicant completes, or provides documentation of completion within the previous 36 months of:

(a) A one-hour pain management education program approved by the board and developed based on recommendations of the Pain Management Commission; or

(b) An equivalent pain management education program, as determined by the board.

(17) Assess costs associated with a disciplinary action to the person against whom the board takes the disciplinary action, as follows:

(a) For total costs of $3,000 or less, the board may not assess any costs.

(b) For total costs greater than $3,000 but not greater than $6,000, the board may assess up to 50 percent of the total costs.

(c) For total costs greater than $6,000, the board may assess up to 100 percent of the total costs.

(18) For the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, require the fingerprints of a person who is:

(a) Applying for a license issued by the board;

(b) Applying for renewal of a license issued by the board; or

(c) Under investigation by the board.

(19) Prescribe, in consultation with the Oregon Board of Licensed Professional Counselors and Therapists, the duties of the Director of the Mental Health Regulatory Agency.

(20) Subject to the applicable provisions of ORS chapter 183, adopt reasonable rules to carry out the provisions of ORS 675.010 to 675.150.

SECTION 13. ORS 675.115 is added to and made a part of ORS 675.010 to 675.150.

SECTION 14. ORS 675.115 is amended to read:

675.115. Subject to prior approval of the Oregon Department of Administrative Services, the fees and charges established under ORS 675.110 [*shall*] **may** not exceed the cost of administering the regulatory program of the Oregon Board of Psychology pertaining to the purpose for which the fee or charge is established, as authorized by the Legislative Assembly within the board's budget, as the budget may be modified by the Emergency Board.

SECTION 15. ORS 675.130 is amended to read:

675.130. (1) The Oregon Board of Psychology shall select one of its members as chairperson, and another as vice chairperson, for the terms and with the powers and duties necessary for the performance of the functions of the offices determined by the board.

(2) A majority of the board constitutes a quorum for the transaction of business.

(3) The board shall meet at least once a year at a place, day and hour determined by the board. The board shall also meet at other times and places as specified by the call of the chairperson, or of a majority of the members of the board or of the Governor.

(4) The board shall maintain records of all board proceedings under ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act**.

[*(5) The board shall maintain a register of all living psychologists licensed under ORS 675.010 to 675.150 that includes the names, last-known business addresses, last-known residential addresses and the dates and numbers of the licenses of the psychologists.*]

(5)(a) The board shall maintain a register of all living psychologists. The register must include the name, last-known business address, last-known residential address and the date and number of the license of each licensed psychologist.

(b) The board shall maintain a register of all living licensed behavioral health and wellness practitioners licensed under sections 1 to 7 of this 2026 Act. The register must include the name, last-known business address, last-known residential address and the date and number of the license of each licensed behavioral health and wellness practitioner.

SECTION 16. ORS 675.140 is amended to read:

675.140. On or before the 10th day of each month, the Oregon Board of Psychology shall pay into the State Treasury all moneys received by the board during the preceding calendar month. The State Treasurer shall credit the moneys to the Oregon Board of Psychology Account. The moneys in the Oregon Board of Psychology Account are continuously appropriated to the board for the purpose of paying the expenses of administering and enforcing ORS 675.010 to 675.150, 675.172, 676.850 and 676.866 **and sections 1 to 7 of this 2026 Act**.

SECTION 17. ORS 675.145 is amended to read:

675.145. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensed psychologist **or licensed behavioral health and wellness practitioner** who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

SECTION 18. ORS 675.150 is amended to read:

675.150. [*The Oregon Board of Psychology may institute and commence injunction proceedings in any circuit court in Oregon to enjoin the unlawful practice of psychology. In any such proceeding it shall not be necessary to show that any person is individually injured by the actions complained of. If the person complained of is found by the court to have unlawfully engaged in practice of psychology, the court may enjoin the person from so practicing. Procedure in such cases shall be the same as any other injunction suit. The remedy by injunction hereby given is in addition to criminal prosecution and punishment.*]

(1) The Oregon Board of Psychology may institute and commence injunction proceedings in any circuit court in Oregon to enjoin:

(a) The unlawful practice of psychology; or

(b) The unlawful use of the title "licensed psychologist" or "licensed behavioral health and wellness practitioner."

(2) In a proceeding described in subsection (1) of this section, the board is not required to show that a person was individually injured by the actions alleged.

(3) If the person against whom the complaint is made is found by the court to have unlawfully engaged in the practice of psychology or the use of a title described in subsection (1) of this section, the court may enjoin the person from practicing or from using the titles. The procedure in a case described in this subsection shall be the same as any other injunction proceeding.

(4) The remedy by injunction granted under this section is in addition to criminal prosecution and punishment.

SECTION 19. ORS 675.166 is amended to read:

675.166. The Mental Health Regulatory Agency shall provide administrative and regulatory oversight and centralized service for:

(1) The Oregon Board of Licensed Professional Counselors and Therapists, as provided in ORS 675.715 to 675.835; and

(2) The Oregon Board of Psychology, as provided in ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act**.

SECTION 20. ORS 675.178 is amended to read:

675.178. (1) The Mental Health Regulatory Agency is under the supervision and control of the Director of the Mental Health Regulatory Agency, who is responsible for the performance of the duties, functions and powers and for the organization of the agency.

(2) The regulated boards shall jointly appoint the director, who shall serve at the direction of the boards. If the boards cannot agree on a director, the Governor shall appoint a director from individuals suggested by each board, and the Governor's decision is final.

(3) The director is authorized to carry out the provisions of:

(a) ORS 675.010 to 675.150 **and sections 1 to 7 of this 2026 Act** as prescribed by the Oregon Board of Psychology; and

(b) ORS 675.715 to 675.835 as prescribed by the Oregon Board of Licensed Professional Counselors and Therapists.

(4) The director may appoint officers and hire employees as necessary to assist the director in fulfilling the duties, functions and powers conferred on the director by this section.

(5) The director may prescribe the duties and fix the compensation of officers appointed by the director and employees hired by the director.

(6) The director has all the powers necessary for the director to fulfill the director's duties as prescribed by the regulated boards under subsection (3) of this section.

SECTION 21. (1) Sections 1 to 7 of this 2026 Act and the amendments to ORS 675.010, 675.075, 675.085, 675.087, 675.110, 675.115, 675.130, 675.140, 675.145, 675.150, 675.166 and 675.178 by sections 8 to 12 and 14 to 20 of this 2026 Act become operative on January 1, 2027.

(2) The Mental Health Regulatory Agency and the Oregon Board of Psychology may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the agency and the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the agency and the board by sections 1 to 7 of this 2026 Act and the amendments to ORS 675.010, 675.075, 675.085, 675.087, 675.110, 675.115, 675.130, 675.140, 675.145, 675.150, 675.166 and 675.178 by sections 8 to 12 and 14 to 20 of this 2026 Act.

BEHAVIORAL HEALTH AND WELLNESS PRACTITIONER-CLIENT PRIVILEGE

SECTION 22. Section 23 of this 2026 Act is added to and made a part of ORS 40.225 to 40.295.

SECTION 23. A licensed behavioral health and wellness practitioner licensed by the Oregon Board of Psychology under section 2 of this 2026 Act shall not be examined in a civil or criminal court proceeding as to any communication given to the licensed behavioral health and wellness practitioner by a client in the course of a noninvestigatory professional activity when the communication was given to enable the licensed behavioral health and wellness practitioner to aid the client, except:

(1) When the client or those persons legally responsible for the affairs of the client give consent to the disclosure;

(2) When the client initiates legal action to make a complaint against the board or the licensed behavioral health and wellness practitioner;

(3) When the communication reveals the intent to commit a crime or harmful act; or

(4) When the communication reveals that a minor is, or is suspected to be, the victim of a crime, abuse or neglect.

SECTION 24. (1) Section 23 of this 2026 Act becomes operative on January 1, 2027.

(2) The Oregon Board of Psychology may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 23 of this 2026 Act.

ABUSE REPORTING

SECTION 25. ORS 124.050 is amended to read:

124.050. As used in ORS 124.050 to 124.095:

(1) "Abuse" means one or more of the following:

(a) Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.

(b) Neglect.

(c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

(d) Willful infliction of physical pain or injury upon an elderly person.

(e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467 or 163.525.

(f) Verbal abuse.

(g) Financial exploitation.

(h) Sexual abuse.

(i) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline the person.

(j) A wrongful use of a physical or chemical restraint of an elderly person, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

(2) "Elderly person" means any person 65 years of age or older who is not subject to the provisions of ORS 441.640 to 441.665.

(3) "Facility" means:

(a) A long term care facility as that term is defined in ORS 442.015.

(b) A residential facility as that term is defined in ORS 443.400, including but not limited to an assisted living facility.

(c) An adult foster home as that term is defined in ORS 443.705.

(4) "Financial exploitation" means:

(a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an elderly person or a person with a disability.

(b) Alarming an elderly person or a person with a disability by conveying a threat to wrongfully take or appropriate money or property of the person if the person would reasonably believe that the threat conveyed would be carried out.

(c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an elderly person or a person with a disability.

(d) Failing to use the income or assets of an elderly person or a person with a disability effectively for the support and maintenance of the person.

(5) "Intimidation" means compelling or deterring conduct by threat.

(6) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) Any district attorney.

(e) A police department established by a university under ORS 352.121 or 353.125.

(7) "Neglect" means failure to provide basic care or services that are necessary to maintain the health or safety of an elderly person.

(8) "Person with a disability" means a person described in:

(a) ORS 410.040 (7); or

(b) ORS 410.715.

(9) "Public or private official" means:

(a) Physician or physician associate licensed under ORS chapter 677, naturopathic physician or [*chiropractor*] **chiropractic physician**, including any intern or resident.

(b) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(c) Employee of the Department of Human Services or community developmental disabilities program.

(d) Employee of the Oregon Health Authority, local health department or community mental health program.

(e) Peace officer.

(f) Member of the clergy.

(g) Regulated social worker.

(h) Physical, speech or occupational therapist.

(i) Senior center employee.

(j) Information and referral or outreach worker.

(k) Licensed professional counselor or licensed marriage and family therapist.

(L) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.

(m) Firefighter or emergency medical services provider.

(n) Psychologist.

(o) Provider of adult foster care or an employee of the provider.

(p) Audiologist.

(q) Speech-language pathologist.

(r) Attorney.

(s) Dentist.

(t) Optometrist.

[*(u) Chiropractor.*]

(u) Chiropractic physician.

(v) Personal support worker, as defined in ORS 410.600.

(w) Home care worker, as defined in ORS 410.600.

(x) Referral agent, as defined in ORS 443.370.

(y) A person providing agency with choice services under ORS 427.181 or 443.360.

(z) Licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

(10) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an elderly person.

(11)(a) "Sexual abuse" means:

(A) Sexual contact with an elderly person who does not consent or is considered incapable of consenting to a sexual act under ORS 163.315;

(B) Verbal or physical harassment of a sexual nature, including but not limited to severe or pervasive exposure to sexually explicit material or language;

(C) Sexual exploitation;

(D) Any sexual contact between an employee of a facility or paid caregiver and an elderly person served by the facility or caregiver; or

(E) Any sexual contact that is achieved through force, trickery, threat or coercion.

(b) "Sexual abuse" does not mean consensual sexual contact between an elderly person and:

(A) An employee of a facility who is also the spouse of the elderly person; or

(B) A paid caregiver.

(12) "Sexual contact" has the meaning given that term in ORS 163.305.

(13) "Verbal abuse" means to threaten significant physical or emotional harm to an elderly person or a person with a disability through the use of:

(a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

(b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

SECTION 26. ORS 419B.005 is amended to read:

419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements or threats result in severe harm to the child's psychological, cognitive, emotional or social well-being and functioning.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct that allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition that, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct that is part of any investigation conducted pursuant to ORS 419B.020 or that is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475C.009, that subjects a child to a substantial risk of harm to the child's health or safety.

(K) The restraint or seclusion of a child in violation of ORS 339.285, 339.288, 339.291, 339.303 or 339.308.

(L) The infliction of corporal punishment on a child in violation of ORS 339.250 (9).

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who:

(a) Is under 18 years of age; or

(b) Is a child in care, as defined in ORS 418.257.

(3) "Higher education institution" means:

(a) A community college as defined in ORS 341.005;

(b) A public university listed in ORS 352.002;

(c) The Oregon Health and Science University; and

(d) A private institution of higher education located in Oregon.

(4)(a) "Investigation" means a detailed inquiry into or assessment of the safety of a child alleged to have experienced abuse.

(b) "Investigation" does not include screening activities conducted upon the receipt of a report.

(5) "Law enforcement agency" means:

(a) A city or municipal police department.

(b) A county sheriff's office.

(c) The Oregon State Police.

(d) A police department established by a university under ORS 352.121 or 353.125.

(e) A county juvenile department.

(6) "Public or private official" means:

(a) Physician or physician associate licensed under ORS chapter 677 or naturopathic physician, including any intern or resident.

(b) Dentist.

(c) School employee, including an employee of a higher education institution.

(d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(e) Employee of the Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, Department of Education, Youth Development Division, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a child-caring agency as that term is defined in ORS 418.205 or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Regulated social worker.

(j) Optometrist.

[*(k) Chiropractor.*]

(k) Chiropractic physician.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Licensed professional counselor.

(o) Licensed marriage and family therapist.

(p) Firefighter or emergency medical services provider.

(q) Court appointed special advocate, as defined in ORS 419A.004.

(r) Child care provider registered or certified under ORS 329A.250 to 329A.450.

(s) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.

(t) Physical, speech or occupational therapist.

(u) Audiologist.

(v) Speech-language pathologist.

(w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.

(x) Pharmacist.

(y) Operator of a preschool recorded program under ORS 329A.255.

(z) Operator of a school-age recorded program under ORS 329A.255.

(aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.

(bb) Employee of a public or private organization providing child-related services or activities:

(A) Including but not limited to an employee of a:

(i) Youth group or center;

(ii) Scout group or camp;

(iii) Summer or day camp;

(iv) Survival camp; or

(v) Group, center or camp that is operated under the guidance, supervision or auspices of a religious, public or private educational system or a community service organization; and

(B) Excluding an employee of a qualified victim services program as defined in ORS 147.600 that provides confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) Coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

(dd) Personal support worker, as defined in ORS 410.600.

(ee) Home care worker, as defined in ORS 410.600.

(ff) Animal control officer, as defined in ORS 609.500.

(gg) Member of a school district board, an education service district board or a public charter school governing body.

(hh) Individual who is paid by a public body, in accordance with ORS 430.215, to provide a service identified in an individualized service plan of a child with a developmental disability.

(ii) Referral agent, as defined in ORS 418.351.

(jj) Parole and probation officer, as defined in ORS 181A.355.

(kk) Behavior analyst or assistant behavior analyst licensed under ORS 676.810 or behavior analysis interventionist registered by the Health Licensing Office under ORS 676.815.

(LL) Massage therapist, as defined in ORS 687.011.

(mm) Licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

SECTION 27. ORS 419B.005, as amended by section 6, chapter 581, Oregon Laws 2023, section 65, chapter 73, Oregon Laws 2024, and section 10, chapter 308, Oregon Laws 2025, is amended to read:

419B.005. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements or threats result in severe harm to the child's psychological, cognitive, emotional or social well-being and functioning.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct that allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition that, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct that is part of any investigation conducted pursuant to ORS 419B.020 or that is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475C.009, that subjects a child to a substantial risk of harm to the child's health or safety.

(K) The infliction of corporal punishment on a child in violation of ORS 339.250 (9).

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who:

(a) Is under 18 years of age; or

(b) Is a child in care, as defined in ORS 418.257.

(3) "Higher education institution" means:

(a) A community college as defined in ORS 341.005;

(b) A public university listed in ORS 352.002;

(c) The Oregon Health and Science University; and

(d) A private institution of higher education located in Oregon.

(4)(a) "Investigation" means a detailed inquiry into or assessment of the safety of a child alleged to have experienced abuse.

(b) "Investigation" does not include screening activities conducted upon the receipt of a report.

(5) "Law enforcement agency" means:

(a) A city or municipal police department.

(b) A county sheriff's office.

(c) The Oregon State Police.

(d) A police department established by a university under ORS 352.121 or 353.125.

(e) A county juvenile department.

(6) "Public or private official" means:

(a) Physician or physician associate licensed under ORS chapter 677 or naturopathic physician, including any intern or resident.

(b) Dentist.

(c) School employee, including an employee of a higher education institution.

(d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(e) Employee of the Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, Department of Education, Youth Development Division, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a child-caring agency as that term is defined in ORS 418.205 or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Regulated social worker.

(j) Optometrist.

[*(k) Chiropractor.*]

(k) Chiropractic physician.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Licensed professional counselor.

(o) Licensed marriage and family therapist.

(p) Firefighter or emergency medical services provider.

(q) Court appointed special advocate, as defined in ORS 419A.004.

(r) Child care provider registered or certified under ORS 329A.250 to 329A.450.

(s) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state.

(t) Physical, speech or occupational therapist.

(u) Audiologist.

(v) Speech-language pathologist.

(w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.

(x) Pharmacist.

(y) Operator of a preschool recorded program under ORS 329A.255.

(z) Operator of a school-age recorded program under ORS 329A.255.

(aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.

(bb) Employee of a public or private organization providing child-related services or activities:

(A) Including but not limited to an employee of a:

(i) Youth group or center;

(ii) Scout group or camp;

(iii) Summer or day camp;

(iv) Survival camp; or

(v) Group, center or camp that is operated under the guidance, supervision or auspices of a religious, public or private educational system or a community service organization; and

(B) Excluding an employee of a qualified victim services program as defined in ORS 147.600 that provides confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) Coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

(dd) Personal support worker, as defined in ORS 410.600.

(ee) Home care worker, as defined in ORS 410.600.

(ff) Animal control officer, as defined in ORS 609.500.

(gg) Member of a school district board, an education service district board or a public charter school governing body.

(hh) Individual who is paid by a public body, in accordance with ORS 430.215, to provide a service identified in an individualized service plan of a child with a developmental disability.

(ii) Referral agent, as defined in ORS 418.351.

(jj) Parole and probation officer, as defined in ORS 181A.355.

(kk) Behavior analyst or assistant behavior analyst licensed under ORS 676.810 or behavior analysis interventionist registered by the Health Licensing Office under ORS 676.815.

(LL) Massage therapist, as defined in ORS 687.011.

(mm) Licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

SECTION 28. ORS 430.735 is amended to read:

430.735. As used in ORS 430.735 to 430.765:

(1) "Abuse" means one or more of the following:

(a) Abandonment, including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed an adult by a caregiver or other person.

(b) Any physical injury to an adult caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.

(c) Willful infliction of physical pain or injury upon an adult.

(d) Sexual abuse.

(e) Neglect.

(f) Verbal abuse of an adult.

(g) Financial exploitation of an adult.

(h) Involuntary seclusion of an adult for the convenience of the caregiver or to discipline the adult.

(i) A wrongful use of a physical or chemical restraint upon an adult, excluding an act of restraint prescribed by a physician licensed under ORS chapter 677, physician associate licensed under ORS 677.505 to 677.525, naturopathic physician licensed under ORS chapter 685 or nurse practi-

tioner licensed under ORS 678.375 to 678.390 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

(j) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465 or 163.467.

(k) Any death of an adult caused by other than accidental or natural means.

(L) The restraint or seclusion of an adult with a developmental disability in violation of ORS 339.288, 339.291 or 339.308.

(m) The infliction of corporal punishment on an adult with a developmental disability in violation of ORS 339.250 (9).

(2) "Adult" means a person 18 years of age or older:

(a) With a developmental disability who is currently receiving services from a community program or facility or who was previously determined eligible for services as an adult by a community program or facility;

(b) With a severe and persistent mental illness who is receiving mental health treatment from a community program; or

(c) Who is receiving services for a substance use disorder or a mental illness in a facility or a state hospital.

(3) "Adult protective services" means the necessary actions taken to prevent abuse or exploitation of an adult, to prevent self-destructive acts and to safeguard the adult's person, property and funds, including petitioning for a protective order as defined in ORS 125.005. Any actions taken to protect an adult shall be undertaken in a manner that is least intrusive to the adult and provides for the greatest degree of independence.

(4) "Caregiver" means an individual, whether paid or unpaid, or a facility that has assumed responsibility for all or a portion of the care of an adult as a result of a contract or agreement.

(5) "Community program" includes:

(a) A community mental health program or a community developmental disabilities program as established in ORS 430.610 to 430.695; or

(b) A provider that is paid directly or indirectly by the Oregon Health Authority to provide mental health treatment in the community.

(6) "Facility" means a residential treatment home or facility, residential care facility, adult foster home, residential training home or facility or crisis respite facility.

(7) "Financial exploitation" means:

(a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an adult.

(b) Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out.

(c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an adult.

(d) Failing to use the income or assets of an adult effectively for the support and maintenance of the adult.

(8) "Intimidation" means compelling or deterring conduct by threat.

(9) "Law enforcement agency" means:

(a) Any city or municipal police department;

(b) A police department established by a university under ORS 352.121 or 353.125;

(c) Any county sheriff's office;

(d) The Oregon State Police; or

(e) Any district attorney.

(10) "Neglect" means:

(a) Failure to provide the care, supervision or services necessary to maintain the physical and mental health of an adult that may result in physical harm or significant emotional harm to the adult;

(b) Failure of a caregiver to make a reasonable effort to protect an adult from abuse; or

(c) Withholding of services necessary to maintain the health and well-being of an adult that leads to physical harm of the adult.

(11) "Public or private official" means:

(a) Physician licensed under ORS chapter 677, physician associate licensed under ORS 677.505 to 677.525, naturopathic physician, psychologist or [*chiropractor*] **chiropractic physician**, including any intern or resident;

(b) Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an in-home health service;

(c) Employee of the Department of Human Services or Oregon Health Authority, local health department, community mental health program or community developmental disabilities program or private agency contracting with a public body to provide any community mental health service;

(d) Peace officer;

(e) Member of the clergy;

(f) Regulated social worker;

(g) Physical, speech or occupational therapist;

(h) Information and referral, outreach or crisis worker;

(i) Attorney;

(j) Licensed professional counselor or licensed marriage and family therapist;

(k) Any public official;

(L) Firefighter or emergency medical services provider;

(m) Elected official of a branch of government of this state or a state agency, board, commission or department of a branch of government of this state or of a city, county or other political subdivision in this state;

(n) Personal support worker, as defined in ORS 410.600;

(o) Home care worker, as defined in ORS 410.600; [*or*]

(p) Individual paid by the Department of Human Services to provide a service identified in an individualized service plan of an adult with a developmental disability[.]**; or**

(q) Licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

(12) "Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an adult.

(13)(a) "Sexual abuse" means:

(A) Sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315;

(B) Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;

(C) Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver;

(D) Any sexual contact between an adult and a relative of the adult other than a spouse;

(E) Any sexual contact that is achieved through force, trickery, threat or coercion; or

(F) Any sexual contact between an individual receiving mental health or substance abuse treatment and the individual providing the mental health or substance abuse treatment.

(b) "Sexual abuse" does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse of the adult.

(14) "Sexual contact" has the meaning given that term in ORS 163.305.

(15) "Verbal abuse" means to threaten significant physical or emotional harm to an adult through the use of:

(a) Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or

(b) Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

SECTION 29. ORS 609.652 is amended to read:

609.652. As used in ORS 609.654:

(1)(a) "Aggravated animal abuse" means any animal abuse as described in ORS 167.322.

(b) "Aggravated animal abuse" does not include:

(A) Good animal husbandry, as defined in ORS 167.310; or

(B) Any exemption listed in ORS 167.335.

(2) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) A police department established by a university under ORS 352.121 or 353.125.

(c) Any county sheriff's office.

(d) The Oregon State Police.

(e) A law enforcement division of a county or municipal animal control agency that employs sworn officers.

(f) A humane investigation agency as defined in ORS 181A.340 that employs humane special agents commissioned under ORS 181A.340.

(3) "Public or private official" means:

(a) A physician, including any intern or resident.

(b) A dentist.

(c) A school employee.

(d) A licensed practical nurse or registered nurse.

(e) An employee of the Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, Youth Development Division, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a child-caring agency as defined in ORS 418.205 or an alcohol and drug treatment program.

(f) A peace officer.

(g) A psychologist.

(h) A member of the clergy.

(i) A regulated social worker.

(j) An optometrist.

(k) A [*chiropractor*] **chiropractic physician**.

(L) A certified provider of foster care, or an employee thereof.

(m) An attorney.

(n) A naturopathic physician.

(o) A licensed professional counselor.

(p) A licensed marriage and family therapist.

(q) A firefighter or emergency medical services provider.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 329A.250 to 329A.450.

(t) A member of the Legislative Assembly.

(u) A licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

OTHER AMENDMENTS

SECTION 30. ORS 192.556 is amended to read:

192.556. As used in ORS 192.553 to 192.581:

(1) "Authorization" means a document written in plain language that contains at least the following:

(a) A description of the information to be used or disclosed that identifies the information in a specific and meaningful way;

(b) The name or other specific identification of the person or persons authorized to make the requested use or disclosure;

(c) The name or other specific identification of the person or persons to whom the covered entity may make the requested use or disclosure;

(d) A description of each purpose of the requested use or disclosure, including but not limited to a statement that the use or disclosure is at the request of the individual;

(e) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;

(f) The signature of the individual or personal representative of the individual and the date;

(g) A description of the authority of the personal representative, if applicable; and

(h) Statements adequate to place the individual on notice of the following:

(A) The individual's right to revoke the authorization in writing;

(B) The exceptions to the right to revoke the authorization;

(C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization; and

(D) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected.

(2) "Covered entity" means:

(a) A state health plan;

(b) A health insurer;

(c) A health care provider that transmits any health information in electronic form to carry out financial or administrative activities in connection with a transaction covered by ORS 192.553 to 192.581; or

(d) A health care clearinghouse.

(3) "Health care" means care, services or supplies related to the health of an individual.

(4) "Health care operations" includes but is not limited to:

(a) Quality assessment, accreditation, auditing and improvement activities;

(b) Case management and care coordination;

(c) Reviewing the competence, qualifications or performance of health care providers or health insurers;

(d) Underwriting activities;

(e) Arranging for legal services;

(f) Business planning;

(g) Customer services;

(h) Resolving internal grievances;

(i) Creating deidentified information; and

(j) Fundraising.

(5) "Health care provider" includes but is not limited to:

(a) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;

(b) A physician or physician associate licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;

(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;

(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;

(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;

(g) An emergency medical services provider licensed under ORS chapter 682;

(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;

(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;

(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(t) A licensed behavioral health and wellness practitioner as defined in section 1 of this 2026 Act;

[*(t)*] **(u)** A health care facility as defined in ORS 442.015;

[*(u)*] **(v)** A home health agency as defined in ORS 443.014;

[*(v)*] **(w)** A hospice program as defined in ORS 443.850;

[*(w)*] **(x)** A clinical laboratory as defined in ORS 438.010;

[*(x)*] **(y)** A pharmacy as defined in ORS 689.005; and

[*(y)*] **(z)** Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(6) "Health information" means any oral or written information in any form or medium that:

(a) Is created or received by a covered entity, a public health authority, an employer, a life insurer, a school, a university or a health care provider that is not a covered entity; and

(b) Relates to:

(A) The past, present or future physical or mental health or condition of an individual;

(B) The provision of health care to an individual; or

(C) The past, present or future payment for the provision of health care to an individual.

(7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:

(a) A health benefit plan as defined in ORS 743B.005;

(b) A short term health insurance policy, the duration of which does not exceed three months including renewals;

(c) A student health insurance policy;

(d) A Medicare supplemental policy; or

(e) A dental only policy.

(8) "Individually identifiable health information" means any oral or written health information in any form or medium that is:

(a) Created or received by a covered entity, an employer or a health care provider that is not a covered entity; and

(b) Identifiable to an individual, including demographic information that identifies the individual, or for which there is a reasonable basis to believe the information can be used to identify an individual, and that relates to:

(A) The past, present or future physical or mental health or condition of an individual;

(B) The provision of health care to an individual; or

(C) The past, present or future payment for the provision of health care to an individual.

(9) "Payment" includes but is not limited to:

(a) Efforts to obtain premiums or reimbursement;

(b) Determining eligibility or coverage;

(c) Billing activities;

(d) Claims management;

(e) Reviewing health care to determine medical necessity;

(f) Utilization review; and

(g) Disclosures to consumer reporting agencies.

(10) "Personal representative" includes but is not limited to:

(a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with authority to make medical and health care decisions;

(b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a representative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment decisions;

(c) A person appointed as a personal representative under ORS chapter 113; and

(d) A person described in ORS 192.573.

(11)(a) "Protected health information" means individually identifiable health information that is maintained or transmitted in any form of electronic or other medium by a covered entity.

(b) "Protected health information" does not mean individually identifiable health information in:

(A) Education records covered by the federal Family Educational Rights and Privacy Act (20 U.S.C. 1232g);

(B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

(C) Employment records held by a covered entity in its role as employer.

(12) "State health plan" means:

(a) Medical assistance as defined in ORS 414.025;

(b) The Cover All People program; or

(c) Any medical assistance or premium assistance program operated by the Oregon Health Authority.

(13) "Treatment" includes but is not limited to:

(a) The provision, coordination or management of health care; and

(b) Consultations and referrals between health care providers.

SECTION 31. ORS 414.025 is amended to read:

414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially applicable statutory definition requires otherwise:

(1)(a) "Alternative payment methodology" means a payment other than a fee-for-services payment, used by coordinated care organizations as compensation for the provision of integrated and coordinated health care and services.

(b) "Alternative payment methodology" includes, but is not limited to:

(A) Shared savings arrangements;

(B) Bundled payments; and

(C) Payments based on episodes.

(2) "Behavioral health assessment" means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

(3) "Behavioral health clinician" means:

(a) A licensed psychiatrist;

(b) A licensed psychologist;

(c) A licensed nurse practitioner with a specialty in psychiatric mental health;

(d) A licensed clinical social worker;

(e) A licensed professional counselor or licensed marriage and family therapist;

(f) A certified clinical social work associate;

(g) A licensed behavioral health and wellness practitioner;

[*(g)*] **(h)** An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

[*(h)*] **(i)** Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(4) "Behavioral health crisis" means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

(5) "Behavioral health home" means a mental health disorder or substance use disorder treatment organization, as defined by the Oregon Health Authority by rule, that provides integrated health care to individuals whose primary diagnoses are mental health disorders or substance use disorders.

(6) "Category of aid" means assistance provided by the Oregon Supplemental Income Program, aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security Income payments.

(7) "Community health worker" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

(a) Has expertise or experience in public health;

(b) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;

(c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services such as first aid or blood pressure screening.

(8) "Coordinated care organization" means an organization meeting criteria adopted by the Oregon Health Authority under ORS 414.572.

(9) "Dental subcontractor" means a prepaid managed care health services organization that enters into a noncomprehensive risk contract with a coordinated care organization or the Oregon Health Authority to provide dental services to medical assistance recipients.

(10) "Doula" means a trained professional who provides continuous physical, emotional and informational support to an individual during pregnancy, labor and delivery or the postpartum period to help the individual achieve the healthiest and most satisfying experience possible.

(11) "Dually eligible for Medicare and Medicaid" means, with respect to eligibility for enrollment in a coordinated care organization, that an individual is eligible for health services funded by Title XIX of the Social Security Act and is:

(a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or

(b) Enrolled in Part B of Title XVIII of the Social Security Act.

(12)(a) "Family support specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides supportive services to and has experience parenting a child who:

(A) Is a current or former consumer of mental health or addiction treatment; or

(B) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A "family support specialist" may be a peer wellness specialist or a peer support specialist.

(13) "Global budget" means a total amount established prospectively by the Oregon Health Authority to be paid to a coordinated care organization for the delivery of, management of, access to and quality of the health care delivered to members of the coordinated care organization.

(14) "Health insurance exchange" or "exchange" means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

(15) "Health services" means at least so much of each of the following as are funded by the Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence Review Commission under ORS 414.690:

(a) Services required by federal law to be included in the state's medical assistance program in order for the program to qualify for federal funds;

(b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner licensed under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of the practitioner's practice as defined by state law, and ambulance services;

(c) Prescription drugs;

(d) Laboratory and X-ray services;

(e) Medical equipment and supplies;

(f) Mental health services;

(g) Chemical dependency services;

(h) Emergency dental services;

(i) Nonemergency dental services;

(j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of this subsection, defined by federal law that may be included in the state's medical assistance program;

(k) Emergency hospital services;

(L) Outpatient hospital services; and

(m) Inpatient hospital services.

(16) "Income" has the meaning given that term in ORS 411.704.

(17)(a) "Integrated health care" means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members, working together to address one or more of the following:

(A) Mental illness.

(B) Substance use disorders.

(C) Health behaviors that contribute to chronic illness.

(D) Life stressors and crises.

(E) Developmental risks and conditions.

(F) Stress-related physical symptoms.

(G) Preventive care.

(H) Ineffective patterns of health care utilization.

(b) As used in this subsection, "other care team members" includes but is not limited to:

(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

(B) Peer wellness specialists;

(C) Peer support specialists;

(D) Community health workers who have completed a state-certified training program;

(E) Personal health navigators; or

(F) Other qualified individuals approved by the Oregon Health Authority.

(18) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the department or the authority may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.

(19) "Medical assistance" means so much of the medical, mental health, preventive, supportive, palliative and remedial care and services as may be prescribed by the authority according to the standards established pursuant to ORS 414.065, including premium assistance under ORS 414.115 and 414.117, payments made for services provided under an insurance or other contractual arrangement and money paid directly to the recipient for the purchase of health services and for services described in ORS 414.710.

(20) "Medical assistance" includes any care or services for any individual who is a patient in a medical institution or any care or services for any individual who has attained 65 years of age or is under 22 years of age, and who is a patient in a private or public institution for mental diseases. Except as provided in ORS 411.439 and 411.447, "medical assistance" does not include care or services for a resident of a nonmedical public institution.

(21) "Mental health drug" means a type of legend drug, as defined in ORS 414.325, specified by the Oregon Health Authority by rule, including but not limited to:

(a) Therapeutic class 7 ataractics-tranquilizers; and

(b) Therapeutic class 11 psychostimulants-antidepressants.

(22) "Patient centered primary care home" means a health care team or clinic that is organized in accordance with the standards established by the Oregon Health Authority under ORS 414.655 and that incorporates the following core attributes:

(a) Access to care;

(b) Accountability to consumers and to the community;

(c) Comprehensive whole person care;

(d) Continuity of care;

(e) Coordination and integration of care; and

(f) Person and family centered care.

(23) "Peer support specialist" means any of the following individuals who meet qualification criteria adopted by the authority under ORS 414.665 and who provide supportive services to a current or former consumer of mental health or addiction treatment:

(a) An individual who is a current or former consumer of mental health treatment; or

(b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.

(24) "Peer wellness specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization through community outreach, assisting members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individuals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the member in creating and maintaining recovery, health and wellness.

(25) "Person centered care" means care that:

(a) Reflects the individual patient's strengths and preferences;

(b) Reflects the clinical needs of the patient as identified through an individualized assessment; and

(c) Is based upon the patient's goals and will assist the patient in achieving the goals.

(26) "Personal health navigator" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides information, assistance, tools and support to enable a patient to make the best health care decisions in the patient's particular circumstances and in light of the patient's needs, lifestyle, combination of conditions and desired outcomes.

(27) "Prepaid managed care health services organization" means a managed dental care, mental health or chemical dependency organization that contracts with the authority under ORS 414.654 or with a coordinated care organization on a prepaid capitated basis to provide health services to medical assistance recipients.

(28) "Quality measure" means the health outcome and quality measures and benchmarks identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral Health Committee in accordance with ORS 413.017 (5).

(29)(a) "Quality of life in general measure" means an assessment of the value, effectiveness or cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect health than the value given to a year of life lived in less than perfect health.

(b) "Quality of life in general measure" does not mean an assessment of the value, effectiveness or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to rate the participant's physical function, pain, general health, vitality, social functions or other similar domains.

(30) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "resources" does not include charitable contributions raised by a community to assist with medical expenses.

(31) "Social determinants of health" means:

(a) Nonmedical factors that influence health outcomes;

(b) The conditions in which individuals are born, grow, work, live and age; and

(c) The forces and systems that shape the conditions of daily life, such as economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems.

(32) "Tribal traditional health worker" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

(a) Has expertise or experience in public health;

(b) Works in a tribal community or an urban Indian community, either for pay or as a volunteer in association with a local health care system;

(c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health, including physical, behavioral and oral health, and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services, such as tribal-based practices.

(33)(a) "Youth support specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

(A) Is not older than 30 years of age; and

(B)(i) Is a current or former consumer of mental health or addiction treatment; or

(ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A "youth support specialist" may be a peer wellness specialist or a peer support specialist.

SECTION 32. ORS 675.661 is amended to read:

675.661. A public or private entity that employs mental health care providers who supervise associates, interns or other individuals who must have supervised clinical experience as a condition of licensure as a mental health care provider shall pay all costs incurred by the supervisor in providing supervision and the costs of the individual receiving supervision if the supervisor is:

(1) A licensed psychologist, as defined in ORS 675.010;

(2) A clinical social worker licensed under ORS 675.530;

(3) A master's social worker licensed under ORS 675.533;

(4) A licensed marriage and family therapist, as defined in ORS 675.705; [*or*]

(5) A licensed professional counselor, as defined in ORS 675.705[.]**; or**

(6) A licensed behavioral health and wellness practitioner, as defined in section 1 of this 2026 Act.

SECTION 33. ORS 675.850 is amended to read:

675.850. (1) A mental health care or social health professional may not practice conversion therapy if the recipient of the conversion therapy is under 18 years of age.

(2) As used in this section:

(a)(A) "Conversion therapy" means providing professional services for the purpose of attempting to change a person's sexual orientation or gender identity, including attempting to change behaviors or expressions of self or to reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(B) "Conversion therapy" does not mean:

(i) Counseling that assists a client who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition; or

(ii) Counseling that provides a client with acceptance, support and understanding, or counseling that facilitates a client's coping, social support and identity exploration or development, including counseling in the form of sexual orientation-neutral or gender identity-neutral interventions provided for the purpose of preventing or addressing unlawful conduct or unsafe sexual practices, as long as the counseling is not provided for the purpose of attempting to change the client's sexual orientation or gender identity.

(b)(A) "Mental health care or social health professional" means:

(i) A licensed psychologist as defined in ORS 675.010;

(ii) A psychologist associate licensed by the Oregon Board of Psychology before January 1, 2022;

(iii) A licensed behavioral health and wellness practitioner as defined in section 1 of this 2026 Act;

[*(iii)*] **(iv)** An occupational therapist or occupational therapy assistant both as defined in ORS 675.210;

[*(iv)*] **(v)** A regulated social worker as defined in ORS 675.510;

[*(v)*] **(vi)** A licensed marriage and family therapist or licensed professional counselor both as defined in ORS 675.705;

[*(vi)*] **(vii)** An individual who provides counseling as part of an educational or training program necessary to practice any of the professions described in sub-subparagraphs (i) to [*(v)*] **(vi)** of this subparagraph; and

[*(vii)*] **(viii)** A behavior analyst or assistant behavior analyst licensed under ORS 676.810 or a behavior analysis interventionist registered under ORS 676.815.

(B) "Mental health care or social health professional" includes any individual not described in this paragraph who is licensed in this state and whose license authorizes the individual to provide mental health care or social health counseling services.

(3) Any state board that regulates licensees described in subsection (2)(b)(B) of this section may impose any form of discipline that the board may impose on a licensee under the laws of this state for violating a law of this state or a rule adopted by the board.

CAPTIONS

SECTION 34. The unit captions used in this 2026 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2026 Act.

OPERATIVE AND EFFECTIVE DATES

SECTION 35. (1) The amendments to ORS 124.050, 192.556, 414.025, 419B.005, 430.735, 609.652, 675.661 and 675.850 by sections 25 to 33 of this 2026 Act become operative on January 1, 2027.

(2) The Department of Human Services and the Oregon Board of Psychology may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board and the department to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board and the department by the amendments to ORS 124.050, 192.556, 414.025, 419B.005, 430.735, 609.652, 675.661 and 675.850 by sections 25 to 33 of this 2026 Act.

SECTION 36. This 2026 Act takes effect on the 91st day after the date on which the 2026 regular session of the Eighty-third Legislative Assembly adjourns sine die.

Passed by Senate February 11, 2026

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House February 25, 2026

.....
Julie Fahey, Speaker of House

Received by Governor:

.....M.,....., 2026

Approved:

.....M.,....., 2026

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2026

.....
Tobias Read, Secretary of State

Attachment I: Behavioral Health Talent Council Recommendations

The Behavioral Health Talent Council (BHTC), established by Governor Kotek, released its Final Report in February 2026. The Council developed seventeen action plans addressing workforce pipeline challenges across education and training, licensing and credentialing, and recruitment and retention.

Excerpted below are the Executive Summary, the Council's four core Recommendations, and the Education and Training action plans that are directly relevant to the proposed BAS in Behavioral Health, including Action Plan ET.6 (Community College Collaboration) and Action Plan ET.7 (Expand Degree Pathways and Completion). These recommendations underscore the statewide imperative for expanded community college behavioral health pathways and directly support the case for the proposed program at SWOCC.

State of Oregon

Behavioral Health Talent Council Final Report

February 2026

State of Oregon

Behavioral Health Talent Council

Final Report

Contents

Letter From Chair and Vice Chairs

Governor Kotek and behavioral health partners, it has been an honor to serve as Chair and Vice-Chairs of the Behavioral Health Talent Council. Oregon's behavioral health workforce crisis is one of the most pressing challenges facing our state, and we are grateful for your leadership in taking bold action to address it.

Over the past 8 months, the Council has worked tirelessly to develop a comprehensive action plan to strengthen and expand Oregon's behavioral health workforce. This report represents the collective expertise of twenty-two Council members, input from countless frontline providers across the state, and is grounded in research from the Higher Education Coordinating Commission's Behavioral Health Talent Assessment. We have drafted seventeen action plans that address each stage of the workforce pipeline - from education and training, to licensing and credentialing, and recruitment and retention.

Thank you for commissioning the talent assessment, consolidating years of fragmented research and filling critical gaps, then establishing this Council and empowering us to be honest about barriers and bold in identifying solutions. Thank you to staff from the Higher Education Coordinating Commission, Oregon Health Authority, and the Governor's Office who provided tireless support. To our Council members, subcommittee leads, and subject matter experts - thank you for bringing your knowledge and lived experience. And to the frontline behavioral health workers, students, educators, and partners who shared their voices - thank you for trusting us with your stories. Your insights shaped every action plan in this report.

We recognize that many of our recommendations intersect with broader policy questions about healthcare financing, regulatory frameworks, and resource allocation during a challenging budget environment for the State of Oregon. Some can be implemented immediately through administrative action; others will require legislative changes or new investments. The work of balancing competing priorities and determining the pathway forward rests with you and the Legislature. This report represents a new phase of sustained effort, not the end of the crisis. We are committed to partnering with you in the work of implementation that is yet to come.

We must take care of the people who take care of us. The professionals who show up every day to help Oregonians in crisis deserve workplaces that support them and systems that allow them to provide quality care. Every day that passes, Oregonians go without timely care and more skilled professionals leave the field - but every action you take will bring us closer to a system in which Oregonians can access care when they need it, and professionals have the support they deserve.

With gratitude and commitment,

Aimee Kotek Wilson, MSW
Chair, Behavioral Health Talent Council

Eli Kinsley, MSW, LCSW Vice-Chair, Licensing and Credentialing

Julie Ibrahim, LPC Vice-Chair, Recruitment and Retention

Robin Sansing, MSW, LCSW Vice-Chair, Education and Training

Executive Summary

Before the Governor took office, many entities had conducted research on the behavioral health workforce crisis; although important, the work was fragmented across disciplines and lacked a comprehensive, unified analysis. By commissioning the Higher Education Coordinating Commission to conduct the Behavioral Health Talent Assessment (the assessment), Governor Kotek took initiative and centralized all of the valuable research, data, and stakeholder input into one comprehensive resource. The assessment pulled together existing research, performed new analysis, and found that the crisis is being driven by the following factors:

- A shortage of workers to do the work, especially in rural areas;
- Challenges recruiting and retaining workers to organizations that serve Oregon Health Plan members;
- High turnover driven by unsustainable working conditions: heavy administrative burdens, safety concerns, overwhelming caseloads and trauma exposure without adequate support, compensation that doesn't reflect the complexity of the work, and limited opportunities for professional development and advancement.

The assessment included over sixty recommendations to address the crisis and laid the groundwork for the council to develop actionable strategies grounded in comprehensive research.

With a clear and comprehensive understanding of the problem and what was needed to fix it, the Governor established the Behavioral Health Talent Council (the Council), chaired by First Lady Aimee Kotek Wilson to develop an action plan by January 31, 2026, to address Oregon's workforce crisis. The Council included twenty-two members with expertise critical to developing effective action plans:

- Direct service providers,
- Administrators serving low-income clients,
- Licensing authorities,
- Workforce development professionals, and
- Educational program leaders

> "The composition of the BHTC was crucial to its success: We represented the full spectrum of people connected to this workforce, from peer support specialists to front-line professionals to educators and administrators at all levels. Hearing directly from people closest to many of the issues revealed specific ways that our systems are failing our people and communities but also pointed us toward concrete strategies and solutions."
>
> **Alice Gates**, MSW, PhD
> Associate Professor at the OHSU-PSU School of Public Health
> and Director of the Rural Public Health Practice Initiative

The Council established three subcommittees with membership across sectors - placing some members outside their primary areas of experience to break down silos and foster innovative solutions. Each subcommittee was assigned recommendations from the talent assessment and charged with developing detailed action plans to advance those recommendations, including strategies, milestones, timelines, and potential legislative changes and investments needed to implement the recommendations:

1. **Recruitment and retention**, chaired by Julie Ibrahim, developed five action plans with twenty-five unique strategies to support workers so they stay in the field, especially those serving the highest acuity and lowest income clients. The action plans aim to reduce administrative burden and other barriers to care delivery, increase access to clinical supervision, improve workplace safety, provide culturally specific supports and professional development opportunities, and chart a pathway toward better compensation models for the future of the profession.
2. **Licensing and credentialing**, chaired by Eli Kinsley, developed four action plans with fourteen unique strategies to ensure qualified individuals ready to serve Oregonians can receive their licenses and credentials without unnecessary delay. These action plans remove barriers in licensing and credentialing processes while maintaining the high standards of the state's licensing and credentialing bodies.
3. **Education and training**, chaired by Robin Sansing, developed eight action plans with thirty-five unique strategies to grow the workforce with a focus on profession types where the state has current or projected shortages. The action plans ensure Oregon has the right educational and training pathways, that those pathways are accessible and effectively prepare people for the work, and that they connect people to job opportunities that fit their skills and interests.

The individual action plans developed by the subcommittees were considered by the full council, where the full council membership provided additional insight and feedback. Together, the action plans advanced by the council work to:

1. Prevent the loss of behavioral health workers at high risk of turnover as outlined in the behavioral health talent assessment;
2. Improve recruitment and retention outcomes for providers who serve Oregon Health Plan members;
3. Address the shortage of behavioral health workers as outlined in the behavioral health talent assessment; and
4. Increase the cultural competency, preparedness, and diversity of the workforce.

To further inform the council's work, the First Lady and Governor's Office completed and reported back to the full council on: eighteen site visits across the State; ten meetings with culturally specific providers; seven round tables with frontline workers, students, and partners; meetings with behavioral health students; a tribal coordination meeting with the sovereign tribes in Oregon; and ongoing coordination with legislative workgroups focused on behavioral health. Individuals on the frontline of this crisis were essential to informing the workforce recommendations that will actually work for providers and the Oregonians they serve. Student voices were integral to ensuring that these recommendations fit the workforce of tomorrow. These efforts yielded considerable alignment with the feedback shared and the action plans developed by the council. Where feedback was received about an action plan that had been advanced by the full council and was not already included, it is noted in the report for the Governor's future consideration.

Upon submission of this report for consideration, the Governor will evaluate the council's recommended action plans, including any additional recommendations from culturally specific organization outreach, tribal coordination, workforce outreach, and legislative work groups.

Impact on Access and Outcomes

The shortage of behavioral health professionals has far-reaching consequences for individuals, families, and communities. Delays in care exacerbate mental health conditions, increase reliance on emergency departments, and contribute to higher rates of hospitalization and incarceration. For Oregon's most vulnerable populations – including those in rural areas, communities of color, individuals with complex needs, and those on the Oregon Health Plan – the lack of timely access to culturally competent care deepens health inequities. Specifically, the talent assessment found high turnover destabilizes care teams, leading to:

- Disrupted Continuity of Care: Frequent staff changes hinder therapeutic relationships and treatment progress.
- Increased Wait Times: Vacant positions delay access to services, particularly in rural and frontier counties already facing severe provider shortages.
- Higher Costs: Recruiting and training replacements is expensive and diverts resources from direct care.
- Burnout Among Remaining Staff: As vacancies persist, remaining employees shoulder heavier workloads, perpetuating the cycle of attrition.

Recommendations

The talent assessment includes over sixty recommendations to address the behavioral health workforce crisis, including recommendations to:

1. Retain the workforce of today by improving retention strategies, with a focus in areas with the greatest need like rural areas;
2. Reduce barriers for the individual who have completed education or training programs and are seeking a license or credential to enter the workforce;
3. Increase the overall number, quality, and cultural competency of behavioral professionals by increasing and improving educational and training pathways; and
4. Address disparities in access to care by improving both recruitment and retention for providers serving Oregon Health Plan members generally, and with a focus in rural areas.

The Solution

The Behavioral Health Talent Assessment identified what needs to change. This report outlines how to make these changes.

The action plans that follow transform the HECC's Behavioral Health Talent Assessment's research-backed recommendations into implementation strategies. Each plan includes the problem being addressed, specific implementation steps, responsible agencies, timelines, resource requirements, and expected outcomes - giving the Governor the tools to take decisive, calculated action on the workforce crisis. These solutions are grounded in evidence and shaped by frontline experience, so that these recommendations actually work for providers and the Oregonians they serve.

The Council's recommendations address the wide spectrum of workforce challenges through immediate actions, mid-term strategies, and long-term investments. Some can be implemented through administrative action; others require legislative changes or further exploration. Several recommendations identify complex policy challenges requiring additional research and stakeholder engagement beyond the Council's timeframe - these are not deprioritized items but clearly defined steps for continued work beyond January 2026, outlined in Appendix G.

This report represents a new phase of sustained effort, not the end of the crisis. The behavioral health workforce crisis developed over decades and will require long-term commitment to fully address. However, these action plans represent a comprehensive, coordinated effort to address the crisis - and it charts a clear path from where we are to where we need to be.

Action Plan Executive Summary

Recruitment and Retention

1. Improve client care and reduce turnover by eliminating unnecessary and duplicative administrative burden.
2. Improve recruitment and retention by improving safety for frontline workers, growing and retaining supervisors, embedding supportive services for the workforce and mentorship within behavioral health organizations.
3. Grow a more culturally responsive workforce and recruit and retain behavioral health talent by funding education, offering paid internships, incentives for supervision and peer support development.
4. Reduce pay disparities, recruit and retain specialized workforce, and maintain competitive salaries through biennial rate adjustments.
5. Improve recruitment and retention of behavioral health providers in rural and underserved communities.

> "The Behavioral Health Talent Council was unlike any committee I've served on. We brought together higher education, government, community organizations, and frontline workers to address the workforce crisis with a truly comprehensive, equity-focused approach—developing solutions from high school career awareness through advanced training and workforce retention. This Council focused upstream and created aspirational yet achievable strategies that span the entire behavioral health workforce continuum."
>
> **Janie Gullickson**, MPA: HA, CRM II, PSS
> Executive Director of The Peer Company

Licensing and Credentialing

1. Grow and support the behavioral health workforce by providing clear pathways to licensure, connecting the existing workforce to advancement opportunities, and improving customer service to navigate these processes.
2. Bolster the workforce by increasing access to primary entry points into the behavioral health field and reducing barriers for entry-level workers to access more career growth opportunities.
3. Grow a culturally competent workforce by supporting applicants in gaining the skills and knowledge they need to achieve their licensing requirements, and making the licensure process more equitable, efficient, and timely.
4. Increase accessibility to the behavioral health field for people with lived experience by simplifying and streamlining our peer credentialing systems, improving the background check system, and providing the resources to navigate it.

Education and Training

1. Grow the workforce and the cultural competency of the workforce by strengthening and aligning behavioral health education pathways.
2. Increase transparency about licensure requirements to more effectively prepare students to succeed during the licensure process.
3. Attract a robust talent pool to education and training programs by effectively communicating the value and pathway to a career in behavioral health.
4. Expand equitable access to behavioral health services across rural, frontier, and culturally distinct communities through targeted workforce initiatives and community-based service models.
5. Broaden and strengthen behavioral health partnerships among education, employers, and community organizations to expand coordinated, high-quality career experiences and training opportunities statewide.
6. 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.
7. 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.
8. 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.

Education and Training

The Problem: For years, Oregon has struggled to train enough behavioral health professionals to meet demand. Educational pathways are fragmented and unclear. Students lack adequate financial support and wraparound services. Training capacity is constrained by a limited number of qualified clinical supervisors and practicum or other hands-on training opportunities, particularly in rural and underserved communities. Programs don't always align with workforce needs or prepare graduates to provide culturally competent care. Career opportunities in behavioral health are poorly communicated, and alternative pathways into the field are limited.

Oregon's Progress: Although there is still significant work to do, the ratio of behavioral health professionals has improved since Governor Kotek took office in 2023, signaling the number of people receiving education and training, and licensing and credentialing has improved. When the Governor took office in 2023, there was 1 mental health professional for every 170 Oregonians. Now, there is 1 mental health professional for every 130 Oregonians. The Mental Health in America report (America, 2025) summarizes behavioral health workforce by NPI numbers which includes clinical associates but not qualified mental health associates and peers. While overall provider ratios have improved, workforce shortages persist by region, specialty, and population served. This underscores the need for continued action to improve education, training and recruitment and retention into those workforce shortage gaps.

The Action Plans: The Education and Training subcommittee developed action plans to expand, strengthen, and align behavioral health education and training pathways for behavioral health professionals across clinical, peer, and community-based roles. These plans aim to make careers in behavioral health more accessible, and equitable, and prepare professionals to effectively serve all Oregonians - especially those enrolled in the Oregon Health Plan, in rural communities, and among culturally diverse populations. These action plans seek to expand alternative and non-traditional pathways to licensure, improve educational program quality and alignment with workforce needs, strengthen student support systems, advance recruitment and retention of diverse students and early-career professionals, and enhance communication about behavioral health career opportunities.

Developing Clear Pathways (Action plan ET.1)

Grow the workforce and the cultural competency of the workforce by strengthening and aligning behavioral health education pathways.

Strategies:

ET 1.1 Strengthen and align behavioral health education pathways. Conduct a 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, OHA, ODE*

ET 1.2 Develop and pilot an inclusive high school behavioral health curriculum. Draft and pilot a behavioral health elective or module in at least two districts (urban and rural) including mentorship components.

Responsible Agency: *ODE, OHA*

ET 1.3 Improve and transfer pathways and credit mobility. Updated, standardized transfer maps for Associate of Arts Oregon Transfer/ Associate of Science Oregon Transfer psychology and social work, approved and shared with community colleges and universities.

Responsible Agency: *HECC*

ET 1.4 Expand accessible career pathway information. Create a 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, OHA*

Complete action plan in Appendix H.

> "As a professor, I work with many early-career professionals who are passionate about behavioral health and eager to enter the field, but who struggle to navigate licensing, credentialing, and supervision requirements. Too often, the information they need is hard to find and difficult to make sense of. A centralized resource hub will offer clear, accessible guidance and help remove unnecessary barriers. This is exactly the kind of practical support that is critical to helping us grow and sustain our behavioral health workforce."
>
> **Robin Sansing**, MSW, LCSW
> Behavioral Health Initiative Director,
> Southern Oregon University Licensed Clinical Social Worker

Transparency About Licensure Requirements (Action Plan ET.2)

Increase transparency about licensure requirements to more effectively prepare students to succeed during the licensure process.

Strategies:

ET 2.1 Develop and launch multilingual licensure toolkit. Develop a multilingual, culturally responsive toolkit outlining time commitments, costs, and supervision requirements for BH licensure; distributed online and in print.

Responsible Agency: *OHA, Licensing boards, HECC*

ET 2.2 Establish interim licensure information portal. Create a basic centralized online portal hosting licensure information, toolkits, FAQs, and guidance updates; accessible, mobile-friendly site.

Responsible Agency: *OHA, Licensing Boards*

ET 2.3 Build cross-agency workgroup and education partnerships. Establish cross-agency licensure transparency workgroup launched; integration of licensure guidance into advising systems at select community colleges.

Responsible Agency: *OHA, HECC, Licensing Board, Community Colleges*

ET 2.4 Pilot mentorship and navigation supports. Establish a mentorship/navigation pilot program targeting BIPOC, rural, and multilingual candidates; evaluation framework for tracking participation and outcomes.

Responsible Agency: *OHA, HECC, CBO*

Complete action plan in Appendix H.

Improve Communications and Transparency (Action Plan ET.3)

Attract a robust talent pool to education and training programs by effectively communicating the value and pathway to a career in behavioral health.

Strategies:

ET 3.1 Develop and launch a statewide behavioral health marketing campaign. Launch a multilingual, culturally responsive marketing campaign and outreach materials answering, "What is Behavioral Health?" featuring broad career pathways and diverse workforce representation

Responsible Agency: *HECC, OHA, ODE*

ET 3.2 Establish and disseminate best practices in career guidance. Create and distribute a behavioral Health Career Guidance Toolkit including skill assessments, mentoring templates, and informational interview resources for schools and workforce programs

Responsible Agency: *HECC, ODE*

ET 3.3 Create and standardize clear behavioral health language. Initiate statewide adoption of consistent, plain-language definitions for Behavioral Health fields and roles vetted through partner working groups

Responsible Agency: *OHA, HECC, Licensing Boards*

ET 3.4 Develop and launch an accessible behavioral health resource hub. Establish a cross-agency public online portal consolidating marketing materials, guidance tools, and BH definitions in multiple languages with user-testing for accessibility

Responsible Agency: *HECC, OHA*

Complete action plan in Appendix H.

Culturally Responsive Services (Action plan ET.4)

Expand equitable access to behavioral health services across rural, frontier, and culturally distinct communities through targeted workforce initiatives and community-based service models.

Strategies:

ET 4.1 Identify and address rural and cultural service gaps. Conduct statewide mapping and equity analysis of rural, frontier, and culturally distinct communities to identify behavioral health service and workforce, publish regional dashboards to inform funding priorities and program development.

Responsible Agency: *OHA, HECC, Community based partners*

ET 4.2 Expand culturally specific workforce pathways. Develop and expand culturally responsive pipelines through coordinated efforts of higher education institutions, MHACBO, community colleges, peer training programs, and community-based providers. Deliver aligned curriculum and supervision training reflecting cultural and regional needs.

Responsible Agency: *HECC, OHA, MHACBO, Community partners*

ET 4.3 Incentivize and sustain rural multicultural practice. Launch targeted recruitment campaigns, loan repayment, and housing incentives for bilingual, bicultural, and lived-experience providers serving in rural and frontier regions. Establish regional mentorship and supervision networks for community-based practitioners.

Responsible Agency: *OHA, HECC, Workforce boards, CCOs*

ET 4.4 Strengthen community based innovative service models. Pilot and evaluate mobile tele-behavioral health and community wellness services mode delivered through schools, faith centers and trusted local organizations. Integrate data tracking into the behavioral health resource hub to measure access, equity, and provide retention

Responsible Agency: *OHA, HECC, tribal partners, Workforce boards, CBOs*

Complete action plan in Appendix H.

In addition to the strategies outlined in this action plan, the Behavioral Health Talent Council recommends:

- That the Higher Education Coordinating Commission further explore ways to educate and train supervisors to support staff in working sustainably with high-acuity populations.

Enhancing Partnerships and Collaboration (Action Plan ET.5)

Broaden and strengthen behavioral health partnerships among education, employers, and community organizations to expand coordinated, high-quality career experiences and training opportunities statewide.

Strategies:

ET 5.1 Pilot early behavioral health career experiences. Implement two 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, ODE, HECC, school districts, Community Colleges, Tribal*

ET 5.2 Strengthen partnerships between employers and higher education. 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, OHA, Oregon workforce*

ET 5.3 Establish an Oregon behavioral health career consortium. Launch a statewide consortium coordinating messaging, recruitment, and career promotion under a unified brand. Produce multilingual marketing materials and conduct 2– 3 career events with employer and peer-workforce representation.

Responsible Agency: *OHA, HECC, ODE, Community Colleges, Workforce boards*

ET 5.4 Advance equitable pathways and credit for prior learning. Develop statewide CPL guidance recognizing peer and workforce training for academic credit; pilot CPL articulation agreements across 3 institutions; monitor equity participation and outcomes through HECC/OHA data systems.

Responsible Agency: *HECC, OHA, MHACBO, Community Colleges, Workforce boards*

Complete action plan in Appendix H.

Community College Collaboration (Action Plan ET.6)

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.

Strategies:

ET 6.1 Analyze and understand enrollment patterns. Conduct a statewide analysis report on behavioral health enrollment trends and equity gaps in community colleges, with partner input.

Responsible Agency: *HECC, OHA, Community Colleges, CBOs*

ET 6.2 Develop and pilot inclusive on-ramps. 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, OHA, Community Colleges, high schools*

ET 6.3 Strengthen articulation and course credit mobility. Establish 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, OHA, Oregon Transfer Council, Community Colleges*

ET 6.4 Expand local partnerships and capacity. Develop a network of local partnerships in targeted regions providing mentorship, placements, ESL/developmental education supports, and holistic outreach.

Responsible Agency: *Community Colleges, HECC, Workforce boards, employers, tribal*

ET 6.5 Ensure equity driven accountability and continuous improvement. Require routine cross-agency reporting on enrollment, transfer, CPL use, and completion, disaggregated by region/ equity group and tied to improvement cycles

Responsible Agency: *HECC, OHA, Community Colleges, Workforce boards*

Complete action plan in Appendix H.

Expand Degree Pathways and Completion (Action Plan ET.7)

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.

Strategies:

ET 7.1 Strengthen and align behavioral health degree pathways. Direct 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, OHA, ODE*

ET 7.2 Develop and pilot inclusive high school to career pathways. Conduct the collaborative design and pilot of behavioral health CTE courses and dual credit modules integrating CPL and mentorship in diverse districts/colleges

Responsible Agency: *ODE, HECC, OHA, CTE directors/ districts*

ET 7.3 Promote collaboration credit mobility and data sharing. Establish enhanced transfer pathways, articulation agreements, and initial cross-agency data sharing protocols with CPL utilization tracked

Responsible Agency: *HECC, OHA, ODE, Oregon Transfer Council*

ET 7.4 Expand focused recruitment and supports. Establish frramework for targeted recruitment, scholarships, mentoring, and CPL support tailored to BIPOC, rural, and lived experience students

Responsible Agency: *Colleges, HECC, OHA, ODE*

ET 7.5 Foster accountability for completion and workforce outcomes. Create a prototype data dashboard for public reporting of enrollment, completion, CPL use, and licensure outcomes disaggregated by key equity factors

Responsible Agency: *HECC, OHA, Workforce Council*

Complete action plan in Appendix H.

In addition to the strategies outlined in this action plan, the Behavioral Health Talent Council recommends:

- That the agencies implementing this action plan should focus specifically on expanding pathways for psychologists and psychiatric nurse practitioners.

Career Exploration and Professional Development (Action Plan ET.8)

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.

Strategies:

ET 8.1 Broaden and align career exploration. Pilot statewide CCL-aligned behavioral health career days, job shadowing, and roadmap for internships and observation with confidentiality/ safety guidance

Responsible Agency: *HECC, ODE, ESD, Workforce boards, CBOs*

ET 8.2 Clarify roles, certification and credentialing pathways. Establish comprehensive, accessible guidance and integrated advising on behavioral health certifications/licensure (CADC, QMHA, LPC, peer roles, etc.)

Responsible Agency: *HECC, ODE, ESD, Workforce boards, CBOs*

ET 8.3 Enhance professional development and retention. Develop modular, portable professional development in evidence-based practice, documentation, digital skills, self-care, team based care; launch rural/peer mentorship

Responsible Agency: *HECC, OHA, credentialing and licensure organizations, community colleges, universities, CBOs*

ET 8.4 Support rural and community based programs. Provide technical assistance, resource grants, and engagement initiatives for rural/ culturally specific agencies to expand BH learning opportunities

Responsible Agency: *OHA, HECC, CBOs, Workforce boards*

ET 8.5 Continuous communication and feedback. Establish advisory groups, student/ practitioner surveys, and forums, collaborating with credentialing and licensure organizations, for ongoing pathway, certification, and training improvement

Responsible Agency: *HECC, ODE, Workforce boards, credentialing and licensure organizations*

Complete action plan in Appendix H.

Attachment J: Behavioral Health Talent Council and the Oregon Tribal Health Strategic Plan: Education and Training recommendations

The following slide deck, produced by the Governor's Office for the Behavioral Health Talent Council's meeting with Tribal Representatives, documents key workforce gaps identified in the Oregon Tribal Health Strategic Plan, relevant BHTC recommendations, and the alignment between tribal health priorities and the Council's Education and Training action plans. This material directly supports SWOCC's commitment to tribal partnership and culturally responsive workforce development in the proposed BAS in Behavioral Health.

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Behavioral Health Talent Council

Meeting with Tribal Representatives

What is the Behavioral Health Talent Council?

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- **Soon after taking office, Governor Tina Kotek tasked the Higher Education Coordinating Commission with developing a comprehensive report outlining gaps in Oregon's support for behavioral health workers and recommendations for how we can address the behavioral health workforce crisis in Oregon.**
- **Governor Kotek established the Behavioral Health Talent Council to formulate new strategies to address Oregon's behavioral health workforce crisis, based on the recommendations in the Higher Education Coordinating Commission's Behavioral Health Talent Assessment.**
- **BHTC Leadership**
  - **Chair: First Lady Aimee Kotek Wilson**
  - **Vice-Chair: Julie Ibrahim, CEO of New Narrative**
  - **Vice-Chair: Eli Kinsley, Director of Operations, Bridgeway Community Health**
  - **Vice-Chair: Alice Gates, Associate Professor of Public Health, OHSU-PSU**
- **BHTC Membership**
  - 11 Providers
  - 5 Educators
  - 5 Agency Directors
- All council meetings are publicly livestreamed and posted along with meeting materials.

What is the Behavioral Health Talent Council?

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- The Talent Council was divided into three subcommittees, each of which was assigned to tackle an aspect of the behavioral health workforce crisis.
  - Recruitment and Retention
  - Licensing and Credentialing
  - Education and Training
- The Council invited subject matter experts in specific areas of behavioral health work (mental health providers, substance use providers, youth providers, culturally specific providers) to present to the council. Council staff also reached out to frontline workers and culturally specific providers and hosted round-tables to discuss the work of the Council.
- The subcommittees have been producing plans to implement the recommendations of the Behavioral Health Talent Assessment, which will be incorporated into the Council's final report and recommendations at the end of January.

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Behavioral Health Talent Assessment Gaps and Recommendations Regarding Tribal Providers

- The Talent Assessment identifies several gaps in our support for our workforce when it comes to American Indian or Alaska Native providers, including:
  - "Underrepresentation of Latino/a/x, American Indian or Alaska Native, Black, and Pacific Islander health care professionals; overrepresentation of white and Asian individuals, 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."
  - AI/AN practitioners are underrepresented across all behavioral health roles, particularly in medical specialties.
  - The assessment identified a critical shortage of mental health providers in Oregon's rural and remote counties, with 32 of 36 lacking even one provider per 1,000 residents. This is due at least in part to a lack of behavioral health educational opportunities in rural communities.
- The Talent Assessment presents several recommendations specific to supporting tribal providers and providers in rural communities (many of which are served predominantly by tribal providers).
  - "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 and within underserved communities."
  - "Increase access to in-person and virtual BH resources in rural areas with culturally competent providers."

Talent Council Recommendation Highlights

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Recruitment and Retention	
Increase retention by embedding supportive services for staff in high-trauma roles.	Improve supervision quality through culturally appropriate, up-to-date training and support for clinical supervisors.
Advance equity by prioritizing culturally and linguistically specific supports, improving supervision pathways, and mandating anti-racism and anti-oppression trainings.	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.
Create financial incentives for roles in crisis response, rural areas, and culturally specific services.	Establish statewide operationalizing peer support program to provide technical assistance for organizations and mentoring for peer support workforce.
Develop a grant or stipend program for relocation and housing support for new hires in rural and remote areas.	Revise OHA rules and policies governing behavioral health programs to reduce administrative burdens on providers and promote parity in documentation and reporting expectations.

Talent Council Recommendation Highlights

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Licensing and Credentialing	
Create a centralized Behavioral Health Workforce Resource Hub with easily accessible, up-to-date information on scopes of practice, licensing processes, and job opportunities.	Create an optional entry-level behavioral health credential for non-licensed workers to improve portability and instill professional identity.
Review current peer credentials (such as CRM, PSS, CHW, THW) for opportunities to refine them to better support peers and eliminate duplicative trainings.	Collaborate with stakeholders to improve the background check process to make it more accessible and supportive to people with lived experience.
Explore alternative pathways to licensure to support equity in licensing for behavioral health workers.	Invest in test preparation resources for potential licensees.
Make structural changes to licensing boards to improve licensing times and customer service capacity.	

Talent Council Recommendation Highlights

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Education and Training	
Create inclusive training pipelines across degree, non-degree, peer, and apprenticeship pathways that prepare and advance multilingual, bicultural, and live-experience professionals.	Create 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.
Launch targeted mentorship and navigation pilots, organized through cross-agency collaboration, to guide BIPOC, rural, and multilingual candidates in completing licensure steps.	Align behavioral health academic pathways across high school, community college, and university levels to improve transfer rates, degree completion, and equitable workforce entry.
Design 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.	Prioritize 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.
Expand local partnerships and resource networks, led by community colleges in concert with tribes, workforce boards, employers, and culturally specific/peer organizations.	Advance equitable pathways and Credit for Prior Learning opportunities that recognize peer, lived-experience, and workforce training for academic credit.

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Oregon Tribal Health Strategic Plan

- The Oregon Tribal Health Strategic Plan identified key challenges and strategies for implementation.
  - Among the challenges, workforce and training were highlighted: “The workforce is defined by non-Native culture with inadequate training, care, and support.”
  - The first strategic pathway identified in the plan is “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.

Oregon Tribal Health Strategic Plan

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- The plan further defines concrete action steps to meet these goals:
  - 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.

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Oregon Tribal Health Strategic Plan Alignment With BHTC Recommendations

Tribal Health Strategic Plan Recommendation	Behavioral Health Talent Council Recommendation
Work with the Nine Tribes to define health care positions and categories of departments.	Create a crosswalk of the most common behavioral health workforce positions, their educational requirements, and their licensing and credentialing requirements (Action Plan 1).
Create a comprehensive job description repository with standardized pay grade ranges.	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 (Action Plan 5).
Implement an enhanced provider retention incentive system.	Create financial incentives for roles in crisis response, rural areas, and culturally specific services (Action Plan 11).
Deliver a Tribal-specific, trauma-informed care and historical trauma training program.	Embed cultural responsiveness, trauma-informed practice, and regional service needs within behavioral health curricula and supervision training, regardless of provider type (Action Plan 9).

Oregon Tribal Health Strategic Plan Alignment With BHTC Recommendations

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Tribal Health Strategic Plan Recommendation	Behavioral Health Talent Council Recommendation
Implement workforce wellness and self-care initiatives with measurable outcomes.	Contract with culturally specific organizations for the purpose of providing mentorship and leadership wellness support to culturally specific organizations. (Action Plan 11).
Establish a trauma-informed mentorship program with impact metrics	Establish mentorship pathways for culturally specific staff and supervisors through a statewide network of culturally specific providers (Action Plan 8).
Support training programs specifically for working in Tribal communities	The creation of inclusive training pipelines across degree, non-degree, peer, and apprenticeship pathways that prepare and advance multilingual, bicultural, and live-experience professionals within Oregon's behavioral health system. (Action Plan 9).
Map Tribal-specific credentialing systems for behavioral health and public health workers	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 (Action Plan 4).

Attachment K: Meeting Summaries from Oregon University Interviews

University Engagement and Consultation Meeting Summaries

The following summaries document consultations conducted during the 60-day Engagement and Consultation period with Oregon public universities offering programs in psychology, counseling, human services, and related behavioral health fields. Meetings were led by Dr. Jenn Lewis, Program Coordinator for Human Services, and DeAnne Varitek, Dean of Career and Technical Education. All meetings were conducted via Zoom. Meeting notes were generated using Zoom's AI transcription and summary features and reviewed for accuracy by participants.

Oregon Institute of Technology

Date: March 4, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

OIT Participant: Dr. Trevor J. Petersen, Professor of Psychology and Licensed Clinical Psychologist

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Trevor J. Petersen to discuss OIT's applied psychology program and explore potential points of alignment with SWOCC's proposed BAS in Behavioral Health. Dr. Petersen shared information about OIT's program structure, community partnerships, and graduate pathways, and offered advice on best practices for developing applied behavioral health programs serving rural communities.

OIT's Applied Psychology Program

OIT's undergraduate applied psychology program enrolls approximately 130 students across online, in-person, and hybrid options. The program includes a year-long internship component equivalent to 12 credits, with students accumulating approximately 2.5 hours of work per credit. Two specific practicum programs have been developed in partnership with the Oregon Department of Human Services: a family mentor initiative in which students provide behavioral parent training for families with children involved with DHS, and a self-sufficiency program teaching basic life skills to individuals receiving benefits. Both programs involve structured student training and supervision, and graduates frequently go on to work with DHS or pursue graduate study.

Graduate Pathways

OIT offers two master's programs: an Applied Behavior Analysis (ABA) degree and a Marriage and Family Therapy (MFT) degree, both delivered in hybrid format with synchronous Zoom sessions and periodic in-person requirements. OIT also operates the Bridge Clinic, an applied

behavior analysis clinic providing services for children with developmental disabilities, connected to the ABA master's program. Dr. Petersen noted that the program's success is partly attributable to connecting theoretical knowledge to practical application through its internship and externship structure, and to alignment with APA standards.

Background Checks and Practicum Placement

Background checks for students are typically conducted by practicum sites as required by DHS, with thoroughness varying based on the type of work involved. OIT does not operate a separate application process for practicum placement but works with students to identify pathways appropriate to their background. Dr. Petersen emphasized the importance of encouraging students to begin practicum experiences early and to pursue placements aligned with their career goals.

Next Steps Identified

- Dr. Jenn Lewis: Follow up with Dr. Petersen regarding the DHS partnership and contract structure, including liability and program setup.
- Dr. Jenn Lewis: Connect with the directors of OIT's master's program for further information on graduate pathways.

Oregon State University

Date: March 17, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

OSU Participant: Dr. Marilyn S. Thompson, Professor and School Head of Human Development and Family Sciences

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Marilyn S. Thompson to discuss OSU's Human Development and Family Sciences programs and explore potential alignment with SWOCC's proposed BAS in Behavioral Health. Dr. Thompson was relatively new to Oregon at the time of the meeting and expressed interest in learning more about community college programs and regional workforce needs before discussing specific articulation opportunities.

OSU's Human Development and Family Sciences Program

OSU's HDFS bachelor's program offers comprehensive coursework spanning human development from infancy through aging, with specialized certificates available in gerontology and human services. Dr. Thompson described a newly developed fifth-year accelerated master's program in Applied Behavioral Health, currently building toward an initial cohort of ten students. This program is delivered in-person with some online components and focuses on preparing students for advanced roles in applied behavioral health practice.

Transfer Pathways and Articulation

The discussion explored transfer patterns from community colleges to OSU, with Dr. Jenn Lewis sharing that many SWOCC students are interested in completing bachelor's degrees whilst remaining in southwestern Oregon for cost and family reasons. Dr. Thompson noted that students transferring from a four-year applied program at SWOCC into OSU's master's program may encounter some structural differences in course requirements, and suggested exchanging course lists to identify potential articulation opportunities. Both parties expressed openness to exploring collaboration, including possible online program options. Dr. Thompson expressed interest in supporting individual students seeking to transfer from SWOCC to OSU.

Next Steps Identified

- Dr. Marilyn Thompson: Send Dr. Jenn Lewis the course list and requirements for the OSU Applied Behavioral Health master's program.
- Dr. Jenn Lewis: Send Dr. Thompson the SWOCC associate program guide and follow up with a thank-you email including the meeting transcript.

University of Oregon — Psychology Department

Date: March 18, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

UO Participants: Dr. Ron Bramhall, Associate Vice Provost for Academic Affairs; Dr. Maureen Zalewski, Professor and Director of Clinical Training, Psychology Department

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Ron Bramhall and Dr. Maureen Zalewski to discuss pathways between SWOCC's proposed BAS in Behavioral Health and graduate programs at the University of Oregon. The conversation focused on understanding how SWOCC's applied curriculum could prepare students for graduate study, and on the UO's Child Behavioral Health undergraduate program and its relationship to Senate Bill 1547.

UO's Child Behavioral Health Program and Senate Bill 1547

Dr. Zalewski described the Ballmer Institute's Child Behavioral Health undergraduate program, located on UO's Portland campus. This program aligns with the full scope of practice established in Oregon Senate Bill 1547, which covers not only prevention-focused services but a broad range of behavioral health supports. The program requires 700 hours of applied practice accrued during the program, consistent with the standards outlined in SB 1547. Dr. Zalewski emphasized that the program's curriculum is designed to match the complete scope of the new bachelor's-level behavioral health license rather than focusing narrowly on prevention.

Graduate Program Requirements and Preparation

Dr. Zalewski discussed the importance of research literacy as preparation for graduate study, emphasizing that students should be able to engage with primary research literature rather than relying solely on secondary sources. She recommended that SWOCC consider incorporating training in reading and analyzing original research articles into upper-division courses. Dr. Bramhall highlighted the value of practical experience in school or clinical settings for graduate program applications and noted available online programs in applied behavior analysis and psychology at the master's level. The importance of students being able to articulate clear career goals when applying to graduate programs was also discussed.

Curriculum Development and Elective Pathways

The group discussed developing elective clusters within SWOCC's BAS curriculum to help students explore different graduate and career pathways before applying to graduate programs. Dr. Bramhall offered to connect Dr. Jenn Lewis with directors of relevant graduate programs at UO as the BAS curriculum develops, to support alignment between upper-division coursework and

graduate admissions expectations. The discussion confirmed that SWOCC's planned program launch is anticipated for Fall 2028.

Next Steps Identified

- Dr. Ron Bramhall: Follow up with specific admissions requirements for College of Education graduate programs and connect Dr. Jenn Lewis with relevant program directors.
- DeAnne Varitek: Send a copy of the meeting transcript and summary to Dr. Bramhall and Dr. Zalewski.
- Dr. Jenn Lewis: Send a follow-up thank-you email to Dr. Bramhall and Dr. Zalewski and consider expanding practicum site options to include school settings.

Portland State University

Date: March 30, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

PSU Participants: Dr. Evaon C. Wong, Dean of the School of Social Work; Robin Teeter, Office of the Dean

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Evaon C. Wong and Robin Teeter to discuss PSU's social work and human services programs and explore potential collaboration opportunities with SWOCC's proposed BAS in Behavioral Health. The meeting was initiated based on requests from SWOCC's advisory board and student feedback about financial and relocation barriers to accessing bachelor's-level education in the region.

PSU's Social Work and Human Services Programs

Dr. Wong described PSU's Bachelor of Social Work and Master of Social Work programs, including their practicum hour requirements. The BSW program requires 500 to 600 hours of supervised field experience, whilst family studies programs require approximately 200 hours. Dr. Wong noted that securing sufficient field placement sites is an ongoing challenge and that some programs are turning to simulation training as a supplement where community placements are difficult to arrange — a challenge SWOCC's program shares. PSU's MSW program has a long history as the only MSW program at a public university in Oregon and has recently developed collaborative relationships with Oregon State University and the University of Portland.

Transfer Pathways and Language Requirements

The discussion addressed language requirements for transfer students. Dr. Wong clarified that lower-division requirements include language components managed by the university, but that upper-division programs do not carry additional language requirements. Both parties discussed how students from SWOCC's proposed BAS program might transition into PSU's MSW, and the importance of advising students clearly about graduate school prerequisites from the outset of their undergraduate studies.

Tribal Community Partnerships

Dr. Jenn Lewis shared SWOCC's plans to incorporate tribal healing practices into the BAS curriculum and to develop field placement opportunities in tribal behavioral health programs. Robin Teeter offered to connect Dr. Jenn Lewis with contacts at a local tribe if contact information was still current. The group discussed the challenges of serving students from rural communities and acknowledged the importance of culturally responsive curriculum design.

Next Steps Identified

- Dr. Jenn Lewis: Send a copy of the meeting transcript to PSU participants and request confirmation or edits as needed.
- Robin Teeter: Share any current tribal contacts at the Coquille Tribe with Dr. Jenn Lewis.
- Dr. Jenn Lewis and DeAnne Varitek: Consider organizing a transfer or career fair and coordinate with PSU to invite representatives to speak to students about graduate pathways.

Eastern Oregon University

Date: March 31, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

EOU Participant: Dr. Hope Schuermann, Director of the Clinical Mental Health Counseling Master's Program

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Hope Schuermann to discuss EOU's graduate programs in counseling and social work, and to explore how SWOCC's proposed BAS in Behavioral Health might prepare students for graduate study. Dr. Schuermann provided detailed information about curriculum structure, program requirements, and the challenges of supervising students who enter graduate training with uneven foundational skills.

EOU's Counseling and Social Work Programs

EOU offers a Clinical Mental Health Counseling MS degree and a newly launched Master of Social Work program, which began in Winter 2025. The MS program requires a completed bachelor's degree, with preference for a 3.0 GPA, though exceptions are made through a weighted admissions process. Many students enter with experience in mental health fields or as peer mentors. EOU also offers psychology BA and BS degrees at the undergraduate level. The program's curriculum covers multiple therapeutic approaches, beginning with person-centered therapy and motivational interviewing before introducing CBT and other modalities.

Foundational Skills and Applied Preparation

Dr. Schuermann made observations directly relevant to SWOCC's curriculum development. She noted that students entering graduate counselling programs with strong applied foundations — particularly proficiency in active listening, open-ended questioning, and person-centered approaches — are better prepared than those who arrive with extensive theoretical knowledge but limited hands-on practice experience. She observed that students with substantial CBT training sometimes resist learning alternative modalities and require additional support to expand their practice. This affirms SWOCC's emphasis on applied foundational skills at the undergraduate level.

Cultural Competency and Specialized Populations

The discussion covered the importance of cultural competency training and coursework addressing work with children and adolescents, including play therapy and creativity-based approaches. Dr. Schuermann noted ongoing challenges in her current program around cultural competency and expressed interest in collaborating with SWOCC on this area. She also recommended a HIPAA-

compliant platform called Supervision Assist for role-play practice and feedback, which SWOCC may wish to explore for use in its own program. Dr. Schuermann expressed interest in future collaboration, including guest e-lectures on cultural competency and related topics.

Next Steps Identified

- DeAnne Varitek: Send Dr. Schuermann a copy of the meeting transcript and AI-generated summary.
- Dr. Jenn Lewis: Send Dr. Schuermann information about the trauma counselling textbook referenced in the meeting.
- Dr. Jenn Lewis: Explore the Supervision Assist platform for potential use in the BAS program.
- Dr. Jenn Lewis: Reach out to EOU faculty for potential guest lectures on cultural competency.

University of Oregon — Department of Counseling Psychology and Human Services

Date: March 31, 2026

SWOCC Participants: Dr. Jenn Lewis, Program Coordinator for Human Services; DeAnne Varitek, Dean of Career and Technical Education

UO Participants: Dr. Leslie Leve, Lorry Lokey Chair in Education and Department Head, Counseling Psychology and Human Services; Dr. Jen Doty, Associate Professor, Department of Counseling Psychology and Human Services

Overview

Dr. Jenn Lewis and DeAnne Varitek met with Dr. Leslie Leve and Dr. Jen Doty to discuss UO's Family and Human Services bachelor's program and explore how SWOCC's proposed BAS in Behavioral Health might align with UO's undergraduate offerings and graduate pathways. The discussion also covered the competencies regional employers seek in graduates and shared challenges in securing appropriate practicum placements.

UO's Family and Human Services Program

UO's Family and Human Services bachelor's program offers three tracks: Fundamentals, Prevention Science, and Direct Service. Approximately two-thirds of students pursue the Direct Service track, with the remainder in Prevention Science or Fundamentals. The program includes a practicum component that has recently been expanded from 60 to 180 hours. Dr. Leve and Dr. Doty described the program's work to help students understand credentialing requirements including QMHA, which many local organizations require for reimbursement, though students must complete additional clinical hours independently to earn the full certification.

Graduate Pathways

The discussion covered how students from UO's Family and Human Services program transition into graduate study. Dr. Leve explained that students with family and human services backgrounds are well suited to the couples and family therapy master's program, particularly if they have completed applied placement work with families. UO also offers a nine-month Master of Education in Prevention Science covering data analysis for behavioral health, implementation science, and lifespan development. Dr. Leve noted that students who relocate for education and establish professional networks in university areas often do not return to their home rural communities, underscoring the importance of local program access.

Employer-Identified Graduate Competencies

Dr. Jenn Lewis shared findings from a curriculum review project identifying key skills sought by community employers in program graduates and offered to share these materials with UO representatives. Dr. Doty referenced an article on entry-level job market skills from the Chronicle of Higher Education that aligned closely with the competencies they aim to develop, including emotional regulation, communication ability, and research experience. Both parties agreed to exchange program materials and maintain ongoing dialogue.

Practicum Placement Challenges

Both institutions discussed shared challenges in finding appropriate practicum placements that provide qualified supervision. The group noted that DHS practicum coordination was an area of active development for SWOCC, with a meeting with DHS scheduled for April 6. Coordination with Umpqua Community College was also pending to avoid duplicating existing practicum processes in the Douglas County region.

Next Steps Identified

- Dr. Jen Doty (UO): Send information and materials about the Prevention Science program, including contact information for relevant faculty, to Dr. Jenn Lewis.
- Dr. Jen Doty (UO): Send draft paper on skills community partners seek in graduates to Dr. Jenn Lewis.
- DeAnne Varitek: Forward the meeting summary and transcript to UO participants.
- Dr. Jenn Lewis: Attend April 6 meeting with DHS regarding practicum placements and follow up on the Umpqua Community College coordination.