An In-Depth Look at Oregon's Licensed Behavioral Health Workforce, 2018 - 2024

April 2025

OREGON HEALTH AUTHORITY

Health Care Workforce Reporting Program

Contents

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The data presented in this brief comes from a survey that licensed health care professionals fill out when they renew their Oregon license. The Oregon Health Care Workforce Reporting Program (HWRP) collects this data in partnership with the health licensing boards as directed by Oregon Revised Statute 676.410.

Key Insights

Since 2018, the behavioral health (BH) workforce in Oregon has grown.

Between 2018 and 2024, the four largest behavioral health professions grew. This includes counselors and therapists, licensed clinical social workers, clinical social work associates and psychologists. The number of practicing professionals increased by 50.6 percent and the amount of direct patient care full time equivalents (FTE) increased by 60.3 percent.

BH professionals are concentrated in Multnomah County.

Multnomah County had the highest concentration of providers, with 34.3 BH professionals for every 10,000 county residents. The next highest are Deschutes and Lane counties. There were no licensed BH providers based in Gilliam and Wheeler counties.

While there has been growth in the total number practicing and amount of FTE, that growth has not been spread evenly across the state.

The BH workforce grew the fastest in Multnomah County. While the BH workforce has had promising growth in many rural and remote regions of the state, some areas continue to face significant gaps. Different BH occupations show different geographic patterns of growth.

The share of BH professionals who serve Medicaid/OHP clients varies widely between occupations.

The percentages range from 34.0 percent of psychologists to 79.6 percent of clinical social work associates.

Most of Oregon's licensed BH professionals provide telehealth to clients as a part of their practice.

BH professionals mostly serve telehealth clients who live near their physical practice location.

The racial and ethnic makeup of the BH workforce is not fully representative of Oregon's population.

While it appears that the BH workforce has gradually become more racially and ethnically diverse over time, it still does not fully reflect the diversity of Oregon.

Introduction

This data brief provides an in-depth look at changes in the licensed behavioral health (BH) workforce in Oregon from 2018 to 2024. Improving access to BH care is a major priority in Oregon, and understanding changes in supply and distribution of BH providers can contribute to this effort.

Chapter One presents the geographic distribution of BH providers, how provider-to-population ratios have changed over time in total and by county, the current racial/ethnic makeup of the workforce and changes over time, the proportion of providers who serve Oregon Health Plan clients, and trends in BH telehealth. Chapter Two breaks out each of these topics by occupation.

Background

Oregon is facing a mental health and substance use disorder crisis. Unintentional opioid overdose deaths in Oregon grew from 280 in 2019 to 1,416 in 2023.[1] A recent report about mental health care in the United States looked at factors like how common mental illness is and how easy it is for people to get help. Oregon was ranked 47 out of the 50 states.[2]

In response, Oregon has focused on growing and diversifying the BH workforce in several ways:

- Governor Tina Kotek made BH a priority area for her administration.[3]
- The Oregon state legislature has made many financial investments in the state's BH system.[4]
- OHA's strategic plan builds on these efforts. The plan includes "transforming behavioral health" as one of the five key pillars needed to accomplish OHA's goal to eliminate health inequities in Oregon by 2030.[5]

Behavioral health includes mental health and addiction services and supports, which are connected to each other and to physical health. This data brief focus on four licensed BH occupations:

- **Licensed professional counselors and therapists (C&T)**: Provide therapy and support for mental health needs. To become licensed, they complete a master's degree, an exam and at least three years of supervised clinical counseling experience.
- **Licensed clinical social workers (LCSW)**: Provide counseling and case management. To become licensed, they complete a master's degree, an exam and at least two years of supervised clinical experience.

- **Clinical social work associates (CSWA)**: Have earned a master's degree and are in the process of becoming LCSWs by completing the required 3,500 supervised clinical hours.
- **Psychologists**: Assess, diagnose, and treat BH disorders. To become licensed, they must complete a doctorate degree in psychology and one year of supervised clinical work, called a residency, and pass the required exams for professional practice.

There are also other types of licensed professionals who provide BH care to people in Oregon. These include psychiatrists and other types of physicians, advanced practice registered nurses, physician associates and naturopaths. The BH workforce also includes occupations like certified alcohol and drug counselors, qualified mental health associates and certified recovery mentors. These professionals are certified by the Mental Health & Addiction Certification Board of Oregon (MHACBO).

Four occupations make up most of the licensed behavioral health workforce

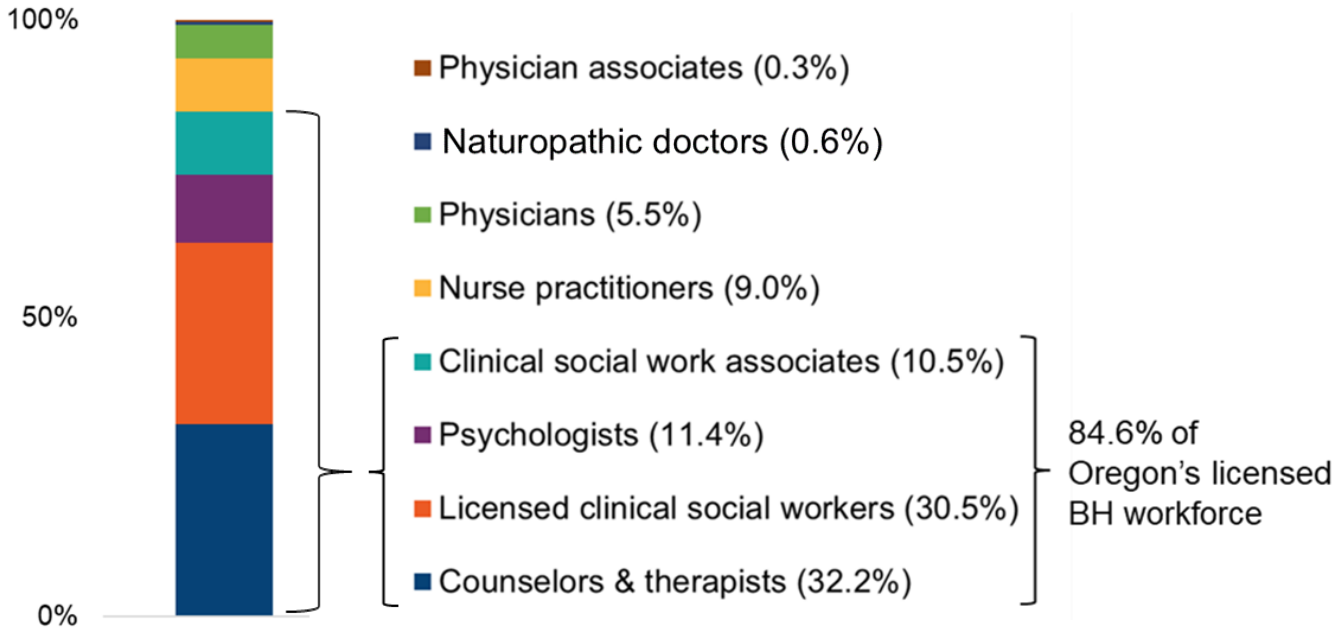
The report Oregon's Licensed Health Care Workforce Supply, 2024 describes different ways to measure workforce supply.[6] These include:

- The number of people holding an active license,
- the number of people holding a license who are practicing, and
- the amount of direct patient care full-time equivalents (FTE) available to provide care for Oregonians.

In this data brief, FTE always refers to direct patient care FTE. One FTE is equal to 40 hours per week of direct patient care activities. A professional who reports spending 20 hours a week on direct patient care activities would count as 0.5 FTE, while a professional who reports 60 hours per week would count as 1.5 FTE.

There are four occupations that make up the majority (84.6 percent) of the licensed BH FTE in the state. They are C&Ts (32.2 percent), LCSWs (30.5 percent), CSWAs (10.5 percent) and psychologists (11.4 percent) (**Figure 1a**). The remainder of this report focuses on these four occupations.

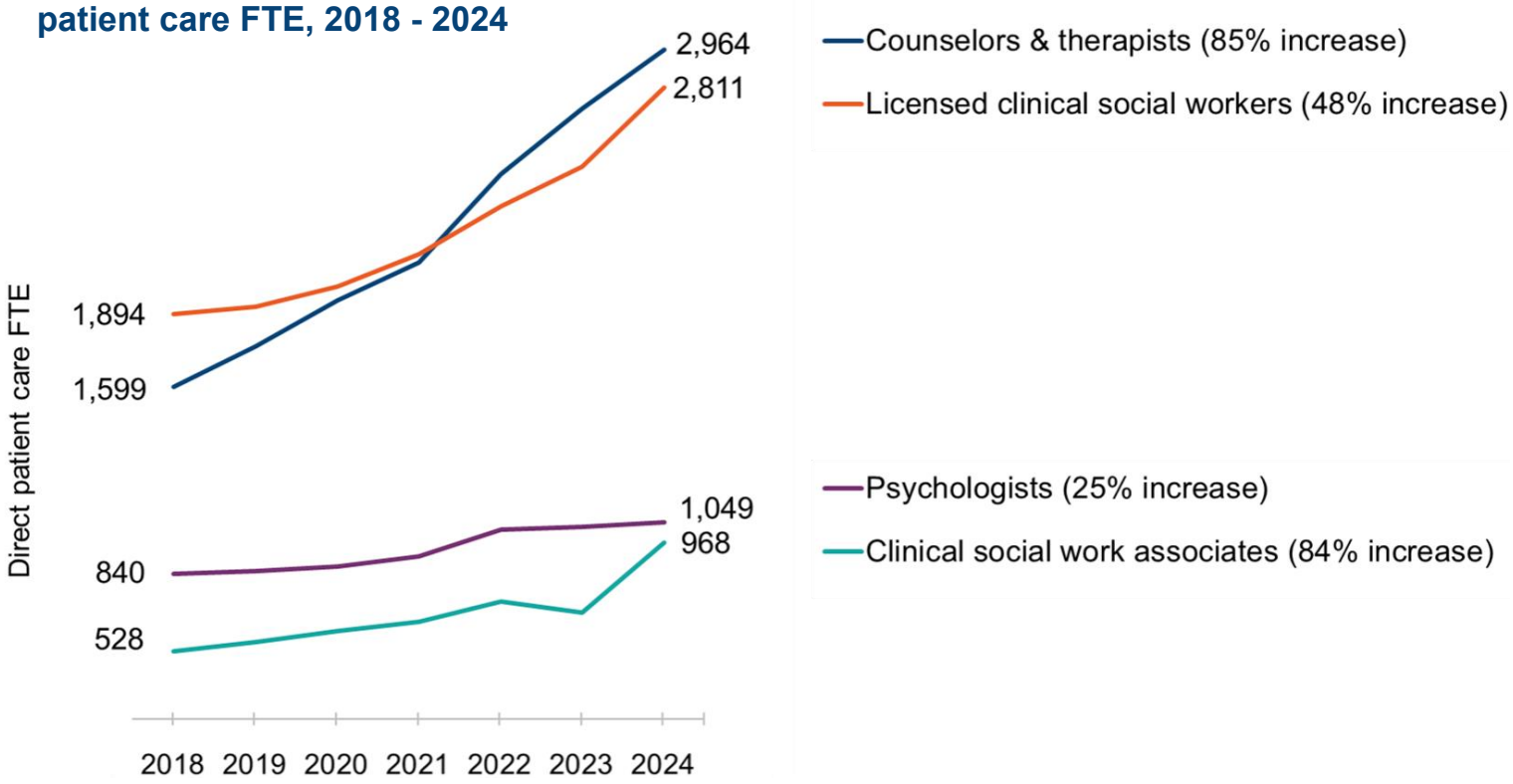
Figure 1a. Composition of Oregon's licensed behavioral health workforce FTE, 2024



The licensed behavioral health workforce grew between 2018 and 2024

Oregon's C&T, LCSW, CSWA and psychologist workforce grew between 2018 and 2024. This includes an increase in FTE (**Figure 1b**).

Figure 1b. Growth in Oregon's licensed behavioral health workforce direct patient care FTE, 2018 - 2024



Note: Direct patient care FTE estimates for 2018 and 2024 are labeled on the figure, along with the total percent change in FTE between 2018 and 2024.

In addition to FTE, the total number of practicing professionals increased as well. As a group, the estimated number of BH professionals practicing in Oregon grew 50.6 percent between 2018 and 2024. The number went from an estimated 9,533 practicing licensees as of January 2018 to 14,357 practicing licensees as of January 2024 (**Table 1**). FTE increased by 60.3 percent over the same period, from 4,860 FTE to 7,792 FTE. Master's-level professionals (C&T, LCSW and CSWA) had larger increases in both FTE and numbers of practicing providers than doctoral-level professionals (psychologists).

For all four occupations, the growth in FTE between 2018 and 2024 was higher than the growth in the total number practicing. This suggests that BH professionals in 2024 are spending more time on direct patient care activities.

Table 1.Oregon's licensed behavioral health workforce supply estimates, 2018 - 2024

	2018		2024		% increase in FTE 2018 - 2024	% increase in total practicing 2018 - 2024
	FTE	Total practicing	FTE	Total practicing		
Counselors & therapists	1,599	3,358	2,964	5,673	85.4	68.9
Licensed clinical social workers	1,894	3,688	2,811	5,211	48.4	41.3
Psychologists	840	1,630	1,049	1,995	24.9	22.4
Clinical social work associates	528	857	968	1,478	83.5	72.5
Total	4,860	9,533	7,792	14,357	60.3	50.6

Chapter 1

Geographic distribution of behavioral health providers, 2024

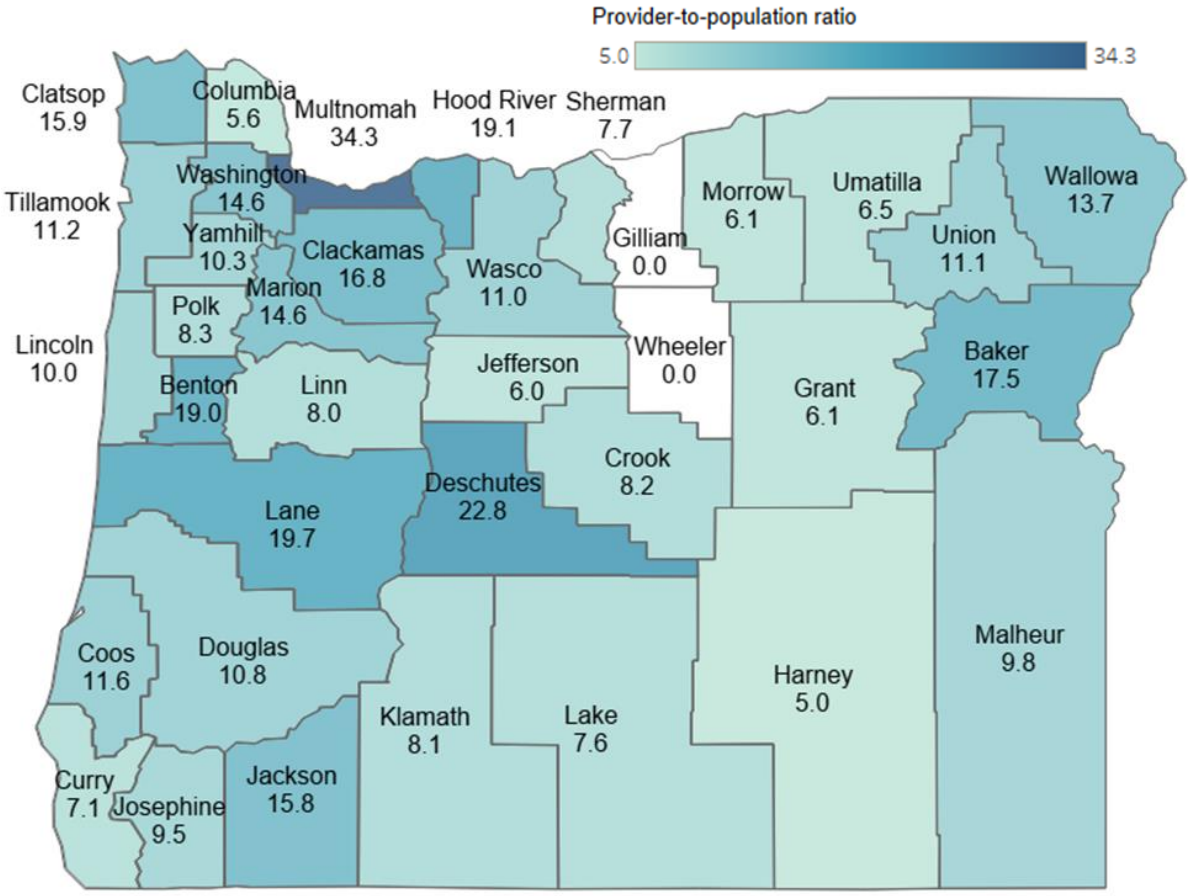
To understand how BH professionals are distributed across Oregon, we mapped the amount of FTE available per 10,000 county residents. This ratio is calculated using:

1. The estimated BH FTE (including C&Ts, LCSWs, CSWAs, and psychologists) for each county as of January 2024, and
2. County population estimates are from the Portland State University Population Research Center.[7]

These provider-to-population ratios are shown on the map by the blue fill (**Figure 2**). Darker shades of blue indicate a higher (or "better") ratio, meaning that there is more provider FTE per person in that county.

The provider-to-population ratio for BH professionals ranges from zero FTE in Gilliam and Wheeler counties to 34.3 FTE per 10,000 residents in Multnomah County. The counties with the next highest amounts of FTE are Deschutes (22.8 FTE per 10,000 residents) and Lane (19.7 FTE per 10,000 residents).

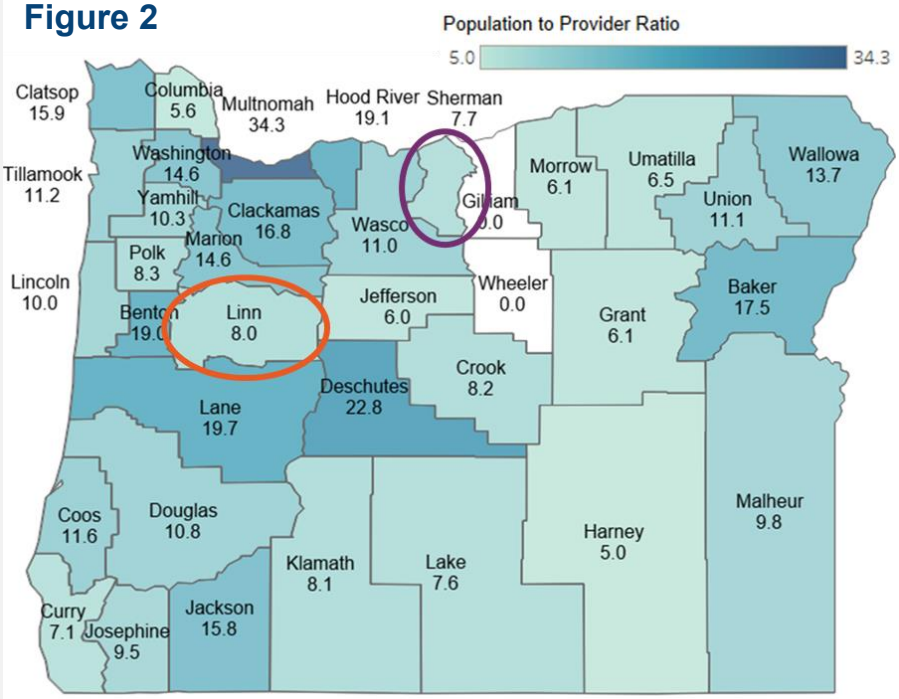
Figure 2. BH provider-to-population ratios, 2024



Why look at both provider-to-population ratio **and** amount of FTE?

Consider the BH provider-to-population ratios mapped above in **Figure 2**, also displayed here (inset). As shown in **Figure 2** as well as in **Table 2**, Linn County (circled in orange ●) has a provider-to-population ratio of 8.0 FTE per 10,000, while Sherman County (circled in purple ●) has a very similar ratio of 7.7 FTE per 10,000. However, the amount of BH FTE based in Linn County is 105.3 in 2024 (**Table 2**; full county FTE estimates can be found on Table 14). In comparison, Sherman County has 1.5 FTE of BH professionals based there in 2024.

Figure 2



Though the amount of BH FTE (unadjusted for population) is very different in Linn and Sherman, the 2024 provider-to-population ratios for both counties are similar due to the significant difference in population size.

Provider-to-population ratio is a good tool for evaluating workforce distribution across the state because it adjusts for differences in county populations. However, ratios for counties with smaller populations are more sensitive to small changes in FTE. Even minor changes in the number of providers or the work hours of the providers based in these counties can significantly affect the ratio.

Table 2. BH professional FTE, 2018 - 2024

County	FTE estimate, 2024	County population, 2024	Provider-to-Population ratio, 2024
Linn	105.3	131,984	8.0
Sherman	1.5	1,916	7.7

The BH workforce has grown more quickly in some counties than in others

The report Oregon's Licensed Health Care Workforce Supply, 2024 shows that LCSWs, CSWAs and C&Ts are some of the fastest growing licensed health care professions in the state. While it is encouraging to see this growth in FTE at the state level, it is also important to check if this progress is equitably distributed across the state. To understand how BH workforce supply has changed over time, we looked at county-level rate of change in BH FTE from 2018 and 2024. The year 2018 was used as a starting point because it is the first year that data is available for LCSWs, CSWAs, C&Ts and psychologists. The rate of change shows how "steep" the rate of growth in FTE has been for each county over this period. To compare county-level changes to those of the state, we also calculated the state's overall rate of change in FTE.

Figure 3 displays the 2018 and 2024 provider-to-population ratios of three counties and the state. Multnomah County (purple ●) had the highest rate of growth in FTE between 2018 and 2024, followed by Baker County (teal ●). Both Multnomah and Baker had steeper growth rates than Oregon overall (orange ●). Wheeler County (yellow ●) had a decrease in BH FTE between 2018 and 2024.

Figure 3. Oregon BH FTE per 10,000 population, 2018 and 2024

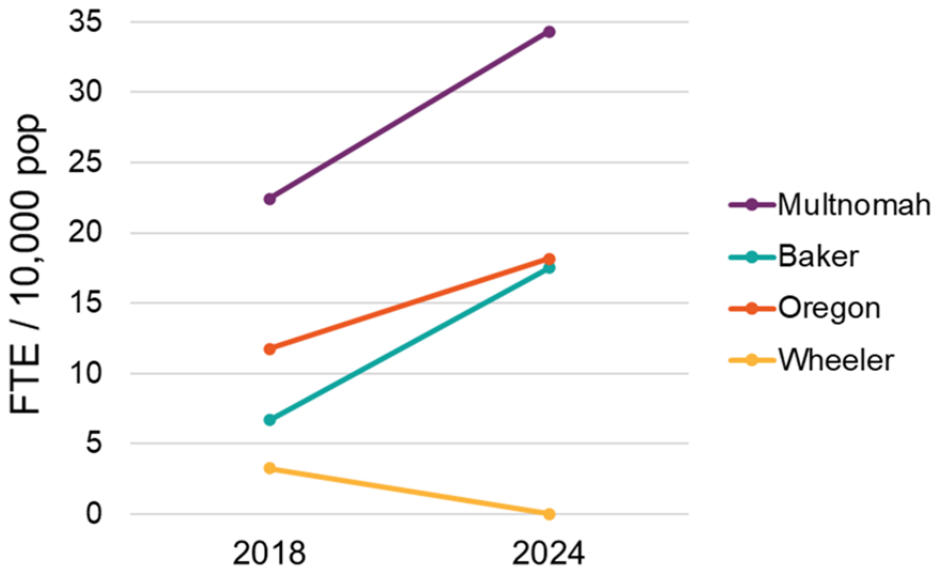
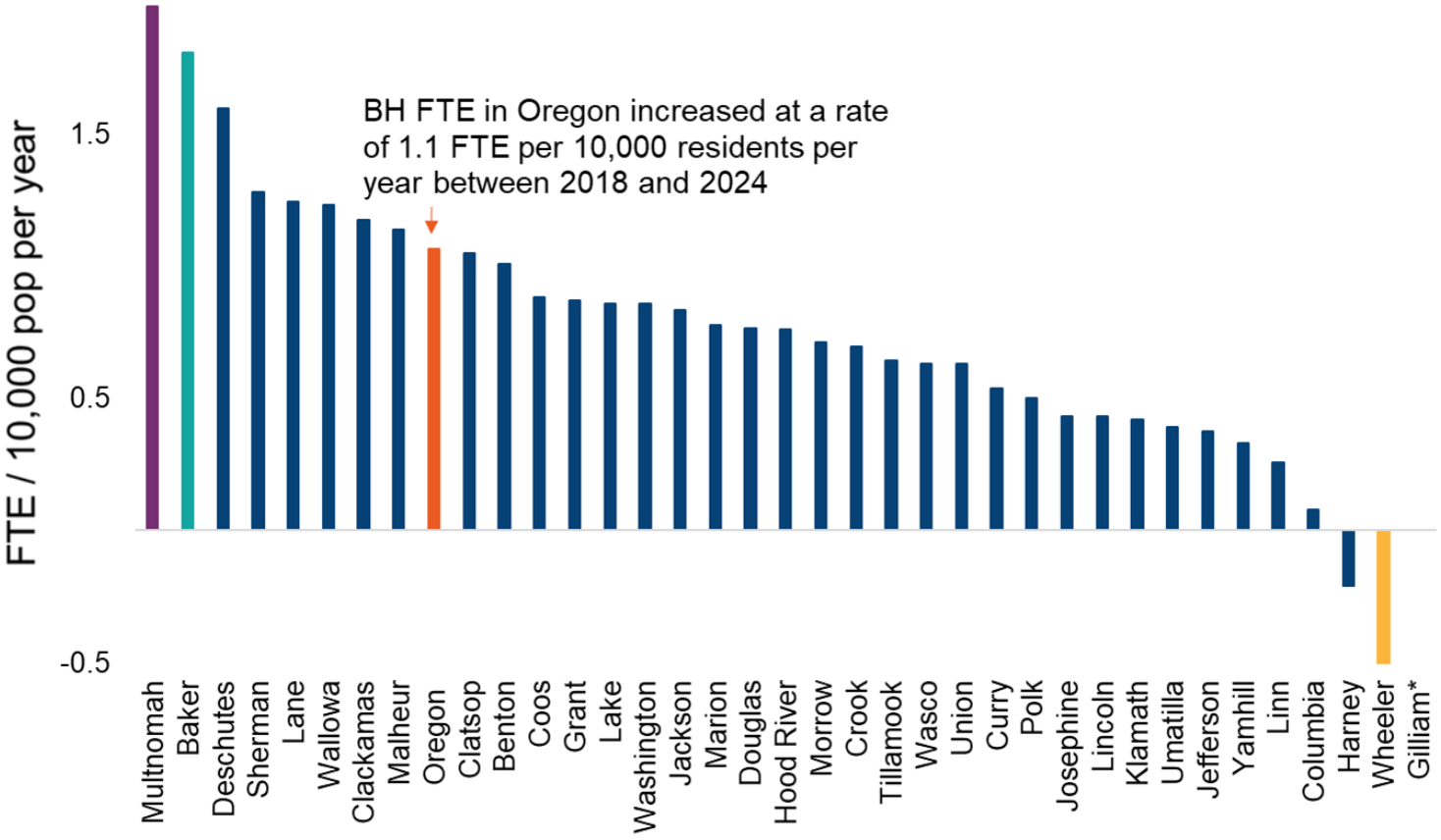


Figure 3 helps to visualize the rate of change in FTE for the selected counties. It also provides a reference for understanding Figure 4. **Figure 4** displays a bar for each county, with the height of the bar representing the population-adjusted rate of increase in FTE between 2018 and 2024 (the slope of the lines shown in **Figure 3**). The same color coding used in **Figure 3** is used in **Figure 4**.

Figure 4. Rate of increase in BH FTE per 10,000 population between 2018 and 2024



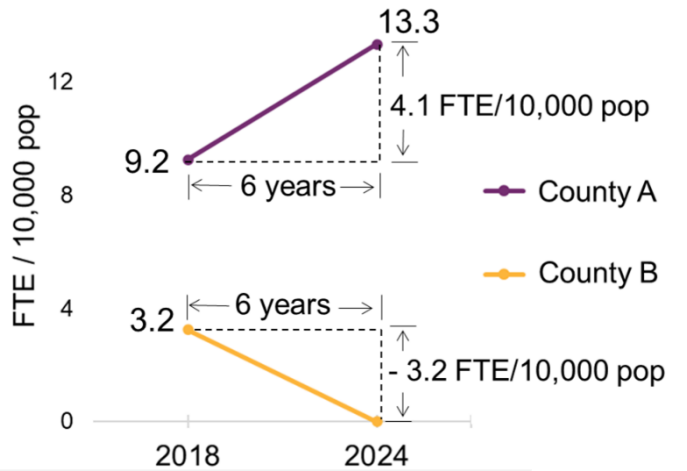
*Zero direct patient care FTE based in the county from 2018 to 2024

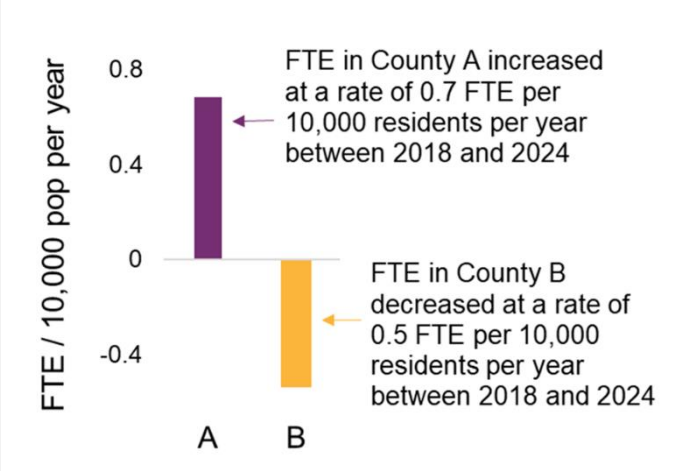
Finally, a table is also included in the appendix (Table 14) to provide detailed data on FTE estimates for 2018 and 2024, the provider-to-population ratios for 2018 and 2024, the absolute change in FTE from 2018 to 2024, and the annual rate of increase in FTE per 10,000 population between 2018 and 2024.

What does ‘rate of change’ mean?

The ‘rate of change’ in provider-to-population ratio measures how quickly the supply of BH professionals has increased (or decreased) over a specific period – in this case, 2018 to 2024. Analyzing this rate helps us understand how the workforce changed over time and allows comparison across counties.

The rate of change is calculated by taking the difference in the 2024 FTE/10,000 population ratio and the 2018 FTE/10,000 population ratio and dividing by six years (2024 – 2018). This calculation represents the slope of the line, as shown in the figure below (insert, left). These slopes can then be plotted as a bar chart (insert, right) to make it easier to visualize the data across all counties.





When interpreting rate of change, it’s important to keep in mind the **sensitivity to small population sizes**. Counties with smaller populations are more prone to significant fluctuations in their ratios because even a small change in the number of full-time providers can lead to a notable shift in the ratio. For example, a modest increase in the FTE in a county with a small population can cause a large increase in the provider-to-population ratio. This volatility means that, while a steep increase in the ratio might appear dramatic, it could result from only a slight increase in the number of provider FTE.

Oregon's BH workforce does not fully reflect the racial/ethnic diversity of the state's population

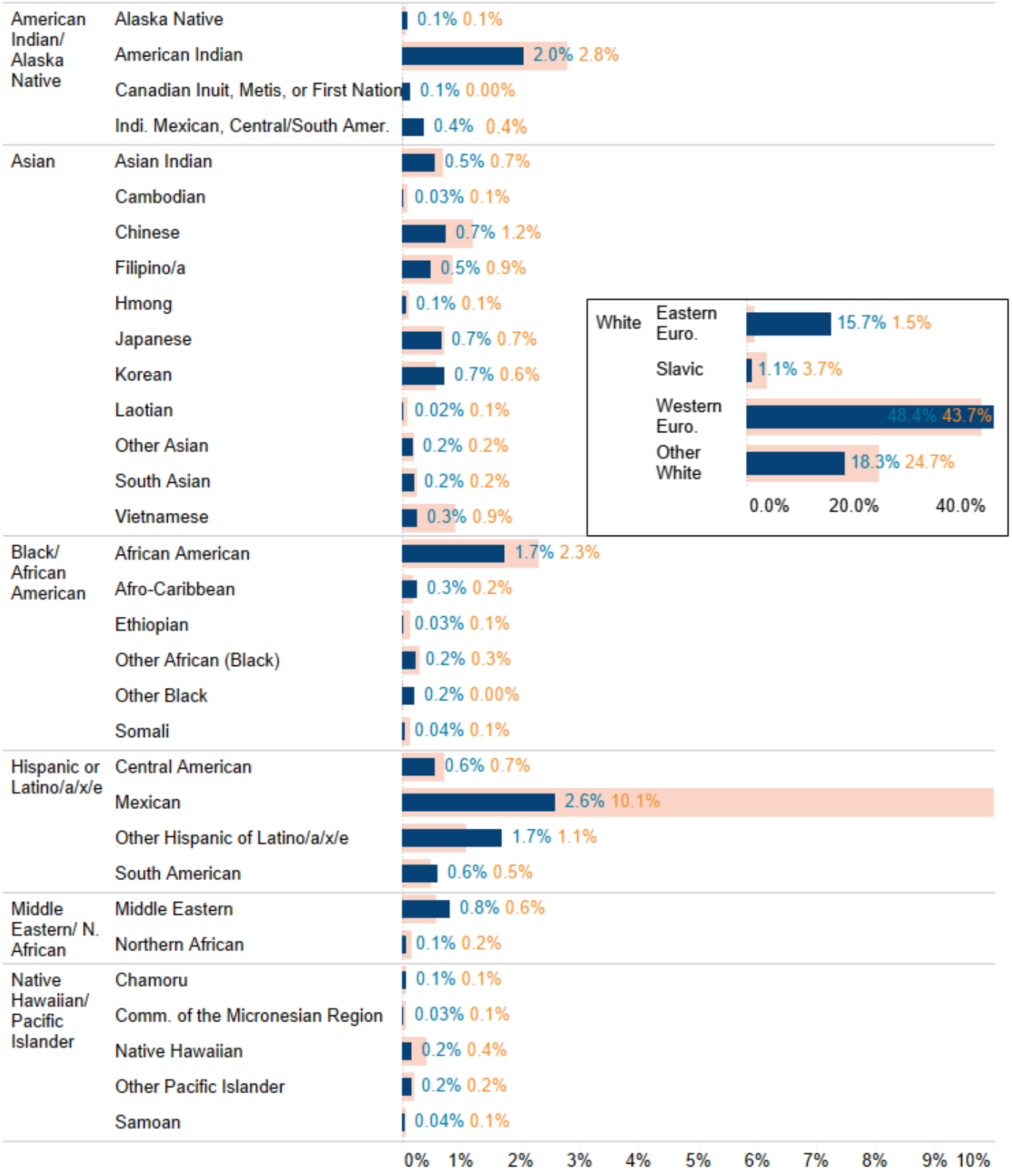
To assess whether Oregon's BH workforce reflects the state's racial and ethnic diversity, we compared the racial and ethnic distribution of the BH professionals with the demographics of the Oregon population (**Figure 5**).[1]

Overall, American Indian/Alaska Native, Asian, Black/African American and Native Hawaiian/Pacific Islander professionals are underrepresented in the 2024 BH workforce. Hispanic/Latina/o/x professionals are also underrepresented, Mexican providers in particular. While 10.1 percent of Oregon's population identify as Mexican, Mexican professionals make up just 2.6 percent of the BH workforce.

Providers who identify as Eastern European and Western European are overrepresented in Oregon's BH workforce.

[1] In January of 2021, the HWRP licensing survey began collecting data on race and ethnicity using REALD demographic standards. Before that, the survey collected this data using seven broad race categories and a separate question for Hispanic/Latino ethnicity. REALD standards provide a more detailed and specific way for respondents to represent their racial and ethnic identity. For more information on race and ethnicity in Oregon's licensed health care workforce, please see the report The Diversity of Oregon's Licensed Health Care Workforce, 2024.

Figure 5. Race and ethnicity of the licensed behavioral health workforce



Changes in BH workforce race and ethnicity over time (2018 – 2024)

Due to the implementation of REALD data collection methodology in 2021, directly comparing racial and ethnic composition of the BH workforce over time is challenging. The implications of this shift to REALD, including the impact on measuring diversity in the health care workforce and how the varying license renewal cycles of the health occupations influenced the initial year of REALD data collection, are discussed in the limitations section of the 2022 report The Diversity of Oregon's Licensed Health Care Workforce. For a comprehensive overview of the REALD data from the licensed health care workforce, please refer to that report as well as the most recent report The Diversity of Oregon's Licensed Health Care Workforce, 2024.

While using the more granular REALD race and ethnicity data is ideal for uncovering trends that are present at the disaggregated subgroup level (as seen above in **Figure 5**), we also analyzed the aggregated race and ethnicity groups to make a rough comparison over time.

Figure 6 displays the racial and ethnic composition of the BH workforce over time. Dashed lines indicate the transition period to REALD, highlighting the discontinuity between the previous data collection system and the current REALD methodology for data collection and analysis methodology. The percentages plotted in the line charts are also displayed in **Table 3**. Note that data for the group Middle Eastern/North African is available beginning in 2023 after the change to REALD. The percent of BH professionals missing race/ethnicity data ranged from 7.6 to 8.5 percent depending on the year. Individuals with missing race/ethnicity data were excluded from the analysis.

As a final note, it is important to emphasize that trends by race and ethnicity must be interpreted very cautiously due to the methodology shift to using REALD data collection standards.

Figure 6. BH workforce aggregate race and ethnicity, 2018 - 2024

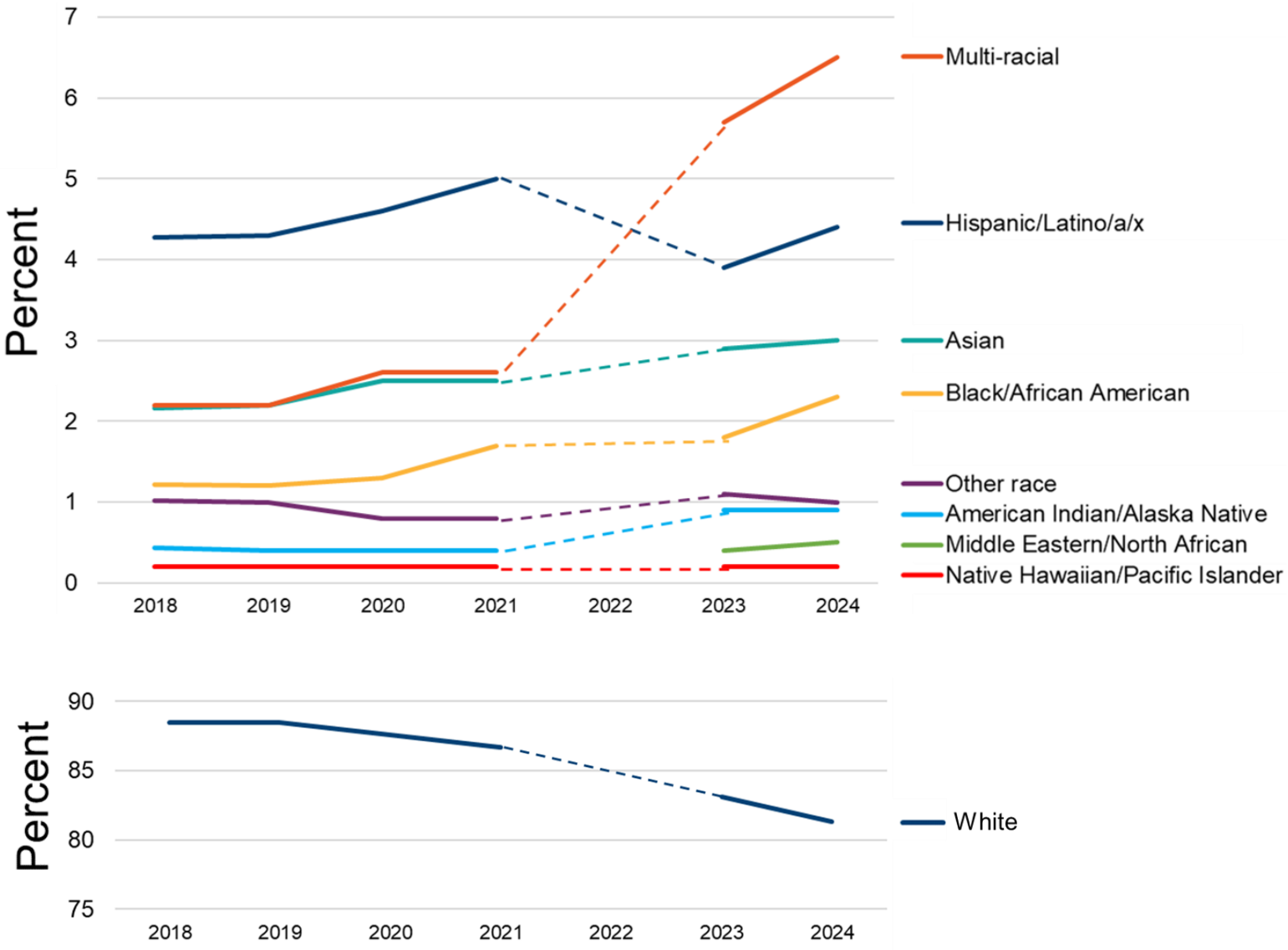


Table 3. Composition (percentages) of BH workforce race and ethnicity, 2018 - 2024

	Pre-REALD				REALD	
	2018	2019	2020	2021	2023	2024
Hispanic/Latino/a/x	4.3	4.3	4.6	5.0	3.9	4.4
American Indian/Alaska Native	0.4	0.4	0.4	0.4	0.9	0.9
Asian	2.2	2.2	2.5	2.5	2.9	3.0
Black/African American	1.2	1.2	1.3	1.7	1.8	2.3
Middle Eastern/North African					0.4	0.5
Multi-racial	2.2	2.2	2.6	2.6	5.7	6.5
Native Hawaiian/Pacific Islander	0.2	0.2	0.2	0.2	0.2	0.2
Other race	1.0	1.0	0.8	0.8	1.1	1.0
White	88.5	88.5	87.6	86.7	83.1	81.3

The share of BH professionals who provide care for Oregon Health Plan clients varies between occupations

The HWRP survey asks health professionals if they currently have clients or patients who received their health coverage through Medicaid/the Oregon Health Plan (OHP). The survey does not ask how professionals bill for services provided to OHP members. Based on data collected between January 2022 and January 2024, the share of BH professionals who reported that they have clients who receive their health coverage through Medicaid/the Oregon Health Plan (OHP) varied between occupations. The percentage of Oregon's BH professionals who provide care to Medicaid/OHP clients includes an estimated 46.0 percent of C&T, 52.3 percent of LCSW, 79.6 percent of CSWA and 34.0 percent of psychologists (**Table 4**).

Table 4. Percent of behavioral health providers who serve Medicaid/OHP clients, 2024

	Clients who use Medicaid/OHP?			
	Yes	No	Don't know	Missing
Counselors & therapists	46.0%	45.3%	3.4%	5.3%
Clinical social work associates	79.6%	13.6%	5.1%	1.6%
Licensed clinical social workers	52.3%	34.7%	4.2%	8.8%
Psychologists	34.0%	52.6%	5.4%	8.1%

Please note that the percentages in **Table 4** reflect the counts of providers who report that they serve Medicaid/OHP clients in some capacity. These numbers are not adjusted for FTE or the percent of a provider's client volume that pay for services with Medicaid/OHP.

Most BH professionals provide telehealth to clients

The other sections of this data brief present FTE information based on professionals' physical practice location. However, the majority of BH professionals licensed in Oregon report providing some services via telehealth (**Figure 7**). In addition to asking if a BH professional provides telehealth services as part of their scope of work, the HWRP license renewal survey also collects information on whether the professional is based inside or outside Oregon and if the clients they care for are inside or outside Oregon. The majority of the BH professionals who hold an Oregon license are both based in Oregon and providing care to clients who live in Oregon (**Figure 8**).

Figure 7. Percentage of Oregon behavioral health professionals who provide telehealth services, 2024

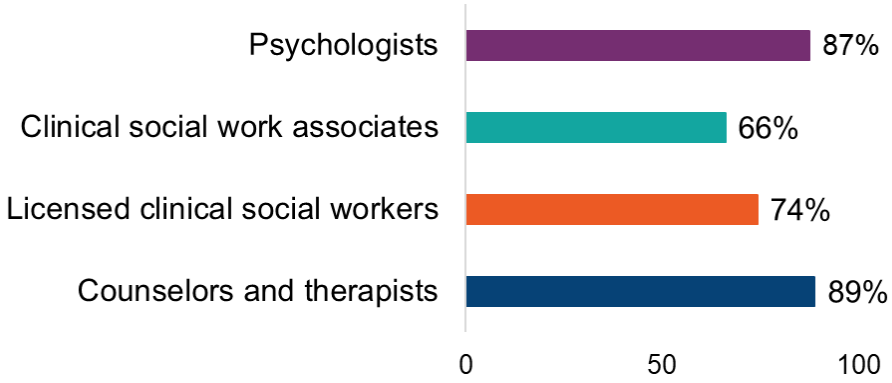
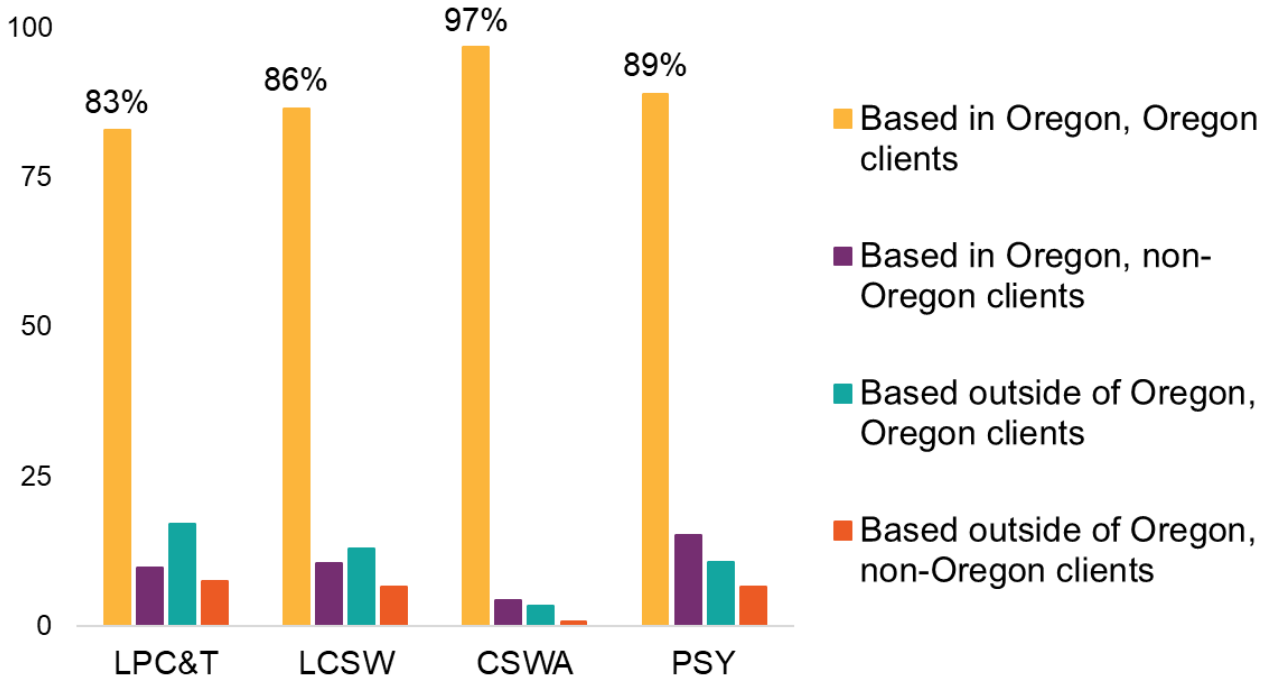


Figure 8. Where Oregon-licensed behavioral health professionals and their clients are based, 2024



Note: The four response options are not mutually exclusive. For example, a single individual could be counted under both "Based outside of Oregon, Oregon clients" and "Based outside of Oregon, non-Oregon clients"

When a BH professional indicates on the license renewal survey that they provide telehealth services, they are asked to select up to three Oregon counties where their patients or clients are located. If the professional serves clients in more than three counties, they are asked to select the three counties with the most clients served.

The top ten most frequently reported counties are displayed in **Table 3**. Of the professionals who reported providing telehealth care at their primary practice location, 57.8 reported having clients located in Multnomah County, 36.9 percent reported serving clients in Washington, and 34.3 percent reported serving clients in Clackamas. These three Portland metro counties (Multnomah, Washington and Clackamas) are the most populous counties in Oregon and together account for 43 percent of the state's population.

Table 5. Top ten counties where clients of Oregon's telehealth providers are located

Multnomah	57.8%
Washington	36.9%
Clackamas	34.3%
Lane	16.1%
Marion	10.7%
Deschutes	8.9%
Jackson	6.5%
Linn	6.3%
Benton	5.6%
Unknown	5.3%

Table 6. Top ten counties where clients of Multnomah-based telehealth providers are located

Multnomah	90.2%
Washington	53.5%
Clackamas	50.4%
Lane	6.3%
Unknown	5.4%
Marion	5.3%
Deschutes	3.4%
Hood River	2.5%
Benton	1.7%
Columbia	1.7%

When examining telehealth providers based in Multnomah, those percents for the Portland metro counties increase: 90 percent of providers listed Multnomah in their top three counties, 54 percent included Washington, and 50 percent included Clackamas (**Table 6**). While Multnomah-based professionals are likely providing care to clients in remote and rural settings, those counties are likely not appearing in the top ten list due to the difference in population size.

We also analyzed the percentage of BH telehealth providers who listed the county of their physical primary practice location as one of the three counties where their telehealth clients are located. We found a high level of concordance between physical practice location and telehealth client location (**Table 7**). The locations where telehealth clients live tend to match the physical location of the provider. Specifically, 86 percent of psychologists, 92 percent of CSWAs, 87 percent of LCSWs, and 84 percent of C&Ts reported that the county where they physically practice was one of the top three counties where their telehealth clients reside.

Table 7. Telehealth provider and client location concordance

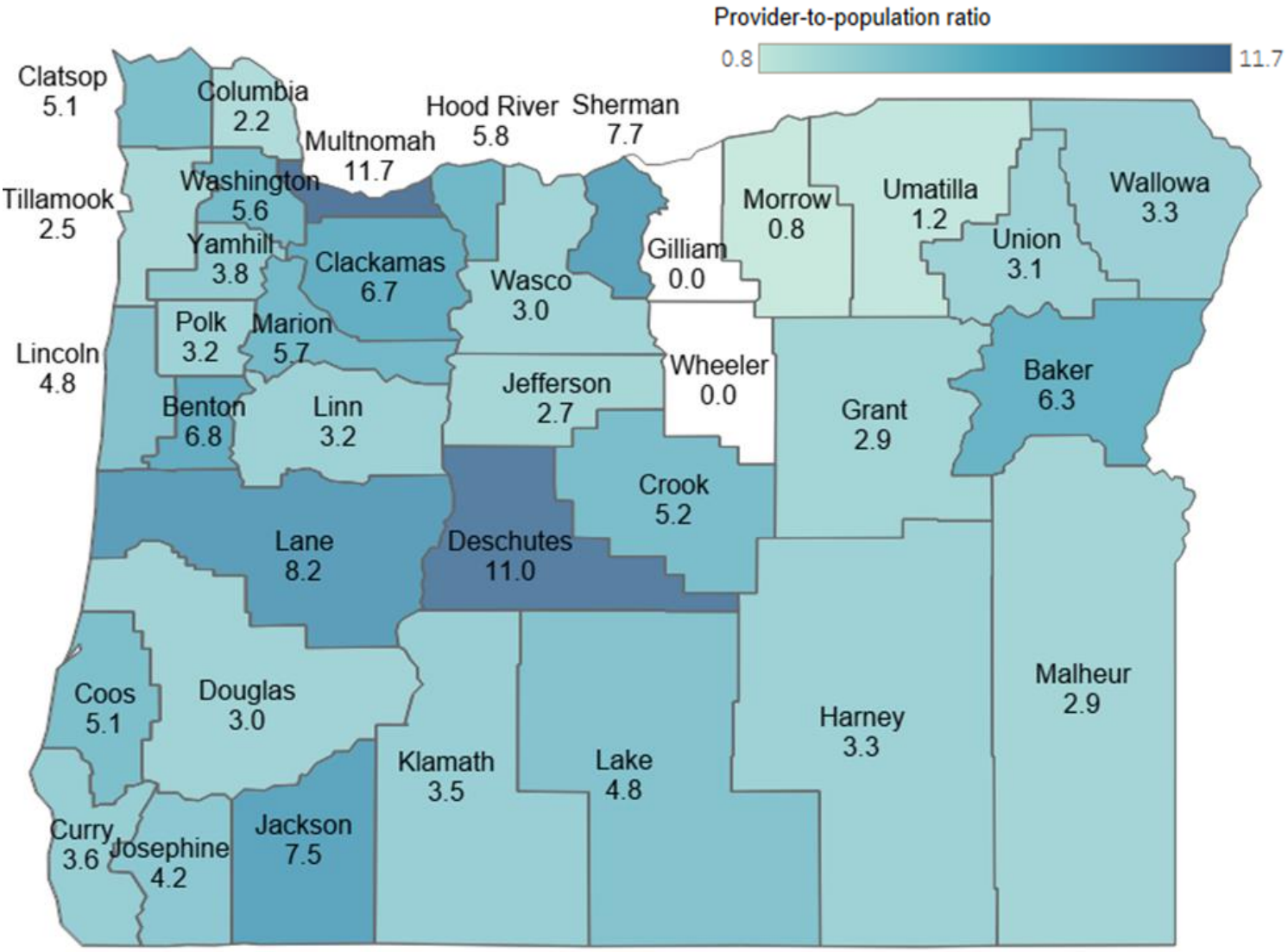
C&T	84.4%
LCSW	87.3%
CSWA	91.8%
Psychologists	85.7%

Chapter 2

Chapter 1 of this data brief presented information for four licensed behavior health professions (C&Ts, LCSWs, CSWAs and psychologists) combined. In Chapter 2, the information shown in Chapter 1 is broken out by individual occupation.

Geographic distribution by occupation, 2024

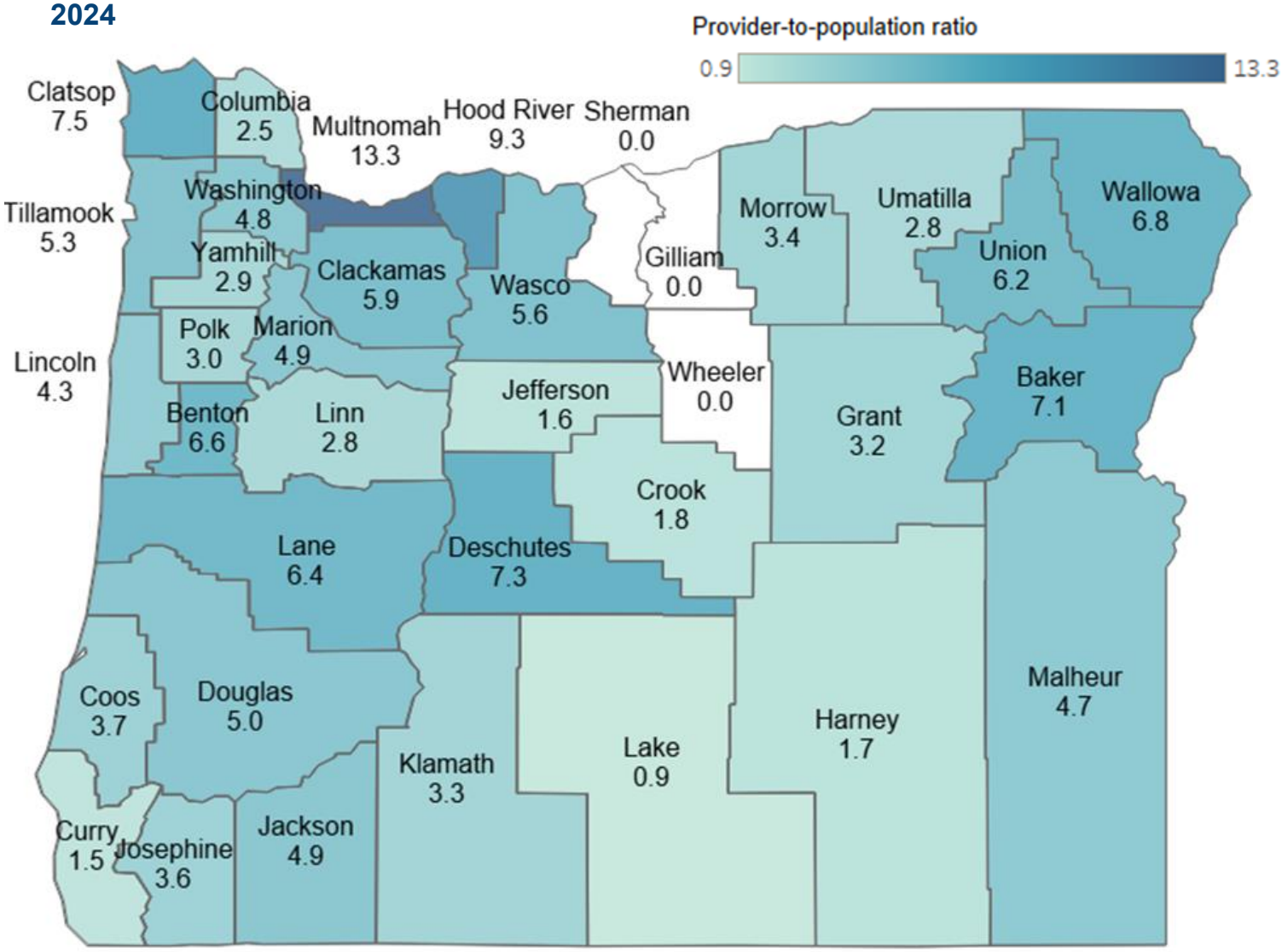
Figure 9a. Counselors & Therapists (C&T) provider-to-population ratios, 2024



As of January 2024, C&Ts are not evenly distributed across the state after adjusting for county populations. The highest concentrations of C&Ts in 2024 are found in Multnomah (11.7 FTE per 10,000 people) and Deschutes (11.0 FTE per 10,000 people, **Figure 9a**). Gilliam and Wheeler counties have zero FTE reported for 2024 and did not add any C&Ts to

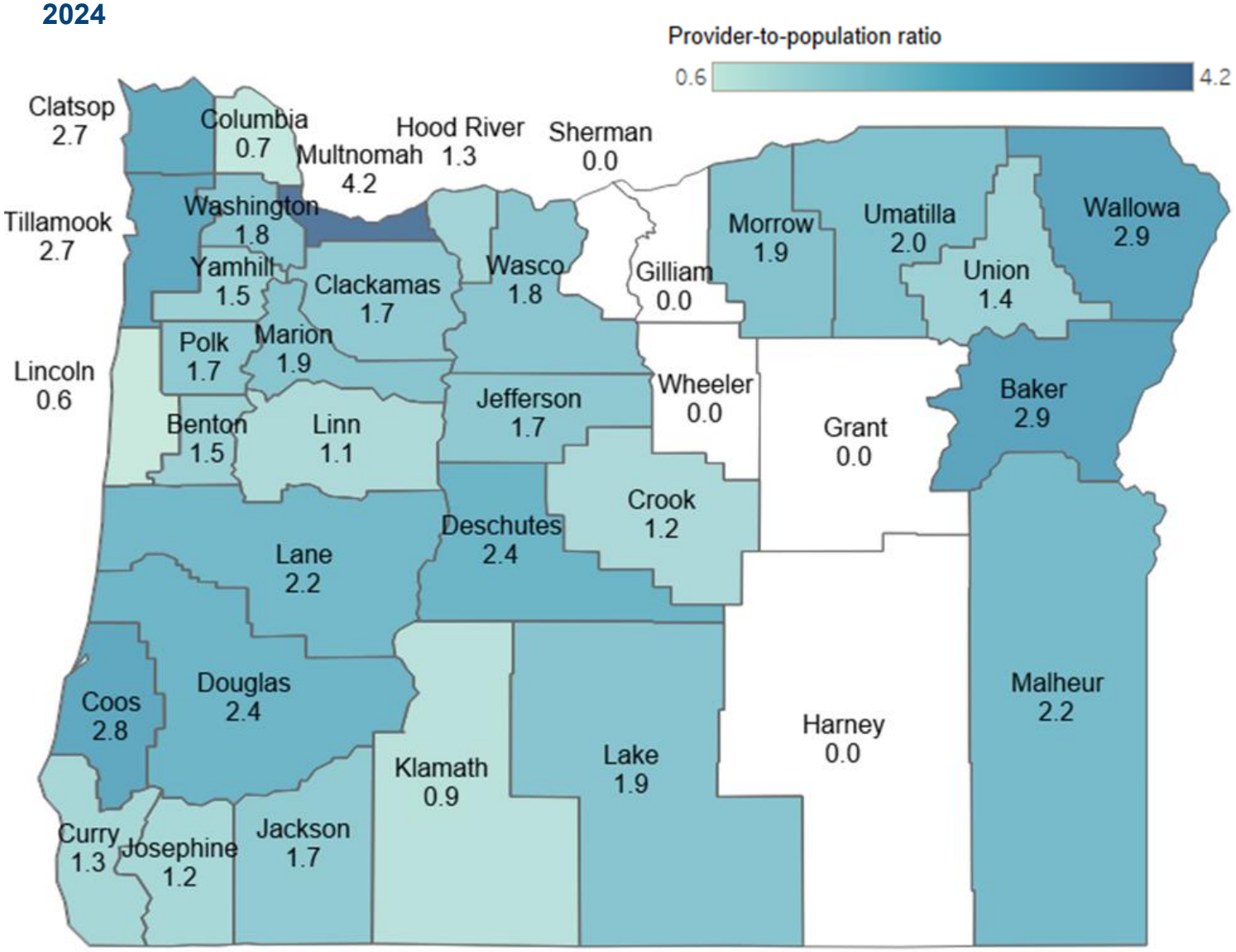
their health care workforce between 2018 and 2024, while Morrow County lost 0.4 C&T FTE between 2018 and 2024 (Table 15).

Figure 9b. Licensed Clinical Social Workers (LCSW) provider-to-population ratios, 2024



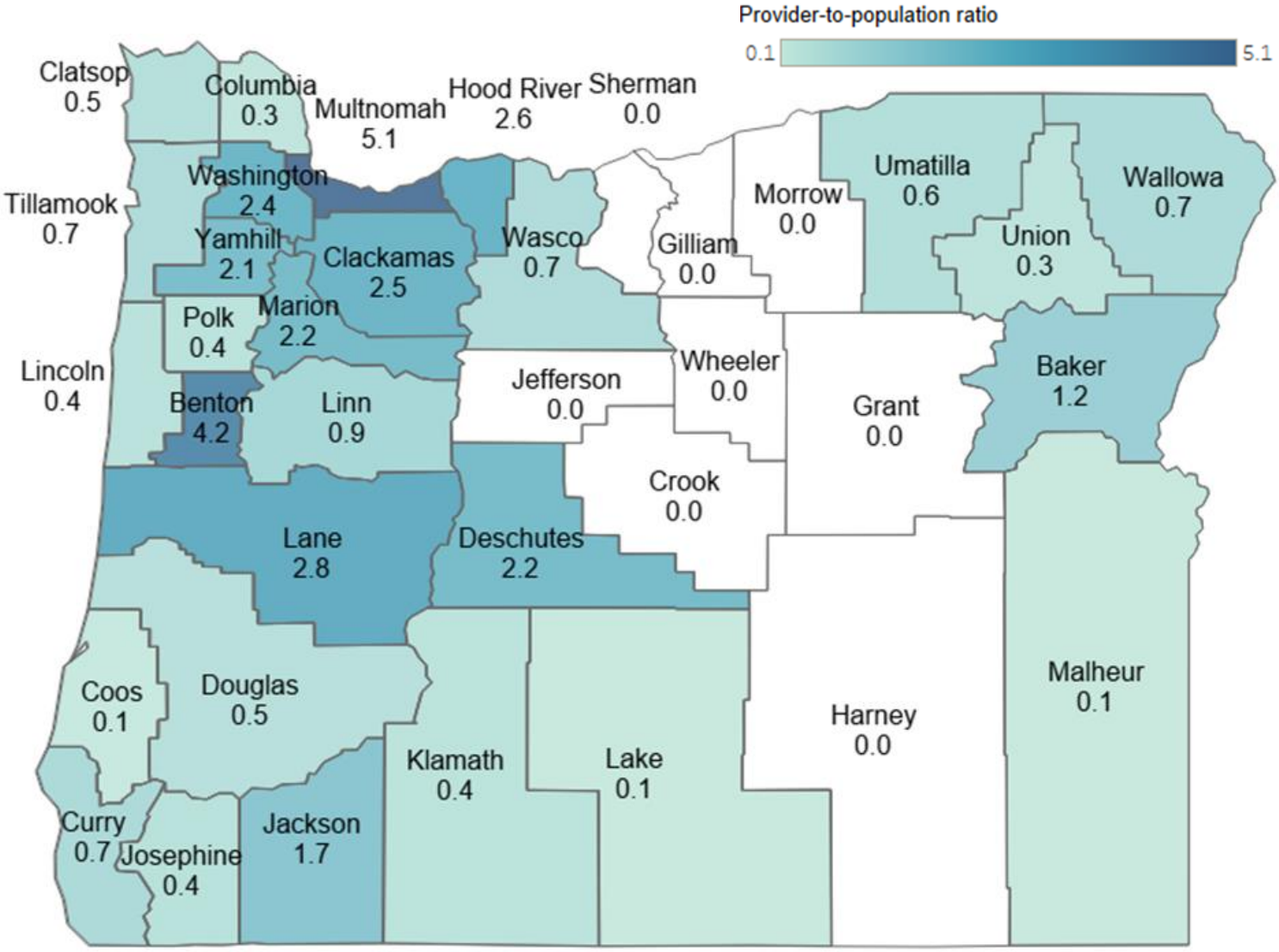
Similar to C&Ts, the concentration of LCSWs is highest in Multnomah County (13.3 FTE per 10,000 population, **Figure 9b**). The next highest concentrations of LCSWs are in Hood River (9.3 FTE per 10,000 population), Clatsop (7.5 FTE per 10,000 population), and Deschutes (7.3 FTE per 10,000 population).

Figure 9c. Clinical Social Work Associations (CSWA) provider-to-population ratio, 2024



As of January 2024, Multnomah has the highest concentration of CSWAs (4.2 FTE per 10,000 population) and added 120.6 CSWA FTE to the county's BH workforce between 2018 and 2024 (**Figure 9c**). Two Eastern Oregon counties, Baker and Wallowa, had the next highest CSWA concentration, both with 2.9 FTE per 10,000 population. Gilliam, Grant, Sherman, Wheeler and Harney all had zero CSWA FTE in 2024.

Figure 9d. Psychologist provider-to-population ratios, 2024



The psychologist workforce is not evenly distributed across the state. After Multnomah (5.1 FTE per 10,000 population), the counties with the highest concentrations of psychologists are Benton (4.2 FTE per 10,000), Lane (2.8 FTE per 10,000), Hood River (2.6 per 10,000) and Washington (2.4 FTE per 10,000, **Figure 9c**). Seven counties (Coos, Jefferson, Lake, Lincoln, Malheur, Umatilla, and Wheeler) had a decrease in psychologist FTE from 2018 to 2024 and six (Crook, Gilliam, Grant, Harney, Morrow, and Sherman) had zero FTE during the entire period (**Table 19**).

County-level rate of change in FTE by occupation, 2018 - 2024

To see how this county-level supply has changed over time, we calculated the difference between the BH FTE per 10,000 population ratio in 2024 and the FTE per 10,000 population ratio in 2018 and dividing by six years (2024 – 2018). The rate of change shows us how "steep" the rate of growth in FTE has been for each county over this period.

In this section, data on rate of change in FTE for the licensed BH workforce is presented in three different ways: a line chart, a bar chart, and an appendix table. The line charts ('a' figures) have the provider-to-population ratios for 2018 and 2024 (direct patient care FTE per 10,000 population) plotted to highlight the change in those ratios for three selected counties. These line charts are a way to visualize the rates of change in FTE for the selected counties and to provide a reference for understanding the bar charts. The bar charts ('b' figures) display a bar for each county, with the height of the bar representing the population-adjusted rate of increase in FTE between 2018 and 2024 (the slope of the lines shown in the line charts). The same color coding used in the line charts is used in the bar charts.

Finally, tables are also included in the appendix (**Tables 15-19**) to provide detailed data points on FTE estimates for 2018 and 2024, the provider-to-population ratios for 2018 and 2024, the absolute change in FTE from 2018 to 2024, and the annual rate of increase in FTE per 10,000 population between 2018 and 2024.

County-level rate of change in FTE, C&T

At the state level, C&T direct patient care FTE per 10,000 Oregonians increased from 3.9 in 2018 to 6.9 in 2024 (**Figure 10a,** Oregon marked in orange ●). This means that the C&T FTE increased at a rate of 0.5 FTE per 10,000 people per year between 2018 and 2024 (**Figure 10b**). Nine counties had a higher rate of growth for C&T FTE, with the steepest rate in Sherman County (●). However, it is important to note that Sherman County went from zero C&T FTE in

Figure 10a. Oregon C&T FTE per 10,000 population, 2018 - 2024

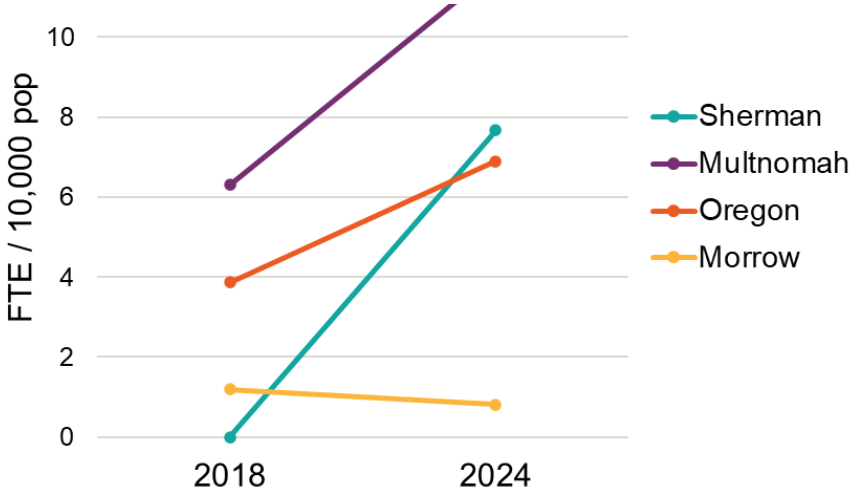
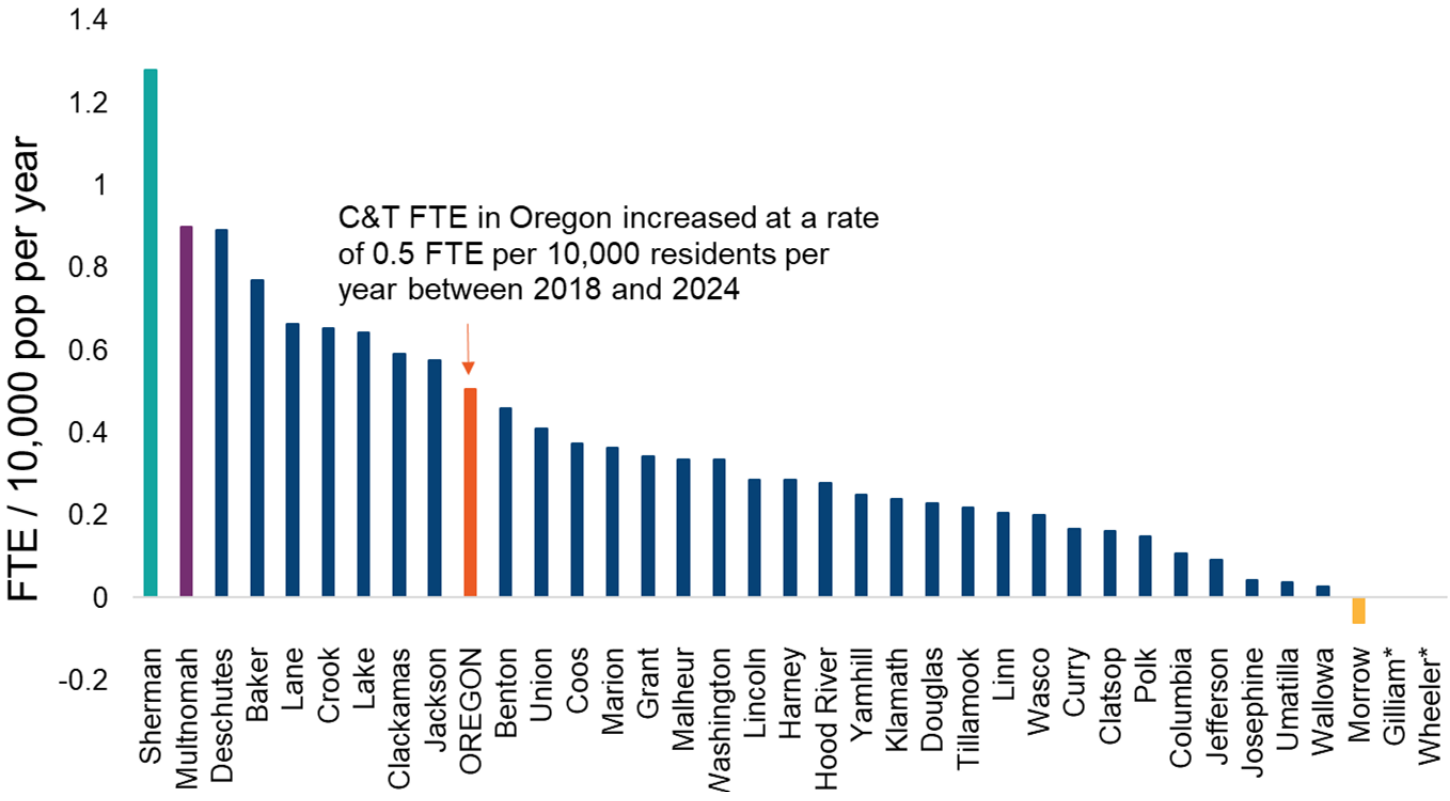


Figure 10b. Rate of increase in Oregon C&T FTE per 10,000 population between 2018 and 2024



*Zero direct patient care FTE based in the county from 2018 to 2024

2018 to 1.5 FTE in 2024 (**Table 15**) and the county population is under 2,000. So, though Sherman had the sharpest rate of growth at 1.3 FTE per 10,000 people per year between 2018 and 2024, that growth is quite volatile and could easily be reversed if just one C&T were to decrease hours or leave the county. In comparison, Multnomah County (●) had the second highest rate of increase in C&T FTE, growing at a rate of 0.9 FTE per 10,000 population annually from 2018 to 2024. This growth was due to an increase in FTE of 506.8 to 942.4.

Finally, the C&T workforce is in decline in one county (Morrow ●) and two counties had zero C&T FTE every year from 2018 to 2024 (Gilliam and Wheeler).

County-level rate of change in FTE, LCSW

Multnomah (●) had the highest rate of increase in LCSW FTE, growing at a rate of at 0.7 FTE per 10,000 people every year between 2018 and 2024. The amount of direct patient care FTE from LCSWs based in Linn, Lake, Harney, and Wheeler counties declined over this period. LCSW FTE in Wheeler (●) declined at the steepest rate, losing an estimated 0.54 FTE (about 22 hours/week of LCSW direct patient care based in the county) per 10,000 people per year between 2018 and 2024. Gilliam and Grant had zero LCSW FTE over the same period (Table 16).

Figure 11a. Oregon LCSW FTE per 10,000 population, 2018 - 2024

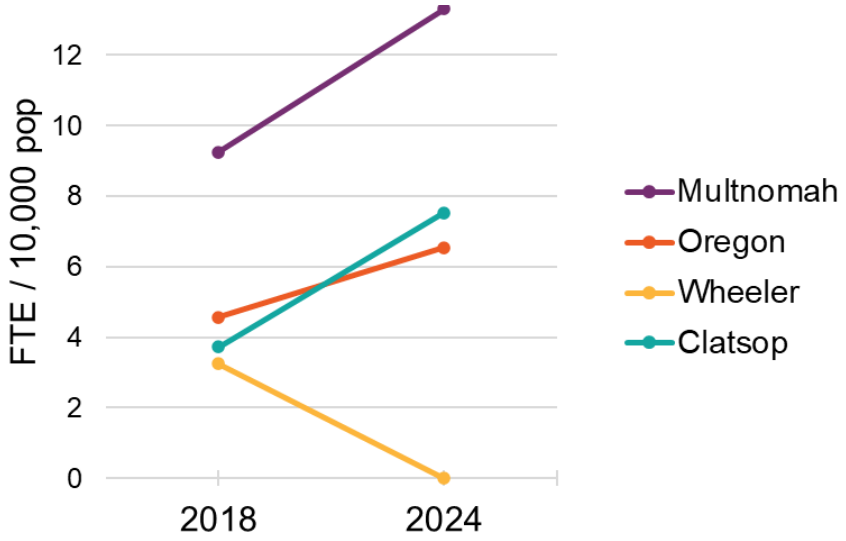
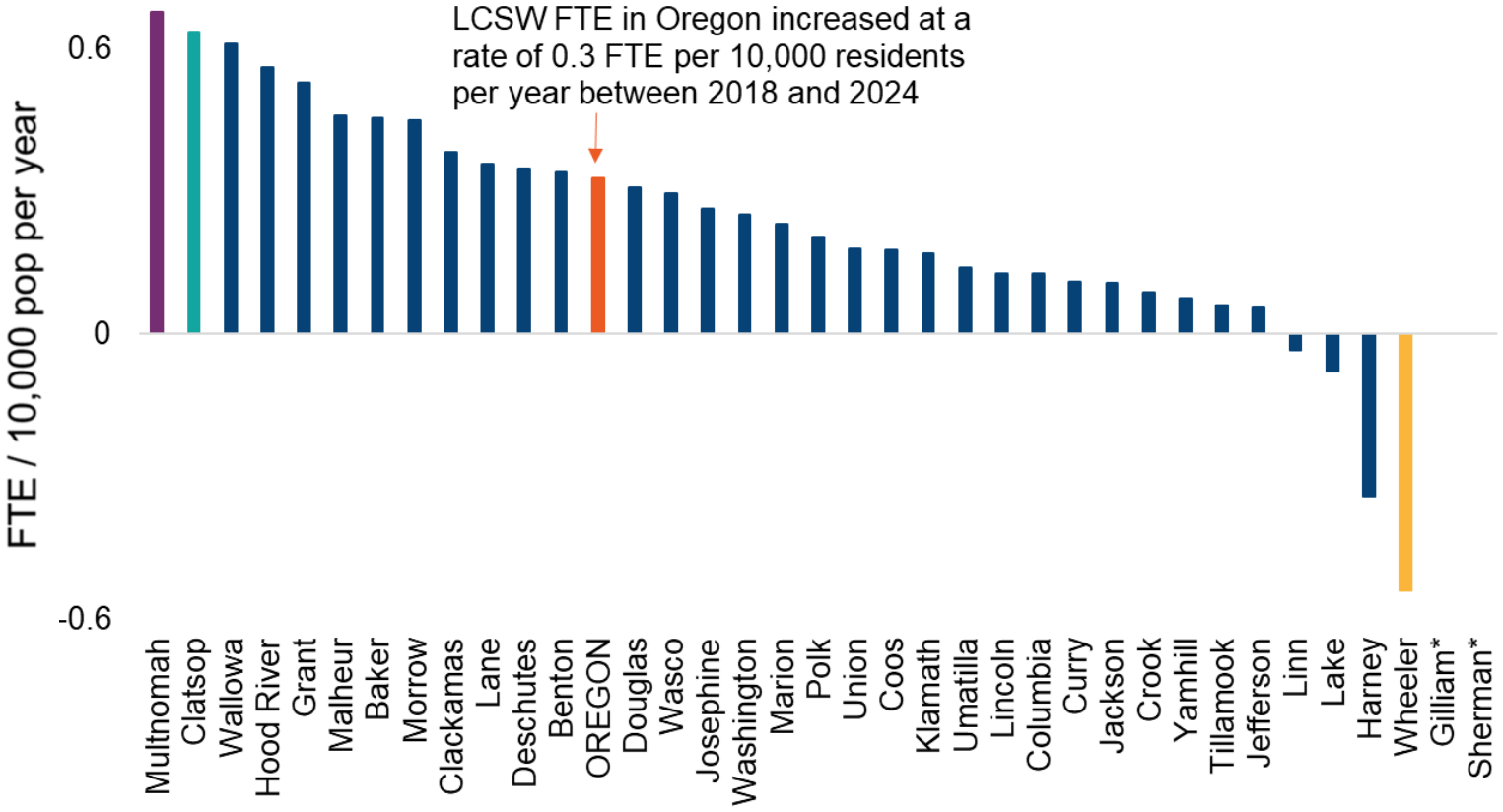


Figure 11b. Rate of increase in Oregon LCSW FTE per 10,000 population between 2018 and 2024



*Zero direct patient care FTE based in the county from 2018 to 2024

County-level rate of change in FTE, CSWA

Oregon overall (●) increased from 1.3 CSWA FTE per 10,000 people in 2018 to 2.3 FTE per 10,000 in 2024 (**Figure 12a**). While Baker (●) had the sharpest increase in estimated CSWA FTE between 2018 and 2024, in terms of absolute FTE, the county went from zero FTE in 2018 to 4.9 in 2024 (Table 17). Five counties had declines in CSWA FTE, with Columbia (●) declining at the steepest rate, losing an estimated 0.16 FTE (about 6.5 hours/week of CSWA direct patient care) per 10,000 people per year between 2018 and 2024 (**Figure 12b**).

Figure 12a. Oregon CSWA FTE per 10,000 population, 2018 - 2024

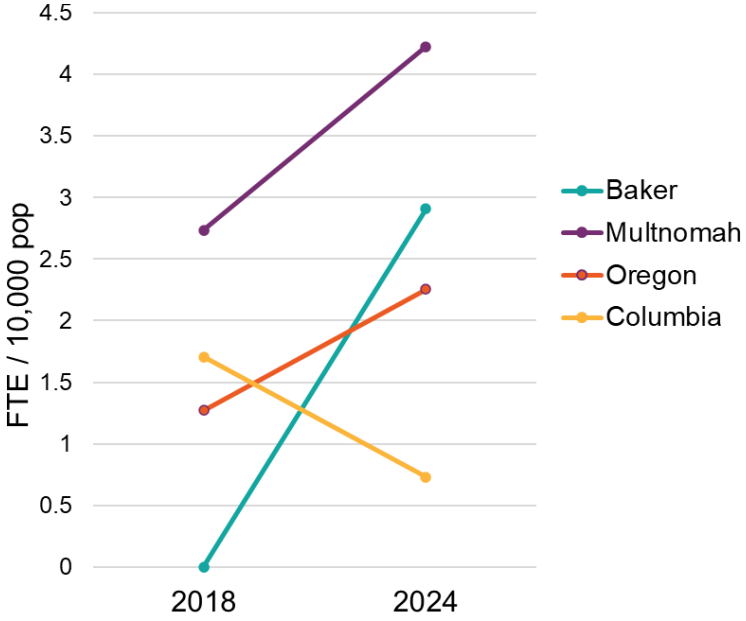
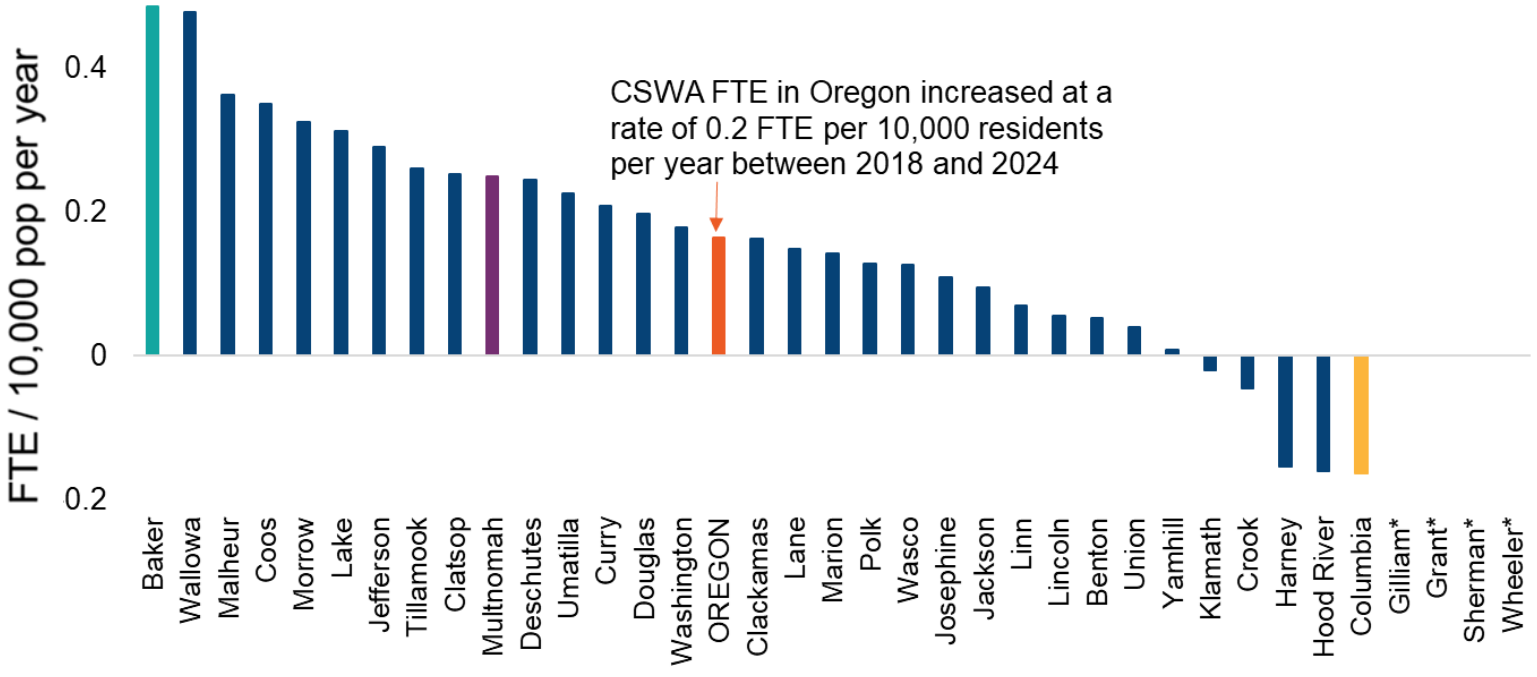


Figure 12b. Rate of increase in Oregon CSWA FTE per 10,000 population between 2018 and 2024



*Zero direct patient care FTE based in the county from 2018 to 2024

County-level rate of change in FTE, psychologists

Growth of psychologist direct patient care FTE was much slower from 2018 to 2024 than the master's-prepared BH professionals (C&Ts, LCSW, and CSWAs). From 2018 to 2024, Oregon (●) added 0.07 psychologist FTE per 10,000 people in the state annually (**Figure 13b**). Multnomah (●) has both the highest estimated amount of psychologist FTE per 10,000 people and the highest rate of increase in FTE between 2018 and 2024. From 2018 to 2024, six counties lost psychologist FTE and seven counties had zero psychologist FTE (**Figure 13b,** Table 19).

Figure 7a. Oregon psychologist FTE per 10,000 population, 2018 - 2024

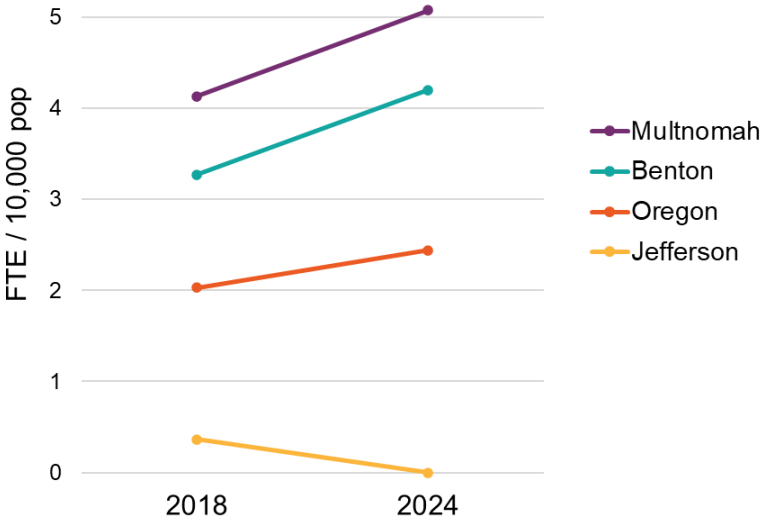
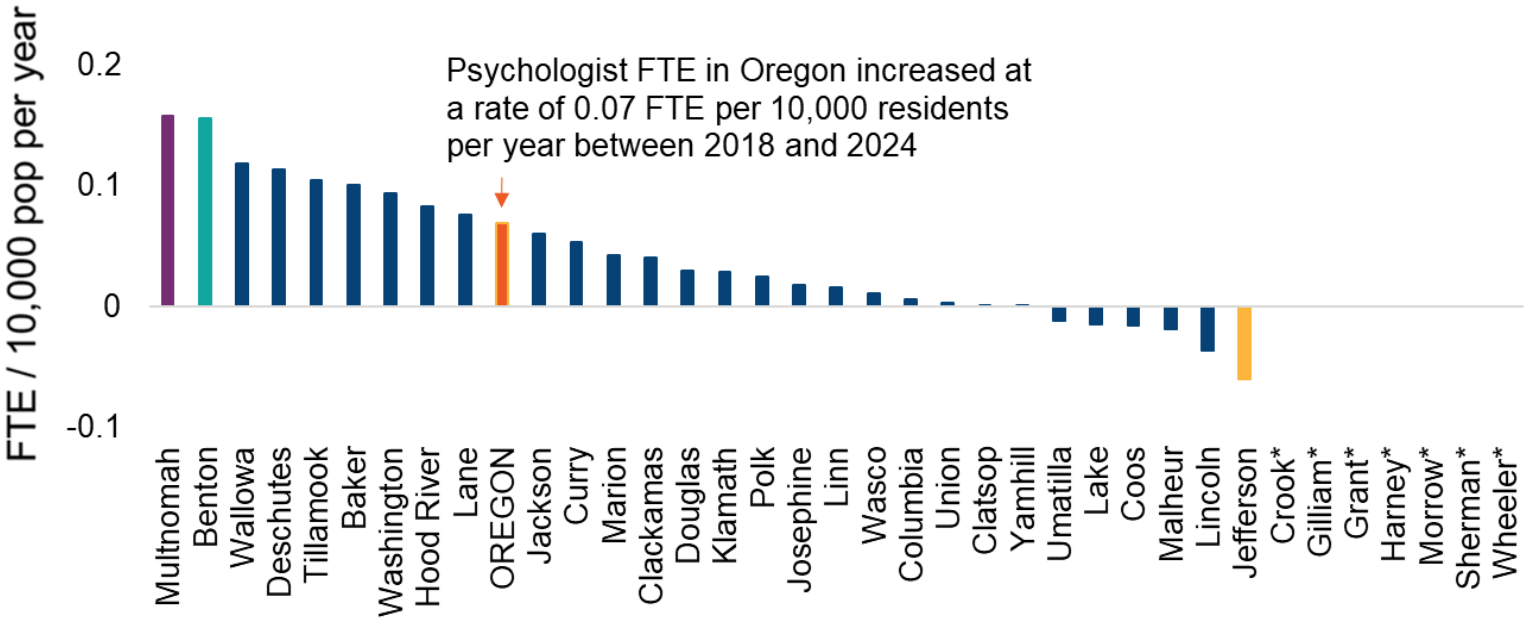


Figure 7b. Rate of increase in Oregon psychologist FTE per 10,000 population between 2018 and 2024



*Zero direct patient care FTE based in the county from 2018 to 2024

Race and ethnicity by occupation, 2024

To assess whether Oregon's BH workforce reflects the state's racial and ethnic diversity, we compared the racial and ethnic distribution within these professions to the demographics of the general Oregon population (**Figure 14**). Positive values indicate how much higher the representation of a specific race or ethnicity in the profession is, relative to the state population baseline value. Negative values indicate how much lower the professional representation is compared to the baseline. For example, reading across the top row of the chart, Alaska Native individuals make up 0.06 percent of Oregon's population and are overrepresented by 0.03 percent among C&Ts compared to the Oregon population for a total of 0.09 percent of the C&T workforce. Continuing across the top row, Alaska Native professionals make up zero psychologist workforce, 0.12 percent of the CSWA workforce, and 0.14 percent of the LCSW workforce.

Mexican professionals are underrepresented in all four BH occupations compared with the Oregon population, though this underrepresentation is less pronounced among CSWAs. While the Oregon population is 10.1 percent Mexican, C&Ts are 1.7 percent Mexican, LCSWs are 2.2 percent, psychologists are 2.1 percent, and CSWAs are 8.2 percent Mexican. African Americans make up 2.3 percent of the Oregon population but are underrepresented among C&Ts (1.4 percent), LCSWs (1.7 percent), and psychologists (0.9 percent) and are overrepresented by 1.9 percent in the CSWA profession, where they make up 4.2 percent of Oregon's CSWA workforce.

Eastern European professionals are overrepresented in all four BH occupations compared to the Oregon population, while Western European professionals are overrepresented among C&Ts, psychologists, and LCSWs. Western European professionals make up 32.2 percent of Oregon's CSWA workforce, which is 11.6 percent lower than the Oregon population baseline of 43.7 percent. BH professionals identifying as Slavic and Other white are also underrepresented in the BH workforce compared to the statewide population.

Figure 14. Race and ethnicity of Oregon's behavioral health workforce compared with the Oregon Population, 2024

Note: The table displays the **percent difference** between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Counselors & therapists	Psychologists	Clinical social work associates	Licensed clinical social workers
AI/AN	Alaska Native	0.06%	0.03%	-0.06%	0.06%	0.08%
	American Indian	2.80%	-0.42%	-1.28%	-1.10%	-0.80%
	Canadian Inuit, Metis, or..	0.00%	0.15%	0.00%	0.12%	0.21%
	Indigenous Mexican, Ce..	0.36%	-0.05%	-0.27%	1.16%	-0.12%
Asian	Asian Indian	0.69%	-0.13%	0.34%	-0.21%	-0.48%
	Cambodian	0.10%	-0.10%	-0.06%	-0.10%	-0.09%
	Chinese	1.20%	-0.71%	0.15%	-0.04%	-0.69%
	Communities of Myanmar	0.07%	-0.07%	-0.02%	-0.07%	-0.07%
	Filipino/a	0.87%	-0.59%	-0.35%	-0.14%	-0.44%
	Hmong	0.13%	-0.09%	-0.06%	0.30%	-0.10%
	Japanese	0.71%	-0.12%	0.19%	-0.16%	-0.08%
	Korean	0.59%	0.09%	0.11%	0.14%	0.08%
	Laotian	0.10%	-0.08%	-0.10%	-0.04%	-0.08%
	Other Asian	0.21%	0.02%	0.46%	0.03%	-0.09%
	South Asian	0.25%	-0.13%	0.16%	0.12%	-0.11%
	Vietnamese	0.89%	-0.76%	-0.58%	-0.35%	-0.68%
Black/AA	African American	2.32%	-0.97%	-1.40%	1.88%	-0.59%
	Afro-Caribbean	0.18%	0.08%	0.16%	0.07%	-0.03%
	Ethiopian	0.14%	-0.11%	-0.14%	-0.08%	-0.14%
	Other African (Black)	0.29%	-0.16%	-0.20%	0.81%	-0.12%
	Other Black	0.00%	0.21%	0.11%	0.55%	0.16%
	Somali	0.13%	-0.13%	-0.13%	0.24%	-0.12%
Hispanic or Latino/a/x	Central American	0.71%	-0.36%	-0.19%	0.45%	-0.06%
	Mexican	10.13%	-8.40%	-8.07%	-1.92%	-7.92%
	Other Hispanic or Latino..	1.10%	0.62%	0.54%	0.67%	0.36%
	South American	0.48%	0.42%	0.11%	1.35%	-0.26%
MENA	Middle Eastern	0.59%	0.38%	0.69%	0.21%	-0.18%
	Northern African	0.17%	-0.11%	-0.06%	0.20%	-0.15%
NH/PI	Chamoru	0.08%	-0.01%	0.06%	0.17%	-0.01%
	Communities of the Micr..	0.06%	-0.04%	-0.06%	0.12%	-0.04%
	Marshallese	0.06%	-0.05%	-0.06%	-0.06%	-0.06%
	Native Hawaiian	0.41%	-0.27%	-0.41%	-0.05%	-0.26%
	Other Pacific Islander	0.21%	0.03%	-0.15%	-0.15%	0.05%
	Samoan	0.06%	-0.01%	0.01%	0.06%	-0.04%
Other Race	Other Race	0.24%	0.60%	0.70%	1.22%	0.55%
White	Eastern European	1.49%	13.56%	16.03%	11.52%	14.46%
	Other White	24.68%	-5.66%	-11.69%	-2.49%	-5.48%
	Slavic	3.75%	-2.77%	-2.04%	-2.89%	-2.39%
	Western European	43.74%	6.11%	7.55%	-11.58%	5.71%

Figures 15-18 display the racial and ethnic composition of each BH profession over time. Dashed lines indicate the transition period to REALD, highlighting the discontinuity between the previous data collection system and the current REALD methodology for data collection and analysis methodology. The percentages plotted in the line charts are also included as tables. Note that data for the group Middle Eastern/North African is available beginning in 2023 after the change to REALD, and that missing data was excluded from the analysis.

During the 2018 to 2024 period, the CSWA profession had the highest percentage of Hispanic/Latino/a/x professionals, growing to 11.9 percent in 2024 (**Figure 17, Table 10**). CSWAs also had the highest percentage of American Indian/Alaska Native (1.2 percent), Black/African American professionals (5.5 percent), multi-racial (9.5 percent), and Native Hawaiian/Pacific Islander (0.7 percent) professionals compared with the other three occupations. Psychologists had the highest percentage of Asian providers (4.7 percent) and Middle Eastern/North African (0.6 percent) during the period (**Figure 18, Table 11**). The percentage of white professionals decreased from 2018 to 2024 in all four BH professions, though white providers still make up the majority of the BH workforce.

As a final note, it is important to emphasize that trends by race and ethnicity must be interpreted very cautiously due to the methodology shift to using REALD data collection standards.

Aggregate race and ethnicity by occupation, 2018 - 2024

Figure 15. C&T race and ethnicity, 2018 - 2024

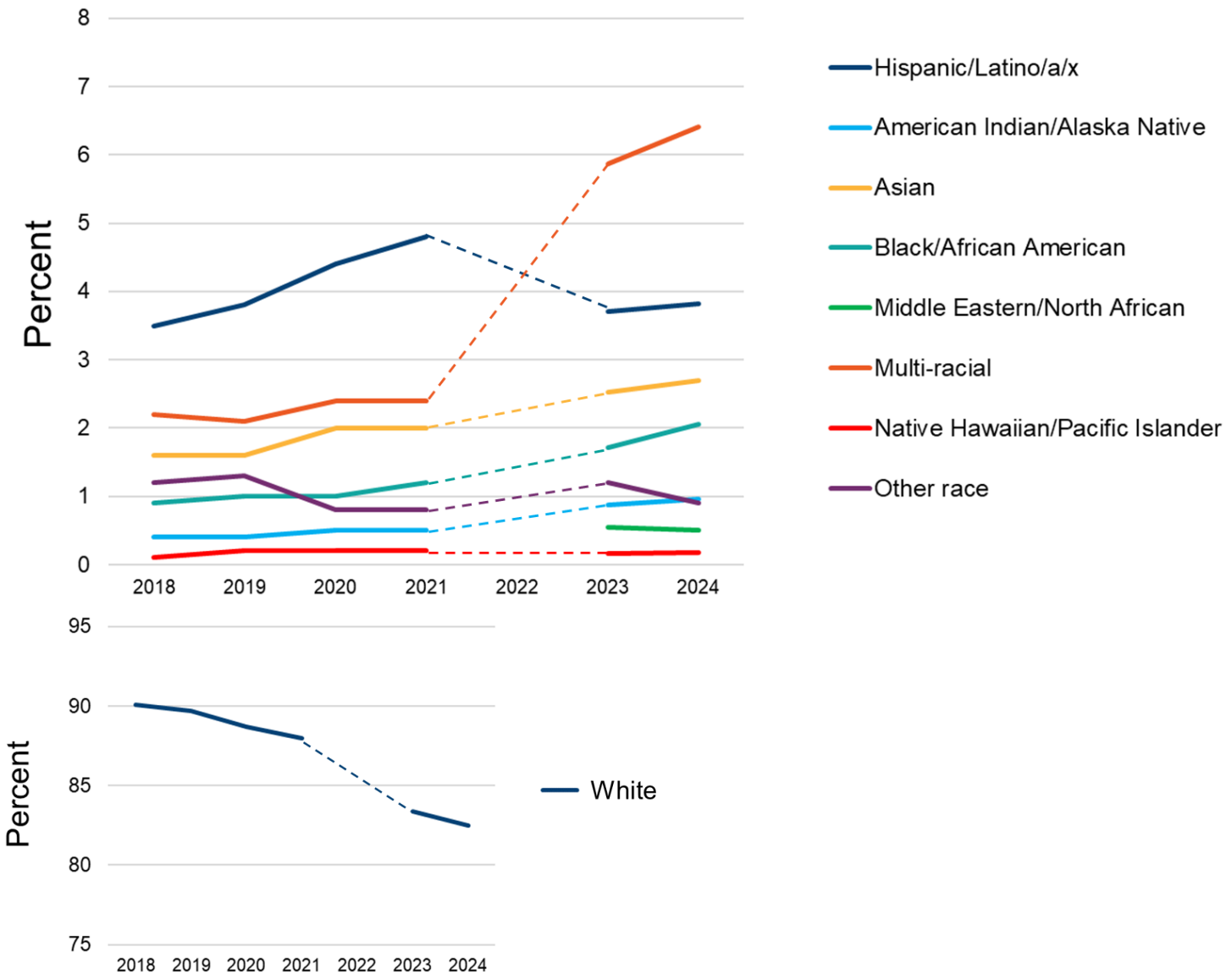


Table 8. Composition (percentages) of C&T race and ethnicity, 2018 - 2024

	Pre-REALD				REALD	
	2018	2019	2020	2021	2023	2024
Hispanic/Latino/a/x	3.5	3.8	4.4	4.8	3.7	3.8
American Indian/Alaska Native	0.4	0.4	0.5	0.5	0.9	1.0
Asian	1.6	1.6	2.0	2.0	2.5	2.7
Black/African American	0.9	1.0	1.0	1.2	1.7	2.1
Middle Eastern/North African					0.6	0.5
Multi-racial	2.2	2.1	2.4	2.4	5.9	6.4
Native Hawaiian/Pacific Islander	0.1	0.2	0.2	0.2	0.2	0.2
Other race	1.2	1.3	0.8	0.8	1.2	0.9
White	90.1	89.7	88.7	88.0	83.4	82.5

Figure 16. LCSW race and ethnicity, 2018 - 2024

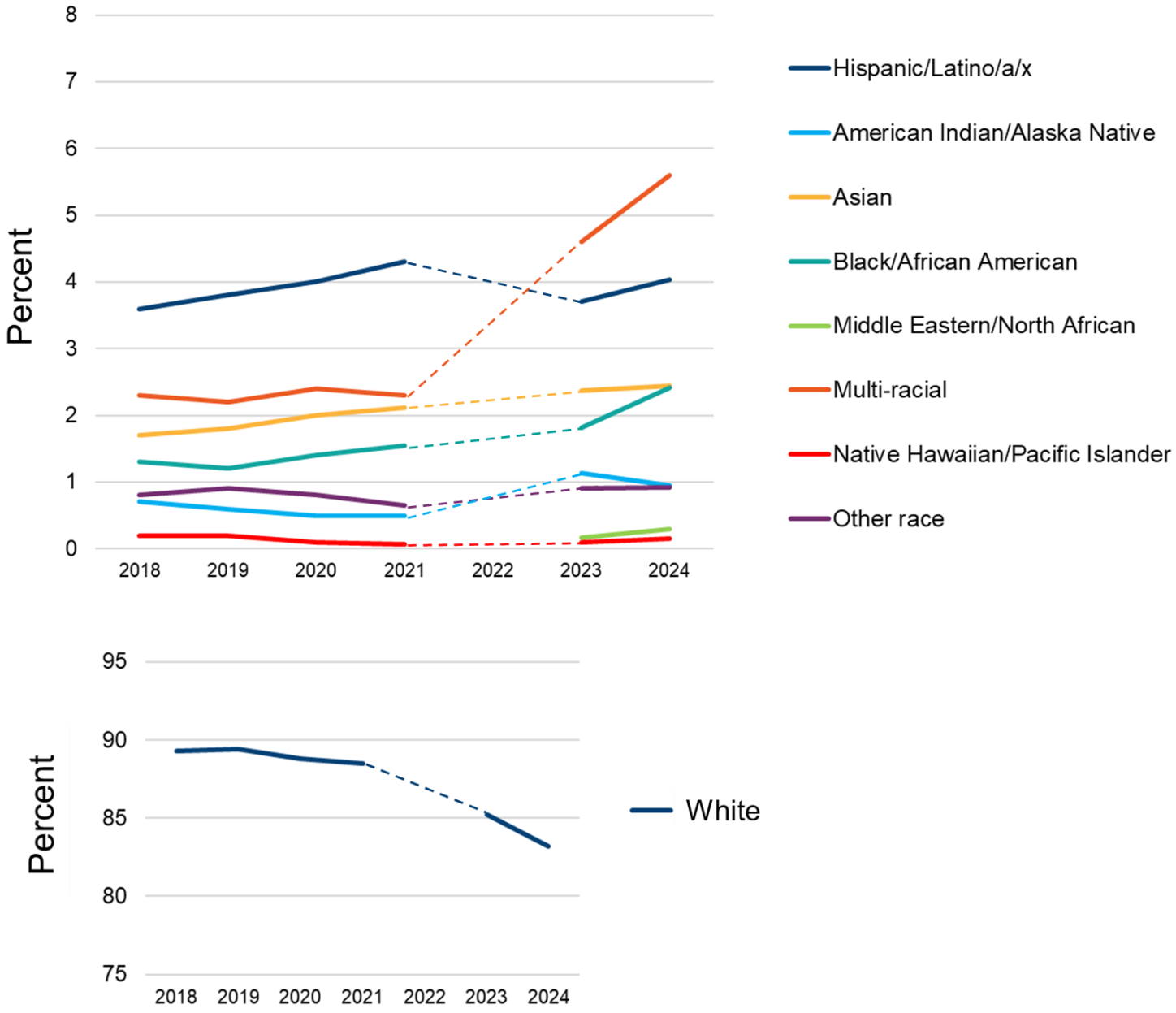


Table 9. Composition (percentages) of LCSW race and ethnicity, 2018 - 2024

	Pre-REALD				REALD	
	2018	2019	2020	2021	2023	2024
Hispanic/Latino/a/x	3.6	3.8	4.0	4.3	3.7	4.0
American Indian/Alaska Native	0.7	0.6	0.5	0.5	1.1	1.0
Asian	1.7	1.8	2.0	2.1	2.4	2.4
Black/African American	1.3	1.2	1.4	1.6	1.8	2.4
Middle Eastern/North African					0.2	0.3
Multi-racial	2.3	2.2	2.4	2.3	4.6	5.6
Native Hawaiian/Pacific Islander	0.2	0.2	0.1	0.1	0.1	0.2
Other race	0.8	0.9	0.8	0.7	0.9	0.9
White	89.3	89.4	88.8	88.5	85.2	83.2

Figure 17. CSWA race and ethnicity, 2018 - 2024

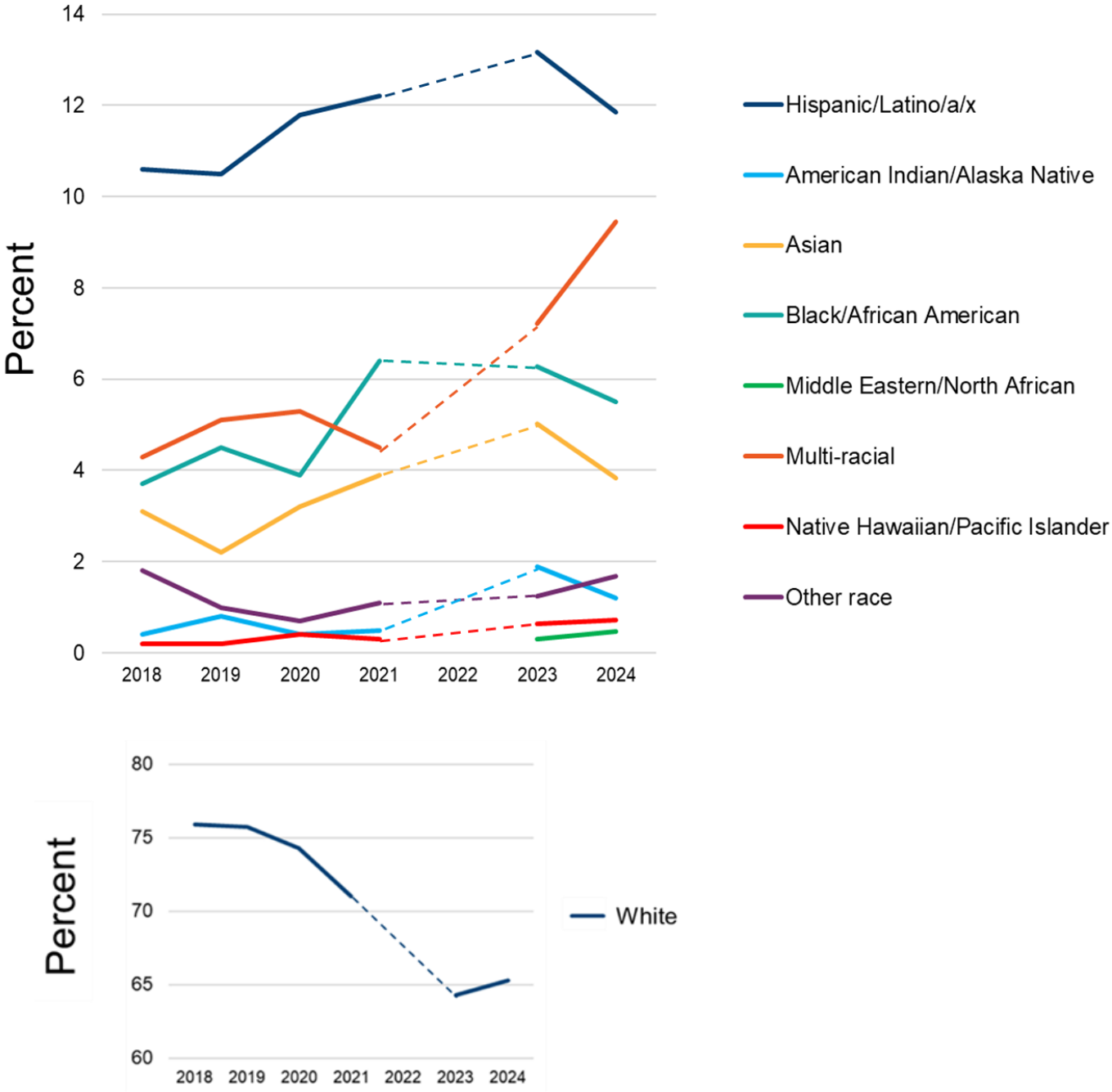


Table 10. Composition (percentages) of CSWA race and ethnicity, 2018 - 2024

	Pre-REALD				REALD	
	2018	2019	2020	2021	2023	2024
Hispanic/Latino/a/x	10.6	10.5	11.8	12.2	13.2	11.9
American Indian/Alaska Native	0.4	0.8	0.4	0.5	1.9	1.2
Asian	3.1	2.2	3.2	3.9	5.0	3.8
Black/African American	3.7	4.5	3.9	6.4	6.3	5.5
Middle Eastern/North African					0.3	0.5
Multi-racial	4.3	5.1	5.3	4.5	7.2	9.5
Native Hawaiian/Pacific Islander	0.2	0.2	0.4	0.3	0.6	0.7
Other race	1.8	1.0	0.7	1.1	1.3	1.7
White	75.9	75.7	74.3	71.0	64.3	65.3

Figure 18. Psychologist race and ethnicity, 2018 - 2024

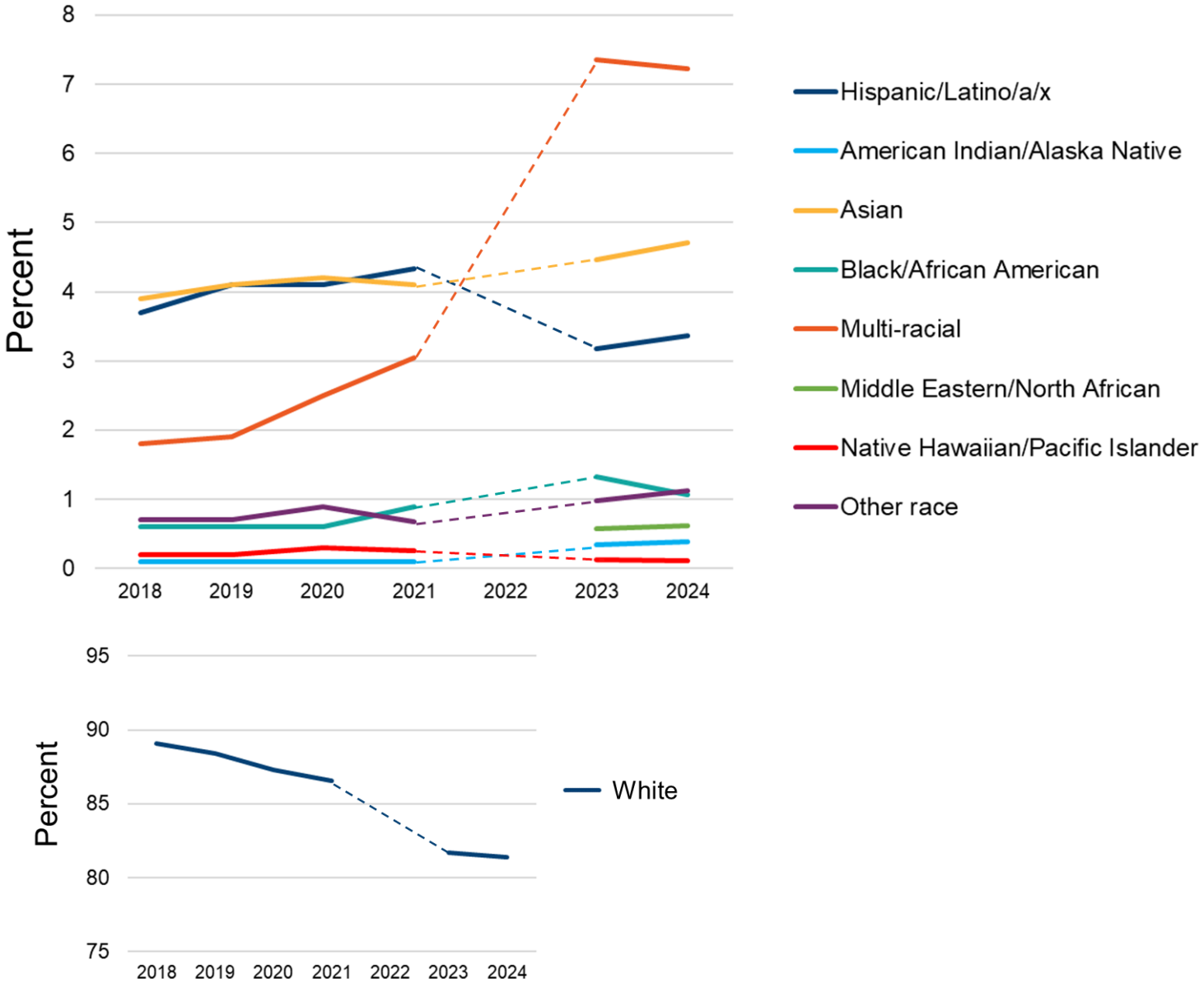


Table 11. Composition (percentages) of psychologist race and ethnicity, 2018 - 2024

	Pre-REALD				REALD	
	2018	2019	2020	2021	2023	2024
Hispanic/Latino/a/x	3.7	4.1	4.1	4.3	3.2	3.4
American Indian/Alaska Native	0.1	0.1	0.1	0.1	0.4	0.4
Asian	3.9	4.1	4.2	4.1	4.5	4.7
Black/African American	0.6	0.6	0.6	0.9	1.3	1.1
Multi-racial	1.8	1.9	2.5	3.0	7.4	7.2
Middle Eastern/North African					0.6	0.6
Native Hawaiian/Pacific Islander	0.2	0.2	0.3	0.3	0.1	0.1
Other race	0.7	0.7	0.9	0.7	1.0	1.1
White	89.1	88.4	87.3	86.5	81.7	81.4

Conclusions

The four largest licensed BH professions in Oregon are C&Ts, LCSWs, CSWAs, and psychologists. Between 2018 and 2024, these four professions grew in both the number of licensed professionals and the amount of direct patient care FTE. There was an especially large increase in C&T and CSWA FTE. The psychologist workforce grew at a slower rate and are not as widely spread across the state. As of January 2024, there were seven counties without any practicing psychologists.

Despite overall growth in the BH workforce at the state level, challenges remain, such as the uneven geographic distribution of licensed BH professionals. As of January 2024, none of the four largest licensed BH professions were evenly distributed across the state in relation to county populations. Multnomah County had the highest amount of FTE per 10,000 and had the fastest growth in workforce. While many rural regions of the state had promising workforce growth, some areas continue to face significant gaps. Some counties had no practicing BH professionals or decreased in BH workforce. This gap in access to care extends beyond BH – the 2024 Areas of Unmet Health Care Need Report from the Oregon Office of Rural Health examined availability, affordability, and utilization of primary physical, dental, and mental health care and found that of the 69 service areas in the state considered to have "unmet need," all but two were rural or remote.[8] Addressing these disparities will require targeted efforts to make sure that rural areas benefit from the growth in the BH workforce. The provider-to-patient ratios of some rural counties improved, but these gains could quickly disappear if a small number of BH providers leave or reduce their hours.

Most of Oregon's licensed BH professionals offer telehealth services to their clients. Many of these providers deliver services to clients in Portland metro area counties. Most telehealth providers reported providing telehealth services to clients in the county where providers physically practice.

African American professionals are underrepresented among C&Ts, LCSWs, and psychologists while Mexican American professionals are underrepresented in all four BH occupations compared with the Oregon population. CSWAs are the most racially and ethnically diverse of BH professions, though Eastern European and Western European are quite overrepresented compared with the Oregon population. These findings highlight the need for continued efforts to recruit and retain a racially and ethnically diverse workforce that better reflects the state's demographic diversity and provides culturally competent care.

While having enough providers is a crucial part of meeting the BH needs of people in Oregon, many other barriers to care exist beyond just workforce supply. These include issues with payment and insurance coverage, reimbursement, finding a BH provider whose scope of practice meets a client's specific needs, and the stigma surrounding BH care. Addressing both workforce distribution issues and the broader systemic barriers will be essential for providing equitable access to BH care to all people in Oregon.

Appendix

Data sources and methodology

Data sources for this report include workforce data from HWRP for 2018 through January of 2024. HWRP collects workforce-related information directly from health care professionals via a survey embedded in the license renewal process. Health care professionals with an active license in each reporting year (January 2018-2024) were included in this data brief. Estimates are dependent on licensees who completed the survey. Each licensee can report workforce data for up to two practice locations. Please refer to the HWRP's General Methods documentation on the website for further details. The other data source for this data brief is county-level population estimates from Portland State University (PSU) Population Research Center for 2017 through 2023.

Definitions

1. **Behavioral health professionals** include all psychologists, counselors and therapists, licensed clinical social workers and clinical social work associates; physicians and physician assistants who specialize in psychiatry (addiction, neurology, child, adolescent, geriatric or forensic) or psychoanalysis; nurse practitioners who specialize in psychiatry/mental health; and naturopathic physicians who specialize in mental health.
2. **Actively practicing professionals** are estimated by multiplying the number of licensed professionals by the proportion of survey respondents who indicate they currently provide services to Oregon residents and have a practice location in Oregon.
3. **Direct patient care FTE** (the equivalent number of professionals providing full-time direct patient care) is estimated by multiplying the number of actively practicing professionals by the average hours spent in direct patient care per week divided by 40 (note that this calculation caps the number of hours per week at 80 per practice location).
4. **Provider-to-population ratios** are calculated by dividing direct patient care FTE estimates by the PSU population estimate for the reporting year. PSU estimates for 2017, 2018, 2019, 2020 and 2021, 2022, 2023 are used for the HWRP reporting years 2018, 2019, 2020, 2021, 2022, 2023, 2024 respectively. The 2023 estimates used in this data brief are shown in Table 12 below:

Table 12. Oregon population estimates, 2023

Baker	16927		Lake	8562
Benton	99355		Lane	384373
Clackamas	424043		Lincoln	51930
Clatsop	42095		Linn	131984
Columbia	53143		Malheur	32981
Coos	66945		Marion	353648
Crook	26582		Morrow	13011
Curry	24440		Multnomah	805009
Deschutes	212141		Polk	90553
Douglas	113747		Sherman	1916
Gilliam	2063		Tillamook	28000
Grant	7417		Umatilla	81842
Harney	7600		Union	26335
Hood River	24406		Wallowa	7631
Jackson	222762		Wasco	27052
Jefferson	25878		Washington	610245
Josephine	88815		Wheeler	1533
Klamath	71919		Yamhill	109743
Oregon	4296626			

5. **Rate of change in FTE, 2018 -2024** was calculated by taking the difference in the 2024 provider-to-population ratio and the 2018 provider-to-population ratio and dividing by six years (2024 – 2018).

Race & ethnicity

Both group and subgroup race and ethnicity workforce data were collected and analyzed using READ procedures and methodology, as outlined in the 2020 version of the READ Implementation Guide.[10] In brief, survey respondents were first asked an open-response question about how they identify their race, ethnicity, tribal affiliation, country of origin or ancestry (this open text identification was collected but not processed for use in this report). Respondents then selected all subgroups that apply from a list of 41 racial or ethnic identities (**Table 13**). If a respondent only selected one category, the respondent was assigned to that race or ethnicity category for data analysis. If the respondent selected more than one category, the respondent could indicate if they thought of one subgroup as their primary racial or ethnic identity and they were assigned to the indicated primary race or ethnicity subgroup for analysis. If no primary racial or ethnic identity was indicated but multiple race or ethnicity

subgroups were selected, race or ethnicity subgroup was assigned using the “rarest race first” methodology as described on page 94 of the REALD Implementation Guide.

Population data come from five-year American Community Survey (ACS) estimates (data collected over 60-month period, 2017–2021). OHA’s Equity and Inclusion Division imputes REALD race and ethnicity category values from the data contained in the ACS Public Use Microdata Sample (PUMS) statistical file using additional data points in the ACS PUMS data set such as language, ancestry and place of birth to impute values that compare to the REALD category values for both aggregate groups and granular subgroup-level race and ethnicity data.[9] These estimates are not as current as the one-year estimates, but the primary advantage of using multiyear estimates is the data’s availability and increased statistical reliability for less populated areas and small population subgroups. Population data reflect the total population (rather than the adult population), as the total population is served by the workforce.

This imputation method for determining REALD state population race and ethnicity demographics reassigns individuals to a single race/ethnicity category based on rarest race methodology. In order to compare REALD-level race and ethnicity of the BH workforce to that of the state as is done in Figure 5 (page 14) and Figure 14 (page 31), BH professionals indicating they were multiracial were assigned to a race and ethnicity category using the rarest race methodology. Because of this, there is no multiracial category in Figures 5 and 14. However, for Figures 6 and 15-18 and Tables 3 and 8-11, the multiracial category was kept separate since no comparison to state-level demographics are made.

Table 13. REALD race/ethnicity reporting categories

Group	Subgroup
American Indian or Alaska Native	American Indian
	Alaska Native
	Canadian Inuit, Métis or First Nation
	Indigenous Mexican, Central or South American
Asian	Asian Indian
	Cambodian
	Communities of Myanmar
	Chinese
	Filipino/a
	Hmong
	Japanese
	Korean
	Laotian
	South Asian
	Vietnamese
	Other Asian
Black or African American	African
	African American
	Afro-Caribbean
	Ethiopian
	Other African (Black)
	Other Black
Native Hawaiian or Pacific Islander	Guamanian or Chamorro
	Communities of the Micronesian Region
	Native Hawaiian
	Samoan
	Marshallese
	Other Pacific Islander
Middle Eastern/ North African	Middle Eastern
	North African
White	Slavic
	Eastern European
	Western European
	Other White
Hispanic or Latino/a/x/e	Mexican
	Central American
	South American
	Other Hispanic or Latinx

Table 14. County level supply, C&T, LCSW, CSWA and psychologists combined, 2018 - 2024
Color coding: Highest rate of growth in FTE: ●, Lowest rate of growth in FTE: ●
State of Oregon: ●

	FTE estimate 2018	FTE estimate 2024	Provider-to-Population ratio, 2018	Provider-to-Population ratio, 2024	Absolute change in FTE, 2018 - 2024	Annual rate of increase in FTE per 10,000 population, 2018 - 2024
Baker	11.2	29.6	6.7	17.5	18.5	1.8
Benton	120.2	189.0	13.0	19.0	68.9	1.0
Clackamas	402.6	712.3	9.7	16.8	309.7	1.2
Clatsop	37.2	66.8	9.6	15.9	29.6	1.0
Columbia	26.5	29.9	5.2	5.6	3.4	0.1
Coos	39.9	77.6	6.3	11.6	37.7	0.9
Crook	8.8	21.7	4.0	8.2	12.9	0.7
Curry	8.8	17.3	3.8	7.1	8.5	0.5
Deschutes	242.5	484.3	13.3	22.8	241.8	1.6
Douglas	69.3	123.0	6.2	10.8	53.7	0.8
Gilliam	0.0	0.0	0.0	0.0	0.0	0.0
Grant	0.7	4.5	0.9	6.1	3.9	0.9
Harney	4.6	3.8	6.2	5.0	-0.8	-0.2
Hood River	36.5	46.5	14.5	19.1	10.1	0.8
Jackson	233.2	351.0	10.7	15.8	117.9	0.8
Jefferson	8.7	15.5	3.7	6.0	6.9	0.4
Josephine	59.0	84.2	6.9	9.5	25.2	0.4
Klamath	38.0	58.4	5.6	8.1	20.4	0.4
Lake	2.0	6.5	2.5	7.6	4.5	0.9
Lane	452.9	756.7	12.2	19.7	303.8	1.2
Lincoln	35.8	52.2	7.5	10.0	16.4	0.4
Linn	79.9	105.3	6.4	8.0	25.5	0.3
Malheur	9.6	32.4	3.0	9.8	22.9	1.1
Marion	337.1	516.2	9.9	14.6	179.1	0.8
Morrow	2.2	8.0	1.8	6.1	5.8	0.7
Multnomah ●	1800.3	2763.0	22.4	34.3	962.7	2.0
Polk	42.8	75.2	5.3	8.3	32.4	0.5
Sherman	0.0	1.5	0.0	7.7	1.5	1.3
Tillamook	19.3	31.5	7.4	11.2	12.2	0.6
Umatilla	33.5	53.2	4.2	6.5	19.8	0.4
Union	19.6	29.1	7.3	11.1	9.5	0.6
Wallowa	4.5	10.4	6.3	13.7	5.9	1.2
Wasco	19.6	29.8	7.2	11.0	10.2	0.6
Washington	565.2	892.5	9.5	14.6	327.3	0.9
Wheeler ●	0.5	0.0	3.2	0.0	-0.5	-0.5
Yamhill	88.2	112.9	8.3	10.3	24.7	0.3
Oregon ●	4860.2	7791.9	11.7	18.1	2931.7	1.1

Table 15. County level supply of counselors and therapists, 2018 – 2024

Color coding: Highest rate of growth in FTE: ●, Lowest rate of growth in FTE: ●

State of Oregon: ●

	FTE estimate 2018	FTE estimate 2024	Provider-to-Population ratio, 2018	Provider-to-Population ratio, 2024	Absolute change in FTE, 2018 - 2024	Annual rate of increase in FTE per 10,000 population, 2018 - 2024
Baker	2.8	10.7	1.7	6.3	7.9	0.77
Benton	37.4	67.5	4.0	6.8	30.1	0.46
Clackamas	131.8	285.5	3.2	6.7	153.7	0.59
Clatsop	16.2	21.6	4.2	5.1	5.4	0.16
Columbia	7.8	11.5	1.5	2.2	3.7	0.11
Coos	18.1	34.1	2.9	5.1	16.0	0.37
Crook	2.9	13.9	1.3	5.2	11.0	0.65
Curry	6.0	8.9	2.6	3.6	2.9	0.17
Deschutes	103.1	233.1	5.6	11.0	130.0	0.89
Douglas	18.5	34.5	1.7	3.0	16.1	0.23
Gilliam	0.0	0.0	0.0	0.0	n/a	0.00
Grant	0.7	2.2	0.9	2.9	1.5	0.34
Harney	1.2	2.5	1.6	3.3	1.3	0.29
Hood River	10.5	14.3	4.2	5.8	3.8	0.28
Jackson	87.6	166.8	4.0	7.5	79.3	0.58
Jefferson	4.9	6.9	2.1	2.7	2.0	0.09
Josephine	34.1	37.6	4.0	4.2	3.6	0.04
Klamath	14.1	25.3	2.1	3.5	11.2	0.24
Lake	0.7	4.1	0.9	4.8	3.3	0.64
Lane	155.5	314.0	4.2	8.2	158.5	0.66
Lincoln	14.6	24.7	3.0	4.8	10.1	0.29
Linn	24.7	42.7	2.0	3.2	18.0	0.21
Malheur	2.8	9.6	0.9	2.9	6.8	0.34
Marion	119.5	201.4	3.5	5.7	81.9	0.36
Morrow ●	1.4	1.1	1.2	0.8	-0.4	-0.06
Multnomah	506.8	942.4	6.3	11.7	435.6	0.90
Polk	18.6	28.8	2.3	3.2	10.2	0.15
Sherman ●	0.0	1.5	0.0	7.7	1.5	1.28
Tillamook	3.1	7.0	1.2	2.5	3.9	0.22
Umatilla	7.5	9.5	0.9	1.2	2.0	0.04
Union	1.8	8.3	0.7	3.1	6.4	0.41
Wallowa	2.3	2.5	3.1	3.3	0.3	0.03
Wasco	4.9	8.1	1.8	3.0	3.2	0.20
Washington	212.7	340.0	3.6	5.6	127.3	0.33
Wheeler	0.0	0.0	0.0	0.0	n/a	0.00
Yamhill	25.0	42.2	2.4	3.8	17.2	0.25
Oregon ●	1599.1	2964.4	3.9	6.9	1365.3	0.51

Table 16. County level supply of licensed clinical social workers, 2018 – 2024

Color coding: Highest rate of growth in FTE: ●, Lowest rate of growth in FTE: ●

State of Oregon: ●

County	FTE estimate 2018	FTE estimate 2024	Provider-to-Population ratio, 2018	Provider-to-Population ratio, 2024	Absolute change in FTE, 2018 - 2024	Annual rate of increase in FTE per 10,000 population, 2018 - 2024
Baker	7.3	12.0	4.4	7.1	4.7	0.45
Benton	41.9	65.3	4.5	6.6	23.4	0.34
Clackamas	150.0	251.0	3.6	5.9	101.1	0.38
Clatsop	14.5	31.7	3.7	7.5	17.3	0.63
Columbia	8.8	13.2	1.7	2.5	4.4	0.13
Coos	16.6	24.6	2.6	3.7	8.0	0.18
Crook	2.7	4.7	1.2	1.8	1.9	0.09
Curry	1.8	3.6	0.8	1.5	1.8	0.11
Deschutes	95.4	154.7	5.2	7.3	59.3	0.35
Douglas	34.5	56.4	3.1	5.0	21.8	0.31
Gilliam	0.0	0.0	0.0	0.0	0.0	0.00
Grant	0.0	2.4	0.0	3.2	2.4	0.53
Harney	2.8	1.3	3.8	1.7	-1.5	-0.34
Hood River	14.9	22.7	5.9	9.3	7.8	0.56
Jackson	92.6	109.2	4.3	4.9	16.6	0.11
Jefferson	2.9	4.1	1.2	1.6	1.2	0.06
Josephine	17.4	32.1	2.0	3.6	14.7	0.26
Klamath	15.6	23.8	2.3	3.3	8.3	0.17
Lake	1.2	0.8	1.4	0.9	-0.4	-0.08
Lane	159.3	247.9	4.3	6.4	88.5	0.36
Lincoln	16.7	22.1	3.5	4.3	5.4	0.13
Linn	36.8	36.4	3.0	2.8	-0.4	-0.03
Malheur	6.2	15.5	1.9	4.7	9.3	0.46
Marion	118.0	172.1	3.5	4.9	54.1	0.23
Morrow	0.8	4.4	0.7	3.4	3.6	0.45
Multnomah ●	742.3	1072.0	9.2	13.3	329.6	0.68
Polk	14.6	27.4	1.8	3.0	12.8	0.20
Sherman	0.0	0.0	0.0	0.0	0.0	0.00
Tillamook	13.0	15.0	5.0	5.3	1.9	0.06
Umatilla	15.7	22.8	1.9	2.8	7.1	0.14
Union	13.8	16.3	5.1	6.2	2.5	0.18
Wallowa	2.3	5.2	3.1	6.8	2.9	0.61
Wasco	10.3	15.0	3.8	5.6	4.8	0.29
Washington	196.4	293.3	3.3	4.8	96.9	0.25
Wheeler ●	0.5	0.0	3.2	0.0	-0.5	-0.54
Yamhill	26.0	31.8	2.4	2.9	5.7	0.07
Oregon ●	1893.6	2810.6	4.6	6.5	917.0	0.33

Table 17. County level supply of clinical social work associates, 2018 – 2024

Color coding: Highest rate of growth in FTE: ●, Lowest rate of growth in FTE: ●

State of Oregon: ●

County	FTE estimate 2018	FTE estimate 2024	Provider-to-Population ratio, 2018	Provider-to-Population ratio, 2024	Absolute change in FTE, 2018 - 2024	Annual rate of increase in FTE per 10,000 population, 2018 - 2024
Baker ●	0.0	4.9	0	2.9	4.9	0.48
Benton	10.6	14.5	1.1	1.5	3.9	0.05
Clackamas	29.2	71.4	0.7	1.7	42.2	0.16
Clatsop	4.5	11.3	1.2	2.7	6.8	0.25
Columbia ●	8.8	3.9	1.7	0.7	-4.9	-0.16
Coos	4.1	18.4	0.6	2.8	14.3	0.35
Crook	3.2	3.1	1.4	1.2	-0.1	-0.05
Curry	0.0	3.1	0.0	1.3	3.1	0.21
Deschutes	16.6	50.4	0.9	2.4	33.7	0.24
Douglas	13.1	26.8	1.2	2.4	13.7	0.20
Gilliam	0.0	0.0	0	0	0	0.00
Grant	0.0	0.0	0	0	0	0.00
Harney	0.7	0.0	0.9	0.0	-0.7	-0.15
Hood River	5.8	3.3	2.3	1.3	-2.5	-0.16
Jackson	23.7	36.9	1.1	1.7	13.3	0.09
Jefferson	0.0	4.5	0.0	1.7	4.5	0.29
Josephine	4.8	10.8	0.6	1.2	6.0	0.11
Klamath	6.9	6.5	1.0	0.9	-0.4	-0.02
Lake	0.0	1.6	0.0	1.9	1.6	0.31
Lane	49.9	85.9	1.3	2.2	36.0	0.15
Lincoln	1.5	3.3	0.3	0.6	1.8	0.05
Linn	8.7	14.7	0.7	1.1	6.0	0.07
Malheur	0.0	7.2	0.0	2.2	7.2	0.36
Marion	34.4	66.0	1.0	1.9	31.5	0.14
Morrow	0.0	2.5	0.0	1.9	2.5	0.32
Multnomah	219.5	340.2	2.7	4.2	120.6	0.25
Polk	7.7	15.6	1.0	1.7	7.9	0.13
Sherman	0.0	0.0	0.0	0.0	0	0.00
Tillamook	3.1	7.6	1.2	2.7	4.6	0.26
Umatilla	5.2	16.3	0.6	2.0	11.1	0.22
Union	3.2	3.8	1.2	1.4	0.6	0.04
Wallowa	0.0	2.2	0.0	2.9	2.2	0.48
Wasco	2.9	4.9	1.1	1.8	2.1	0.13
Washington	44.3	110.7	0.7	1.8	66.4	0.18
Wheeler	0.0	0.0	0.0	0.0	0	0.00
Yamhill	15.1	16.1	1.4	1.5	1.0	0.01
Oregon ●	527.5	968.2	1.3	2.3	440.7	0.16

Table 19. County level supply of psychologists, 2018 – 2024

Color coding: Highest rate of growth in FTE: ●, Lowest rate of growth in FTE: ●

State of Oregon: ●

County	FTE estimate 2018	FTE estimate 2024	Provider-to-Population ratio, 2018	Provider-to-Population ratio, 2024	Absolute change in FTE, 2018 - 2024	Annual rate of increase in FTE per 10,000 population, 2018 - 2024
Baker	1.1	2.1	0.6	1.2	1.0	0.10
Benton	30.3	41.8	3.3	4.2	11.5	0.16
Clackamas	91.7	104.4	2.2	2.5	12.7	0.04
Clatsop	2.0	2.2	0.5	0.5	0.2	0.00
Columbia	1.1	1.4	0.2	0.3	0.2	0.01
Coos	1.1	0.5	0.2	0.1	-0.6	-0.02
Crook	0.0	0.0	0.0	0.0	0.0	0.00
Curry	1.0	1.8	0.4	0.7	0.9	0.05
Deschutes	27.4	46.2	1.5	2.2	18.8	0.11
Douglas	3.3	5.3	0.3	0.5	2.1	0.03
Gilliam	0.0	0.0	0.0	0.0	0.0	0.00
Grant	0.0	0.0	0.0	0.0	0.0	0.00
Harney	0.0	0.0	0.0	0.0	0.0	0.00
Hood River	5.2	6.3	2.1	2.6	1.1	0.08
Jackson	29.3	38.1	1.4	1.7	8.7	0.06
Jefferson ●	0.8	0.0	0.4	0.0	-0.8	-0.06
Josephine	2.7	3.7	0.3	0.4	1.0	0.02
Klamath	1.4	2.7	0.2	0.4	1.3	0.03
Lake	0.1	0.1	0.1	0.1	-0.1	-0.01
Lane	88.2	109.0	2.4	2.8	20.7	0.08
Lincoln	3.0	2.1	0.6	0.4	-0.9	-0.04
Linn	9.6	11.5	0.8	0.9	1.9	0.02
Malheur	0.5	0.2	0.2	0.1	-0.4	-0.02
Marion	65.2	76.8	1.9	2.2	11.6	0.04
Morrow	0.0	0.0	0.0	0.0	0.0	0.00
Multnomah ●	331.6	408.5	4.1	5.1	76.9	0.16
Polk	1.9	3.4	0.2	0.4	1.5	0.02
Sherman	0.0	0.0	0.0	0.0	0.0	0.00
Tillamook	0.1	1.9	0.0	0.7	1.8	0.10
Umatilla	5.1	4.6	0.6	0.6	-0.5	-0.01
Union	0.8	0.8	0.3	0.3	0.0	0.00
Wallowa	0.0	0.5	0.0	0.7	0.5	0.12
Wasco	1.7	1.8	0.6	0.7	0.2	0.01
Washington	111.8	148.5	1.9	2.4	36.8	0.09
Wheeler	0.0	0.0	0.0	0.0	0.0	0.00
Yamhill	22.0	22.8	2.1	2.1	0.8	0.00
Oregon ●	840.0	1048.7	2.0	2.4	208.7	0.07

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Suggested Citation

Oregon Health Authority. (2025). An In-depth Look at Oregon's Licensed Behavioral Health Care Workforce, 2018 - 2024. Portland, Oregon: Oregon Health Authority. https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx

Questions

For questions about this report, please contact: wkfc.admin@oha.oregon.gov