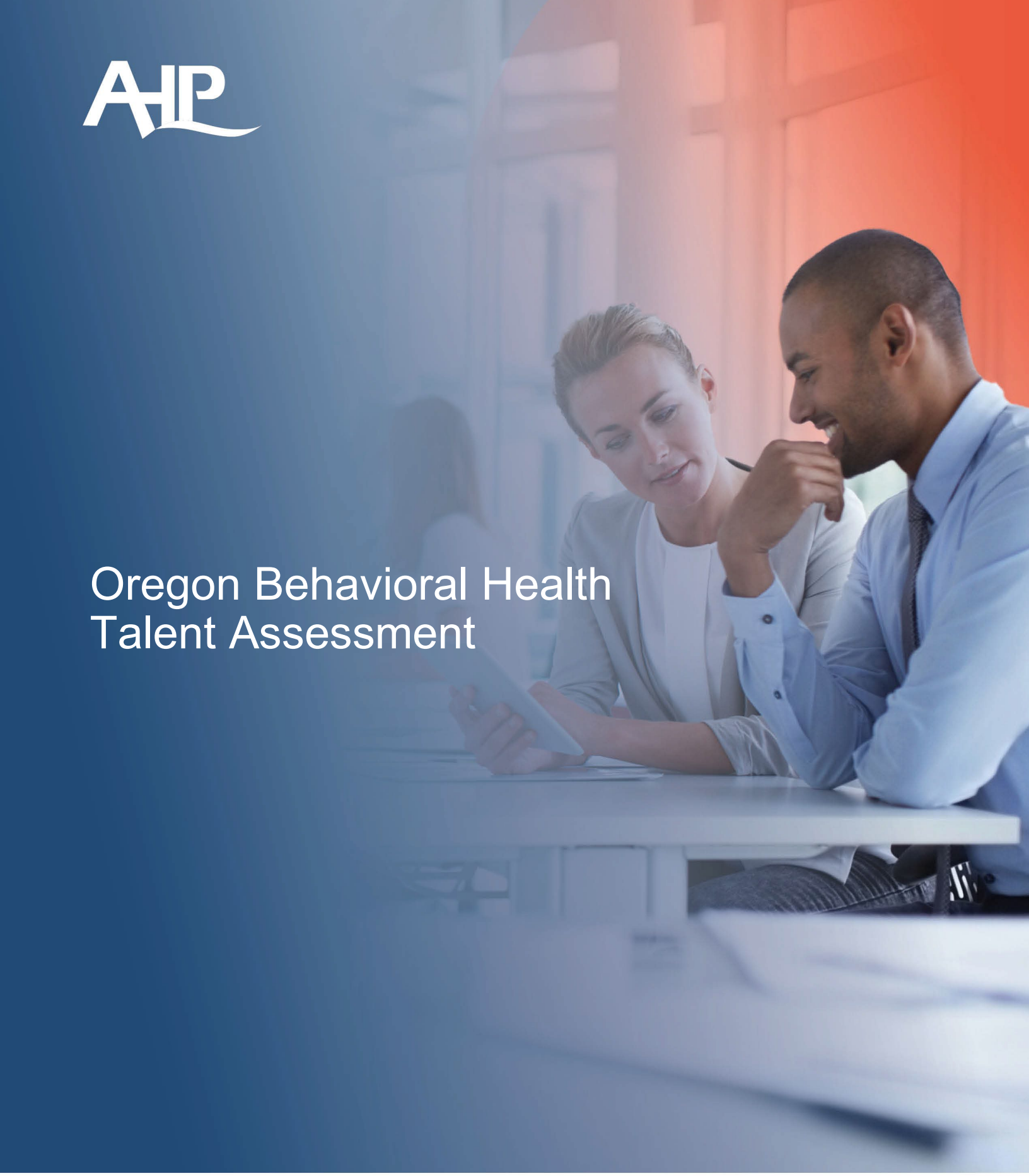


Oregon Behavioral Health Talent Assessment

TABLE OF CONTENTS

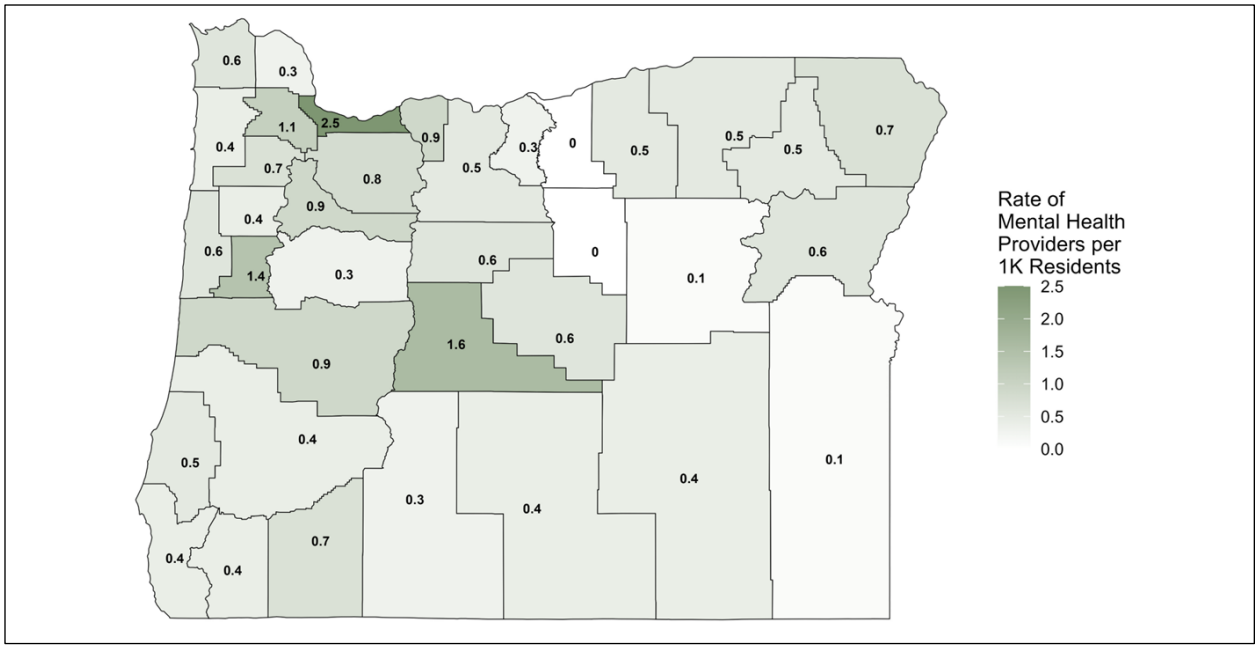
Executive Summary and Key Findings

Working collaboratively with Oregon's Higher Education Coordinating Commission (HECC) and guided by discussions with and feedback from a multistakeholder steering committee representing a diverse coalition of behavioral health experts, leaders, state partners, and cross-sector stakeholders dedicated to advancing and supporting the behavioral health workforce, Advocates for Human Potential, Inc. (AHP) produced this report characterizing the state's behavioral health (BH) talent pipeline. This effort involved a robust literature review and summary of recent workforce studies and evaluations, key informant interviews (KIIs) and focus groups with stakeholders directly involved with the BH talent pipeline, and a tailored survey focused on understanding people's path into the BH profession.

The voices informing this report, from researchers to direct service providers, look to transform the idea of health equity reflected in a full range of mental health and substance use disorder (SUD) services informed by a client-centered approach from an agreed-upon principle into an intentional statewide practice. As this is a workforce issue defined by a matrix of challenges, the path to fostering a reinvigorated and sustainable talent pipeline will need to be multifaceted, flexible and responsive, and clear in its directives yet nuanced in its implementation; it will require a long-term commitment to change.

Oregon is in the midst of a staffing crisis in BH. The map below underscores the critical shortage of mental health providers in Oregon's rural and frontier counties, with 32 of 36 lacking even one provider per 1,000 residents.

Graphic 1: Rate of Mental Health Providers Per 1,000 Residents



Factors contributing to this shortage include

- Deficiencies in the educational system (e.g., lack of career exposure, lack of BH programs in rural areas, low graduation rates in Oregon bachelor's programs among BH-related majors),
- Burnout resulting from high caseloads and the trauma and emotional exhaustion associated with working under difficult conditions (e.g., high-acuity patients, demand consistently exceeding capacity),
- Low pay and limited advancement opportunities, and
- Other systemic issues such as high administrative burdens, lack of resources, complicated career pathways, unmanageable expectations, and bureaucratic inefficiencies.

In terms of the talent pipeline, solutions are twofold: recruitment into the BH field and access to educational pathways that fully prepare participants to work in such a demanding field. Recruitment initiatives should span stigma reduction, early career exploration at the high school level, and expanded outreach to a broader audience (e.g., immigrants and refugees, returning citizens, older adults, those embarking on a second career). Educational access and support initiatives should include expanding BH educational opportunities in rural areas and for populations that are underserved and underrepresented, as well as progressive financial and career support (e.g., tuition reimbursement/loan forgiveness, childcare, transportation, paid internships/apprenticeships, mentorships, clearly articulated pathways for career advancement). The benefits from some initiatives, such as stigma reduction and early career exploration, can be seen in the short term. Other initiatives, such as expanding BH programming in rural areas, require long-term planning and financial commitment.

Changes need to be made in order to meet the demands of clients. We need to educate more diverse practitioners. The United States is changing. Oregon is changing. We need practitioners who are bi- or multilingual. We need practitioners that can match our populations.

Community college educator

In the course of our research and discussions, the historically bifurcated nature of Oregon's administrative dynamic, in which a centralized government must negotiate with autonomous regionalized authorities, emerges as an additional defining factor. In setting benchmarks for access and quality, whether in terms of education, workforce, and career development or quality of care and services, some uniformity and consistency are necessary. This is not about "one size fits all" but how best to offer a range of opportunities, access, and support to pursue a career in BH in equal measure to all who seek it.

AHP's Approach

AHP began its work with HECC with a review and clarification of the assessment's primary audience(s), scope, and purpose. During this planning period, HECC coordinated access to existing state-specific BH data and reports and convened a steering committee composed of BH workforce stakeholders from across the state. This committee provided a collaborative and enthusiastic infusion of feedback and context that spoke to their investment in fostering BH workforce development. The committee provided individual and collective expertise to help articulate key priorities and outcomes and inform a shared vision for how the state will use the findings and recommendations.

With a collaborative foundation set, AHP's team of researchers, including two senior scientists and an economist, reviewed and developed a summary of existing BH workforce reports. This summary served as a baseline to inform how best to identify appropriate resources, focus, and further assessment in subsequent tasks. AHP looked to highlight points of alignment of existing research and recommendations with the findings from this baseline summary as well as to identify gaps in research and expanded recommendations in light of the findings.

Informed by this summary and guidance and input from HECC staff and the steering committee, the AHP team turned to its assessment with two aims: (1) to characterize Oregon's current workforce and demand analyses informed by demographics, geography, current demand, shortages, projected demand, high-value credentialing, pathways into BH, mapping career opportunities and ladders, and an inventory of postsecondary BH education and training programming and (2) to analyze supply trends informed by Integrated Postsecondary Education Data System (IPEDS) data and identify the academic pathways leading to employment in the BH sector.

In collaboration with HECC staff and employer representatives, AHP designed a survey to address key issues related to pipeline inequity, career advancement, and retention in the BH sector. The web-based survey aimed to understand and compare the career trajectories of underrepresented minority BH professionals with those of other groups. Additionally, AHP developed predictive analytics to present data that highlight and explore challenges faced along academic pathways to employment in the BH sector. AHP then identified opportunities to enhance success, such as loan forgiveness, effective onboarding, and supported career paths through educational and early professional experiences. Our hope is that this compilation of data can be used to inform next steps and any comprehensive action plan for Oregon.

The final task was to draft this report, summarizing the findings and analysis and proposing a set of recommendations for how the information gleaned can be used to inform strategic planning to expand the BH workforce in Oregon, especially focused on the goal of fostering an environment where people with BH needs will have access to a full range of innovative, effective, and culturally competent services. As a capstone to the data brief, AHP hosted a videoconference for Oregon and other identified stakeholders to discuss the arc of the project, the methodology, key findings, and recommendations. A PowerPoint offered the framework for this presentation and is available to the state for future use in presenting the findings to BH stakeholder groups.

Supply and Demand in Oregon's Behavioral Health Talent Pipeline

Introduction

To provide baseline context for characterizing current challenges and interpreting survey results to inform recommendations, AHP combined a review of recent reports that focused on health care writ large, reports that help define critical shortages specific to the BH workforce, and interviews with key stakeholders to provide immediate, firsthand perspectives and narratives.

Summary of Existing Reports

A review of nine reports put forward by HECC that examined Oregon's health care workforce landscape provided the content for this summary (see Appendix A). The goal of this summary is to identify and highlight points of alignment across existing research and recommendations. The gaps and needs reflect an interconnected matrix of conditions creating staffing shortages in the areas needed to manage the post-COVID-19 increase in demand for health care and BH services. The recommendations seek to address multiple factors including wages, reimbursement rates, expanded educational opportunities and supports, and systemic barriers.

Gaps and Needs

The gaps and needs analysis presented a collection of factors generalized into seven categories detailed in the table below. While the categories are not prioritized, the numerous points of overlap are noteworthy. Persistent shortages consistently reflect challenges around low pay, lack of cultural responsiveness, educational constraints (funding and access), clear career pathways, and workplace pressures impacting retention.

Table 1: Categories and Components of Oregon's Health Care Workforce Gaps and Needs

Category	Components
Workforce Shortages and Demand	• Shortage of health care graduates (e.g., surplus of applications for nursing programs but not enough graduates) • Post-COVID-19 staffing shortages and hiring challenges, particularly in rural areas; clinical and nonclinical (e.g., personal care aides, nursing assistants, registered nurses, certified prevention specialists, certified alcohol and drug counselors, recovery mentors, and qualified mental health professionals); exacerbated by persistent low wages, burnout, and turnover • Unmet statewide need with mental health treatment; lack of multilingual and multicultural providers resulting in low rates of BH care access and use among Black, Indigenous, and people of color (BIPOC) populations

Education and Training Capacity	• Higher education programs failing to meet demand for nursing students; low graduate rates, with Oregon ranking last among U.S. states in nursing graduates per capita • Barriers to expanding nursing programs (e.g., faculty shortages, lack of clinical placements, facility limitations) • Need for more training opportunities for BH providers and clear pathways for BH occupations • Need for culturally competent/responsive BH care training as BIPOC clients experience racism, discrimination, and bias in medical settings; Western and Anglo-American assumptions about BH can alienate and harm BIPOC communities • Review of the effectiveness of recent funding initiatives to strengthen the BH workforce, including those from the American Rescue Plan Act (ARPA) and Oregon House Bills 2949 and 4071 (e.g., scholarships, loan repayment programs, and other financial incentives), are underway and ongoing
Compensation and Employment Trends	• Low compensation and inadequate insurance reimbursement rates resulting in challenges with recruitment and retention • Private health care (e.g., privately owned hospitals, clinics, nursing homes, other medical facilities that are for-profit or nonprofit) and social assistance have the highest total job vacancies and the largest number of hard-to-fill positions (e.g., nursing assistants, registered nurses) • Lack of career advancement and workforce support programs (e.g., BH career pathway programs, scholarship programs, mentorship opportunities, licensure exam preparation programs)
Licensing, Structural, and Systemic Barriers	• Burdensome licensure processes compared to other states[1] • Barriers to program expansion due to lack of faculty, clinical placements, and specialized facilities • Misalignment between workforce systems and education (e.g., lack of clear and defined pathways from K-12 and postsecondary to BH careers, lack of collaboration among schools, colleges, and BH employers)

[1] Zhu, J. M., et al. (2022, February 1). *Behavioral health workforce report to the Oregon Health Authority and State Legislature*. Center for Health Systems Effectiveness, Oregon Health & Science University. https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20Health%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf

	• Lack of centralized workforce authority; fragmentation in the job market; no recognized, universal skill set; employers struggle to find candidates with the necessary skills and experience • Lack of transparency and opportunities for salary increases and leadership roles • Insufficient funding to cover the estimated costs needed for education, training, salaries, and support for BH roles, leaving gaps in addressing demand across the care continuum
Geographic Disparities	• Workforce concentration in urban areas (e.g., Multnomah County) with shortages in rural regions • Rural workers have less access to training and workforce support services (e.g., internships, mentorship programs, career counseling, job placement services) • Rural disparities in availability of BH services
Lack of Diversity and Equity	• 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 • Occupational segregation: Latino/a/x workers overrepresented in lower-barrier fields such as certified nursing assistants; gender disparities, with men overrepresented in higher-paying medical professions, while women populate lower-paying roles • Shortage of culturally specific and bilingual BH providers; difficulties in accessing culturally appropriate care, especially for communities of color • Majority of BIPOC clients receive BH care from religious figures, traditional healers, community-based organizations, and clinics
Social Barriers	• Lack of funding for wraparound services (e.g., housing, childcare) to improve equitable access, recruitment, retention, and promotion

Current Workforce and Demand Analysis

AHP began its analysis of the BH workforce pipeline with a review of reports focused on Oregon's capacity to address and provide mental health and SUD services (see Appendix B) to characterize shortages and needs and to inform recommendations. AHP augmented this information with relevant survey data.

Workforce Needs

Beyond geographical challenges in providing sufficient career opportunities and support across rural and frontier regions, two critical areas of need surfaced. First, reflecting a national trend, Oregon is experiencing a shortage of child BH specialists. Second, there is an urgent need for additional SUD services, particularly for certified prevention specialists and qualified mental health professionals.

The following charts and graphics visually represent and characterize Oregon's current BH workforce and demand for services by demographics and geography. Within a state that is predominantly rural and frontier, the correspondence between service shortages and high demand will not surprise but can inform how to prioritize funding and initiatives.

Shortages and Surpluses

The Health Resources and Services Administration (HRSA) projects Oregon will need an additional 240 full-time equivalent (FTE) psychiatrists (48.2% increase) and 510 FTE addiction counselors (114.6% increase) by 2030.

Forecasted surpluses include psychiatric nurse practitioners (80 FTE), psychologists (340 FTE), mental health counselors (610 FTE), and social workers (3,600 FTE).[2]

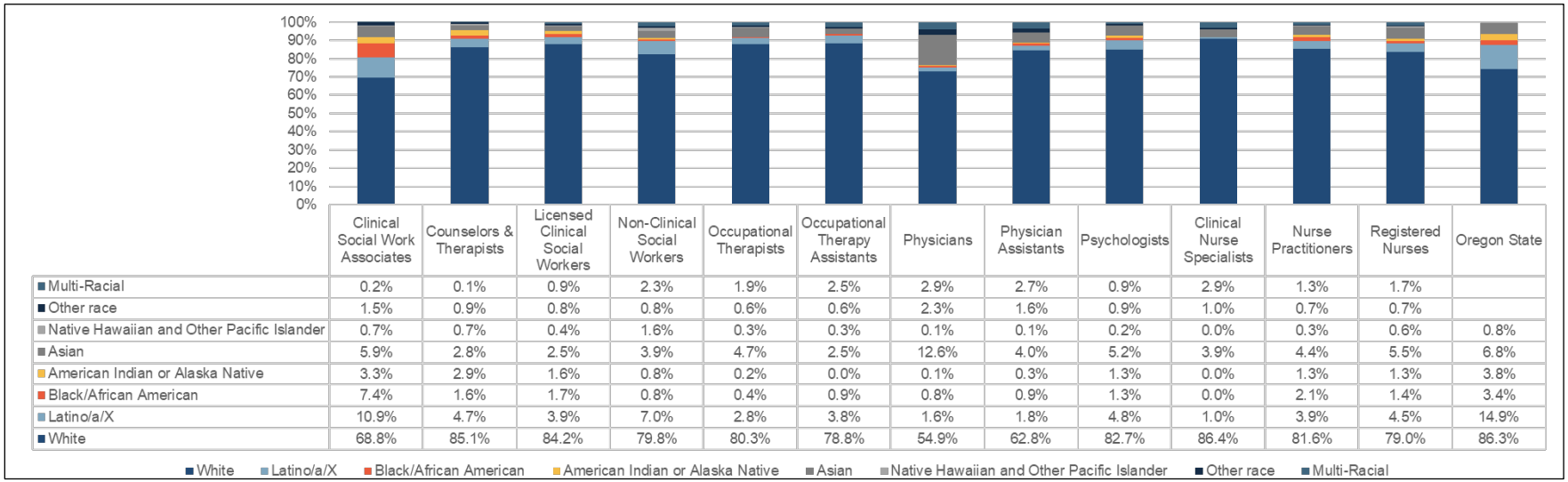
It's a broken system of behavioral health and substance use disorders care. What I mean is, we don't have capacity within our systems. We don't have capacity… to actually treat people at the right level of care for the right duration. So, there's a chronic level of care mismatch between what clients have access to and what they actually need.

Physician and BH healthcare leader

[2] National Center for Health Workforce Analysis. (2018). *State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030.* U.S. Department of Health and Human Services, HRSA. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-level-estimates-report-2018.pdf

The following three charts break down Oregon's current BH workforce by race and ethnicity, age, and gender, with bullets noting significant findings.[3]

Chart 1: Race and Ethnicity of Practicing BH Workforce in Oregon, 2022

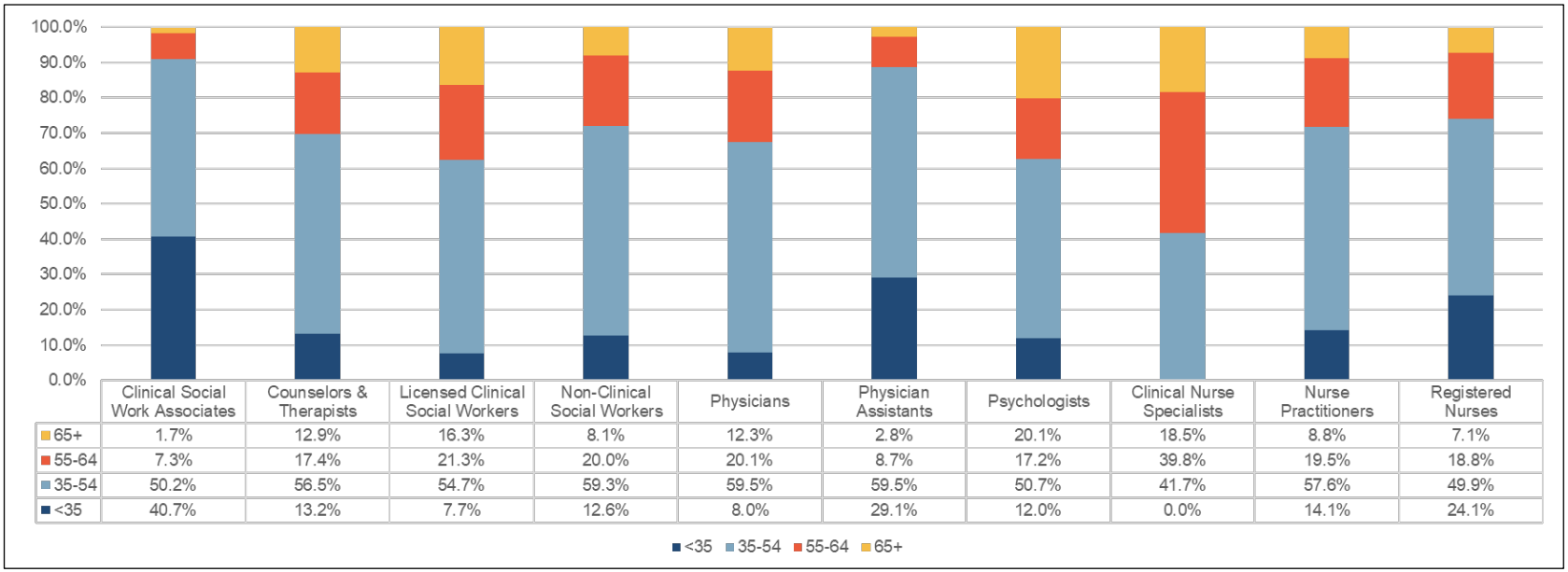


	Clinical Social Work Associates	Counselors & Therapists	Licensed Clinical Social Workers	Non-Clinical Social Workers	Occupational Therapists	Occupational Therapy Assistants	Physicians	Physician Assistants	Psychologists	Clinical Nurse Specialists	Nurse Practitioners	Registered Nurses	Oregon State
Multi-Racial	0.2%	0.1%	0.9%	2.3%	1.9%	2.5%	2.9%	2.7%	0.9%	2.9%	1.3%	1.7%	
Other race	1.5%	0.9%	0.8%	0.8%	0.6%	0.6%	2.3%	1.6%	0.9%	1.0%	0.7%	0.7%	
Native Hawaiian and Other Pacific Islander	0.7%	0.7%	0.4%	1.6%	0.3%	0.3%	0.1%	0.1%	0.2%	0.0%	0.3%	0.6%	0.8%
Asian	5.9%	2.8%	2.5%	3.9%	4.7%	2.5%	12.6%	4.0%	5.2%	3.9%	4.4%	5.5%	6.8%
American Indian or Alaska Native	3.3%	2.9%	1.6%	0.8%	0.2%	0.0%	0.1%	0.3%	1.3%	0.0%	1.3%	1.3%	3.8%
Black/African American	7.4%	1.6%	1.7%	0.8%	0.4%	0.9%	0.8%	0.9%	1.3%	0.0%	2.1%	1.4%	3.4%
Latino/a/X	10.9%	4.7%	3.9%	7.0%	2.8%	3.8%	1.6%	1.8%	4.8%	1.0%	3.9%	4.5%	14.9%
White	68.8%	85.1%	84.2%	79.8%	80.3%	78.8%	54.9%	62.8%	82.7%	86.4%	81.6%	79.0%	86.3%

- Clinical social work associates have the highest percentages of Latino/a/x, Black/African American, and American Indian or Alaska Native individuals among BH occupations.
- In contrast, clinical nurse specialists have the highest percentage of white individuals and the lowest percentage of Latino/a/x, Black/African American, American Indian or Alaska Native, and Native Hawaiian and Other Pacific Islander individuals.
- While Latino/a/x people make up nearly 15% of the state's population, they are vastly underrepresented in the BH workforce, especially in medical specialties such as physicians, physician assistants, and clinical nurse specialists (all less than 2%).

[3] Oregon Health Authority (2023, April). *What's the health workforce supply in Oregon?* (Version 2022.1) [Workbook]. Health Care Workforce Reporting Program. https://visual-data.dhsoha.state.or.us/t/OHA/views/Oregonslicensedhealthcareworkforce/Supplybyoccupation?%3Aorigin=card_share_link&%3Aembed=y&%3AisGuestRedirectFromVizportal=y#1

Chart 2: Ages of Practicing BH Workforce in Oregon, 2022*

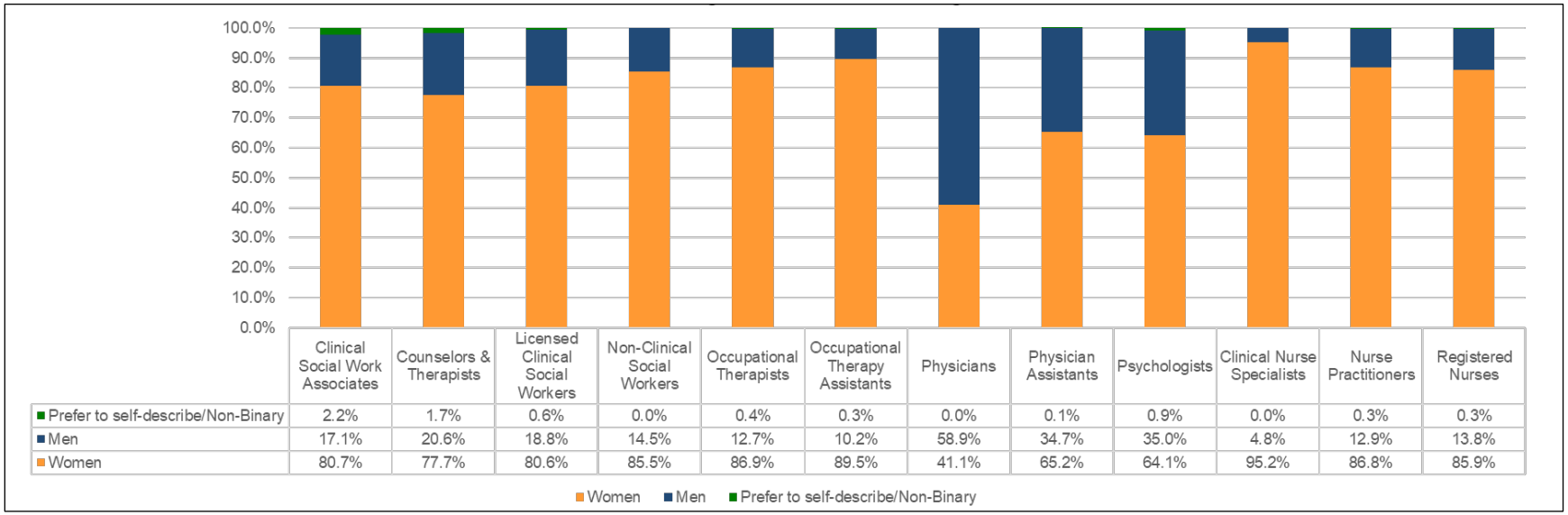


	Clinical Social Work Associates	Counselors & Therapists	Licensed Clinical Social Workers	Non-Clinical Social Workers	Physicians	Physician Assistants	Psychologists	Clinical Nurse Specialists	Nurse Practitioners	Registered Nurses
65+	1.7%	12.9%	16.3%	8.1%	12.3%	2.8%	20.1%	18.5%	8.8%	7.1%
55-64	7.3%	17.4%	21.3%	20.0%	20.1%	8.7%	17.2%	39.8%	19.5%	18.8%
35-54	50.2%	56.5%	54.7%	59.3%	59.5%	59.5%	50.7%	41.7%	57.6%	49.9%
<35	40.7%	13.2%	7.7%	12.6%	8.0%	29.1%	12.0%	0.0%	14.1%	24.1%

*Age-related data were not available for occupational therapists or occupational therapy assistants.

- Clinical social work associates have the highest percentage of individuals under 35 years old.
- Physicians and physician assistants have the highest percentages of those 35–54 years old.
- Clinical nurse specialists have the lowest percentage of individuals from under 35 years old.

Chart 3: Gender of Practicing BH Workforce in Oregon, 2022



	Clinical Social Work Associates	Counselors & Therapists	Licensed Clinical Social Workers	Non-Clinical Social Workers	Occupational Therapists	Occupational Therapy Assistants	Physicians	Physician Assistants	Psychologists	Clinical Nurse Specialists	Nurse Practitioners	Registered Nurses
Prefer to self-describe/Non-Binary	2.2%	1.7%	0.6%	0.0%	0.4%	0.3%	0.0%	0.1%	0.9%	0.0%	0.3%	0.3%
Men	17.1%	20.6%	18.8%	14.5%	12.7%	10.2%	58.9%	34.7%	35.0%	4.8%	12.9%	13.8%
Women	80.7%	77.7%	80.6%	85.5%	86.9%	89.5%	41.1%	65.2%	64.1%	95.2%	86.8%	85.9%

- Women are generally overrepresented across BH occupations.
- Men have a higher representation in physician roles and other higher-paying roles compared to women.

Due to the limited availability of secondary data on the demographic characteristics of qualified mental health associates (QMHAs), qualified mental health professionals (QMHPs), and certified alcohol and drug counselors (CADCs), AHP analyzed these characteristics using data from a sample of its survey participants (Table 2).

Table 2: Survey-Based Demographic Characteristics for QMHA, QMHP, and CADC I, II, III, and IV (n=55)

Demographic Characteristic	Mean/%
Mean Age	34
Age Ranges	**Percentage**
18–29	27.3%
30–39	56.4%
40–49	7.3%
50+	9.1%
Race	**Percentage**
American Indian, Native American, or Alaska Native	N/A
Asian	N/A
Black or African American	45.5%
White	52.7%
Native Hawaiian or other Pacific Islander	N/A
Other	1.8%
Multiple Races	N/A
Ethnicity	**Percentage**
Hispanic	63.6%
Gender Identity	**Percentage**
Man (cisgender)	54.5%
Man (transgender)	16.4%
Woman (cisgender)	23.6%
Woman (transgender)	3.6%
Gender Non-Conforming or Non-Binary	1.8%
Prefer not to answer	0%

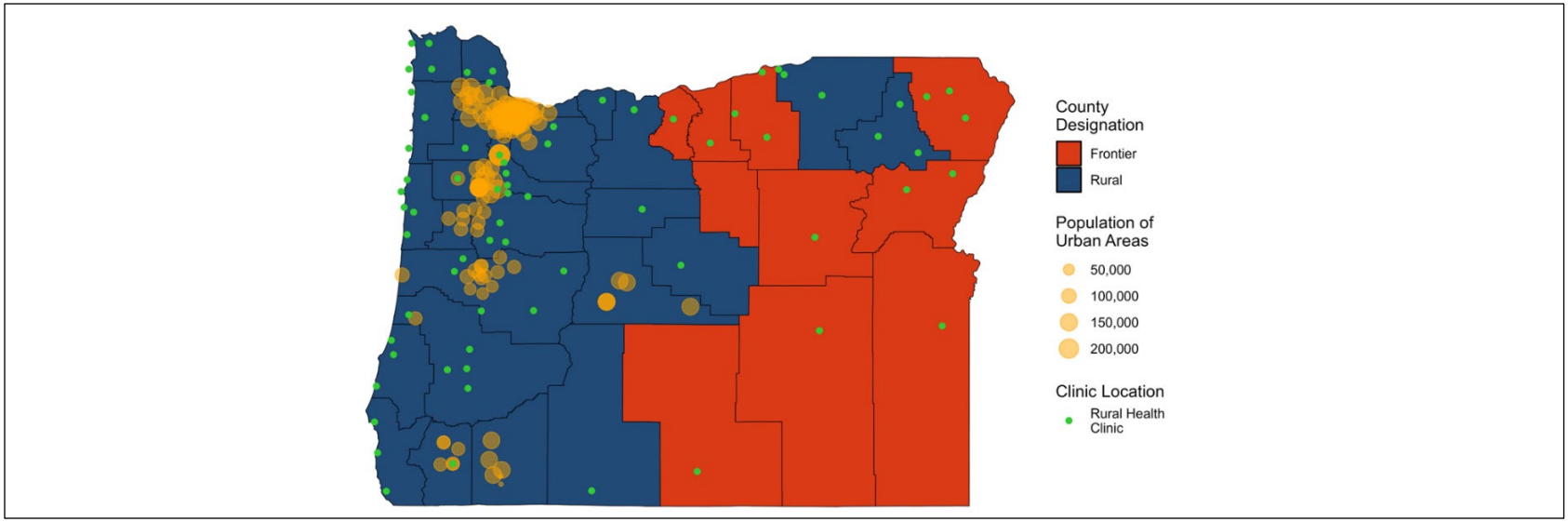
Data from AHP's survey of Oregon's BH workers (Table 3) largely support the distributions of demographic characteristics from the secondary data sources shown above. This table also presents the employment status and educational status of the BH workers in the sample.

Table 3: Survey-Based Demographics, Employment Status, and Educational Achievement of BH Workers in Oregon (n=326)

Demographic Characteristic (n=326)	
Mean Age	35
Average Age of Starting in BH Field	30
Race	**Percentage**
American Indian, Native American, or Alaska Native	1.8%
Asian	1.2%
Black or African American	19.9%
White	70.6%
Native Hawaiian or other Pacific Islander	0.3%
Other	2.1%
Multiple Races	4.0%
Ethnicity	
Hispanic	42.6%
Gender Identity	
Man (cisgender)	49.7%
Man (transgender)	9.5%
Woman (cisgender)	38.3%
Woman (transgender)	0.6%
Gender Non-Conforming or Non-Binary	0.9%
Prefer not to answer	0.9%
Employment Status	
Full-time (about 40 hours/week)	77.0%
Full-time (41–50 hours/week)	11.7%
Full-time (51 or more hours/week)	1.8%
Part-time (31–39 hours/week)	3.7%
Part-time (20–30 hours/week)	3.7%
Part-time (10–29 hours/week)	1.8%
Part-time (1–9 hours/week)	0.3%
Educational Achievement	
Associate degree	52.5%
Bachelor's degree	63.2%
Master's degree, Ph.D., or M.D.	63.2%

Using a county-level map of the state, the next four graphics were generated by layering different datasets from Oregon's Office of Rural Health that illustrate designation, levels of unmet need, service capacity, workforce, and educational opportunities.[4] In combination, this information can inform strategic planning, prioritization of funding and initiatives, and collaboration among stakeholders.

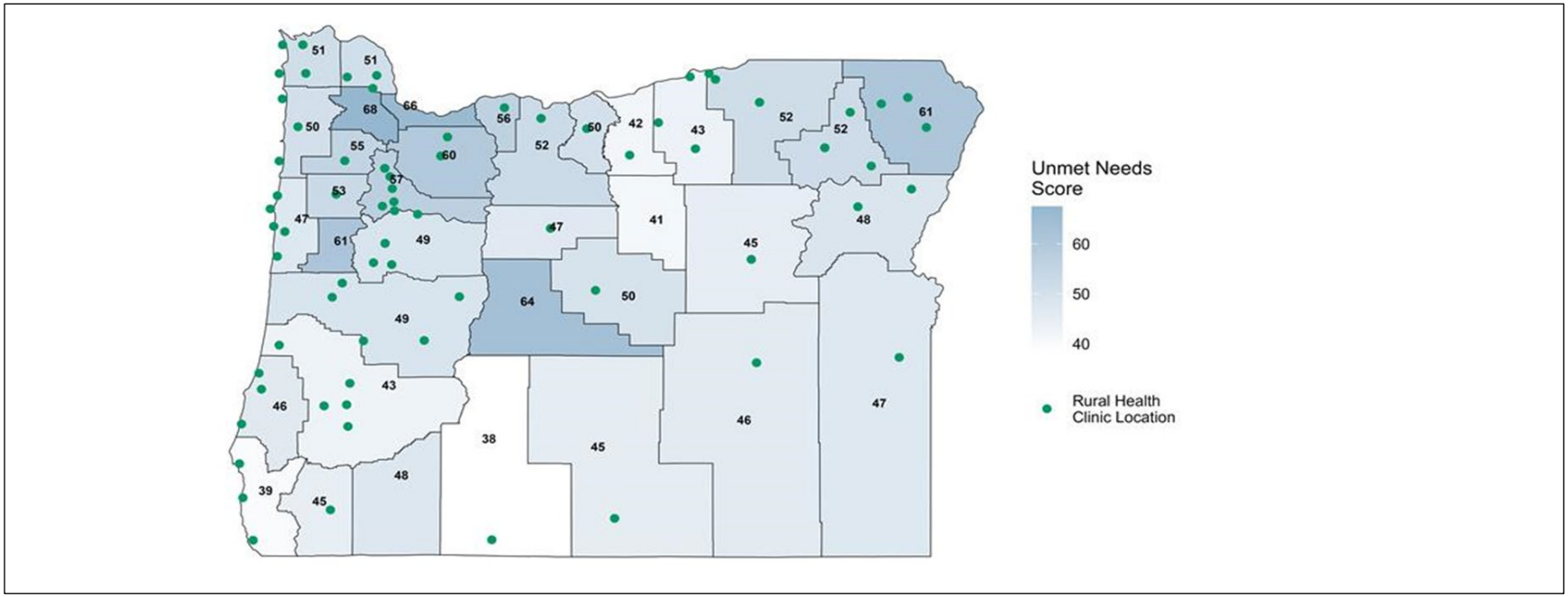
Graphic 2: County Designation, Urban Centers, and Rural Health Clinic Locations



This first map illustrates Oregon's predominantly rural and frontier landscape, with rural health clinics notably sparse in frontier regions, particularly in the southeast corner of the state.

[4] Oregon Office of Rural Health (n.d.).[Data sets]. Retrieved January 9, 2025, from the following URLs: *MAIN - Zip Codes 8_24-0*https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohsu.edu%2Fsites%2Fdefault%2Ffiles%2F2024-08%2FMAIN%2520-%2520Zip%2520Codes%25208-24_0.xlsx&wdOrigin=BROWSELINK; *2024 Areas of Unmet Health Care Need Variables Spreadsheet*. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohsu.edu%2Fsites%2Fdefault%2Ffiles%2F2024-09%2F2024%2520Areas%2520of%2520Unmet%2520Health%2520Care%2520Need%2520Variables%2520Spreadsheet.xlsx&wdOrigin=BROWSELINK; *RHCs 8-2024*. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohsu.edu%2Fsites%2Fdefault%2Ffiles%2F2024-08%2FRHCs%25208-2024.xlsx&wdOrigin=BROWSELINK

Graphic 3: Unmet Need Score and Rural Health Clinic Locations*

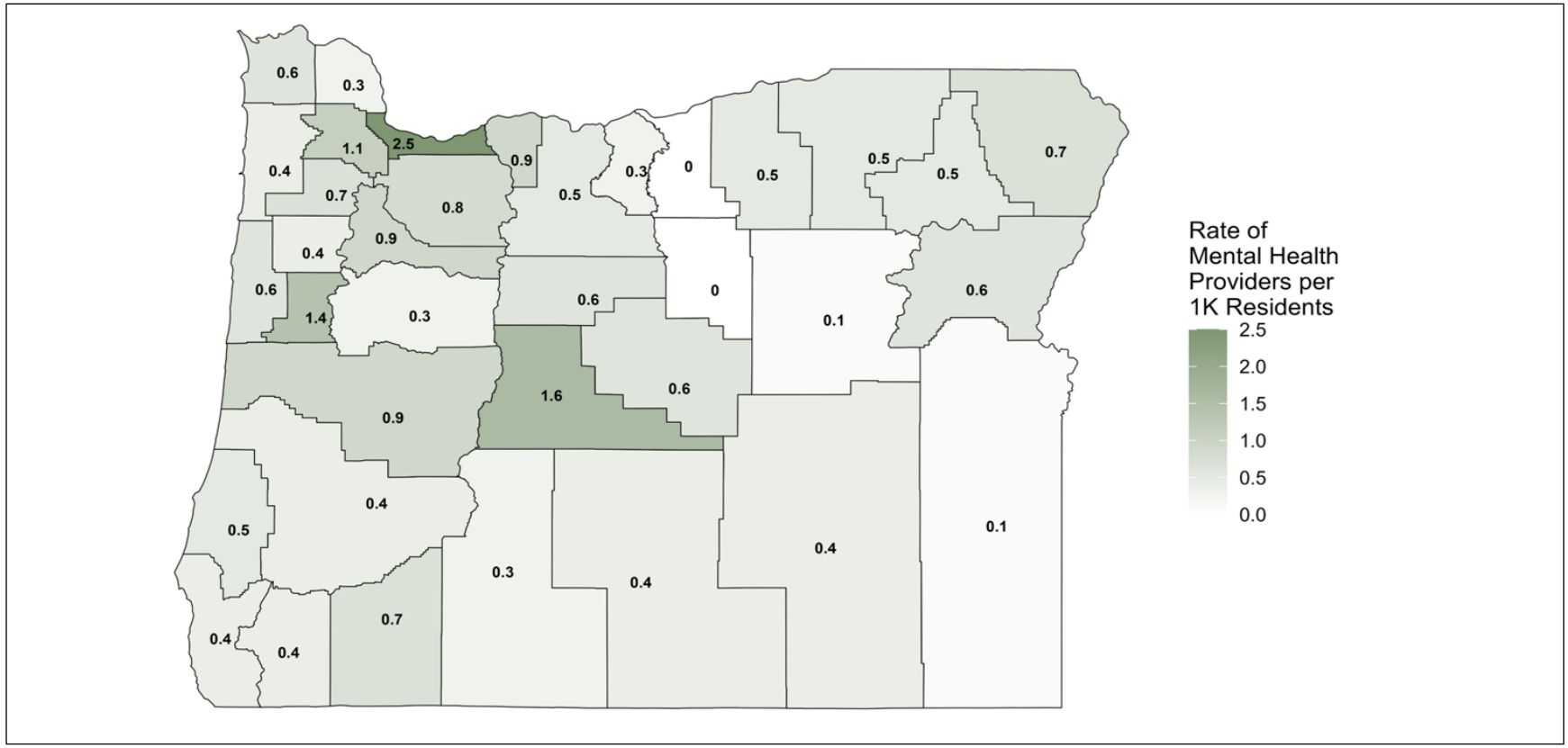


*Unmet need score reflects all health care, physical and mental.[5]

This map highlights several counties with greater unmet need scores (lighter shaded area) and limited access to care (single and remote health clinics).

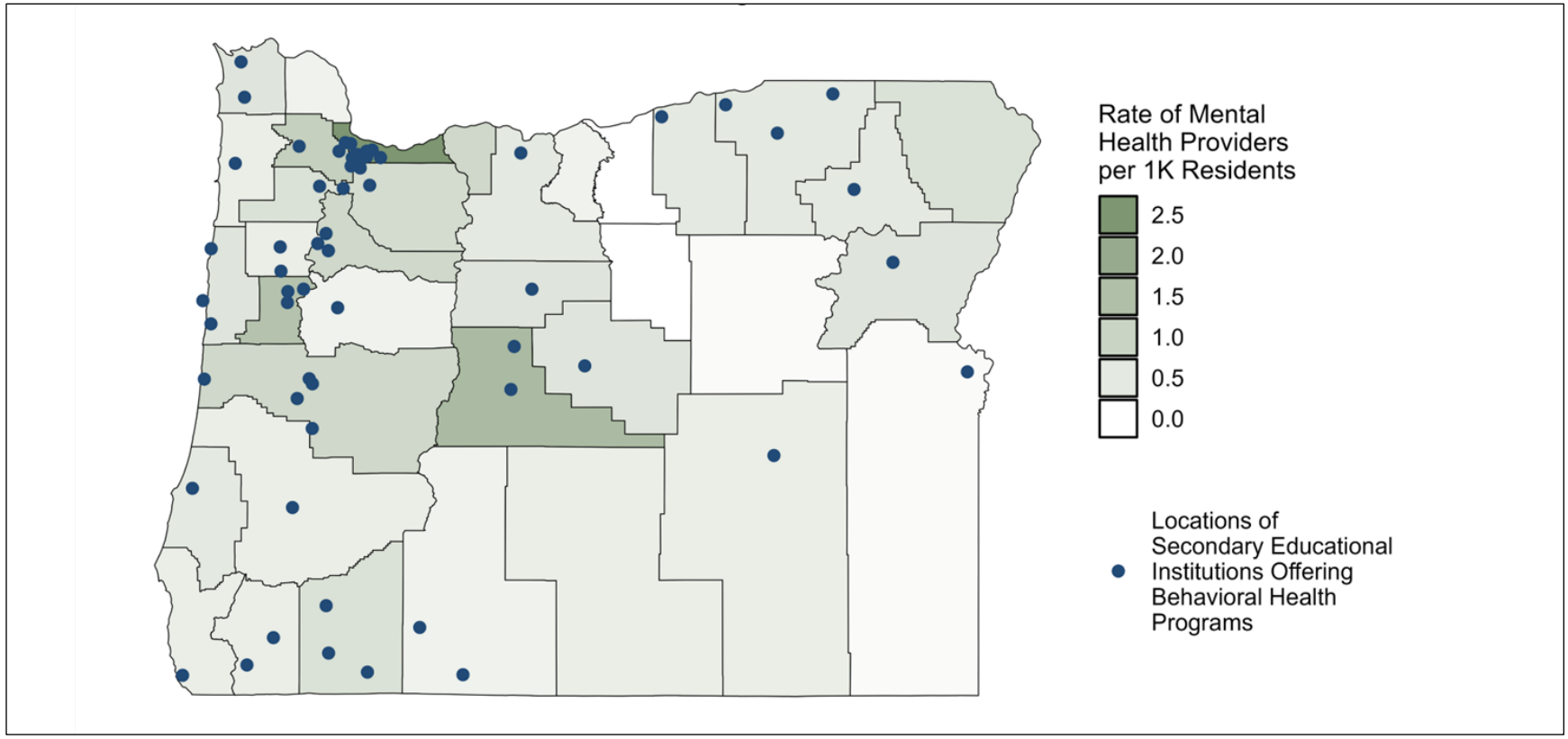
[5] Oregon Office of Rural Health (ORH) (2024, September). *Oregon Areas of Unmet Health Care Need Report September 2024*, p 6. Oregon Health & Science University. https://www.ohsu.edu/sites/default/files/2024-09/AUHCN%20Report_2024%20-%20FINAL%209-17-24%206.pdf; ORH (n.d.). *2024 Areas of Unmet Health Care Need Variables Spreadsheet* [Data set]. Retrieved January 9, 2025, from https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohsu.edu%2Fsites%2Fdefault%2Ffiles%2F2024-09%2F2024%2520Areas%2520of%2520Unmet%2520Health%2520Care%2520Need%2520Variables%2520Spreadsheet.xlsx&wdOrigin=BROWSELINK.

Graphic 4: Rate of Mental Health Providers Per 1,000 Residents



This map underscores the critical shortage of mental health providers in Oregon's rural and frontier counties, with 32 of 36 having fewer than one provider per 1,000 residents.

Graphic 5: Rate of Mental Health Providers Per 1,000 Residents and Available BH Educational Programs



This map highlights the limited availability of BH programs in rural areas and a correlation with increased BH providers in areas surrounding educational institutions.

To summarize, areas of Oregon without educational institutions specializing in BH tend to have fewer mental health providers. The predominantly rural nature of much of Oregon underscores the need for increased focus on establishing and supporting educational institutions in these areas. Notably, several service areas in Oregon have no health care providers available per 1,000 residents.

Critical Workforce Shortages

Many of the factors impacting the BH workforce identified in these reports mirror the factors and challenges in the larger health care system. To begin to align and associate interconnected and overlapping factors, AHP used the lenses of recruitment and retention.

In terms of recruitment, the table below catalogs the challenges that individually and collectively create barriers to an awareness of, interest in, and willingness to pursue a career in BH. In terms of retention, the table outlines challenges that individually or collectively increase the intent to quit, contribute to burnout, and give impetus for people to leave the BH sector entirely.

Table 4: Challenges to Recruitment and Retention in the BH Sector

Recruitment	Retention
• Low wages • Limited career development opportunities • Lack of clear career pathways • Cultural and linguistic barriers • Disparities in cultural and linguistic representation in field • Geographic imbalances (urban vs. rural) • Poor infrastructure and traumatic work environments	• Low wages • Limited career development opportunities • Lack of clear career pathways • Cultural and linguistic barriers • Disparities in cultural and linguistic representation in field • Geographic imbalances (urban vs. rural) • Poor infrastructure and traumatic work environments
• Background check barriers	• Administrative burden • Staff reductions (post-COVID-19) • Increased competition

This understaffed workforce directly decreases the range and quality of care options. For example, shortages of bilingual providers and culturally responsive services exacerbate accessibility issues for diverse populations, particularly in rural areas; a significant over-concentration of providers in Multnomah County (Portland area) leaves Eastern Oregon and other rural areas underserved; nurse practitioners fill gaps where psychiatrists are lacking, but psychiatrists remain disproportionately concentrated in urban areas; there is an acute need for children's mental health specialists and SUD providers, with nearly half of the recommended SUD services unavailable.[6]

[6] Zhu, J. M., et.al. (2022, February 1). *Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature*. Center for Health Systems Effectiveness, Oregon Health & Science University. https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral Health Workforce Wage Study Report-Final 020122.pdf

According to the report by Li et al. (2023), Multnomah County has the highest ratio of BH providers per 10,000 Oregonians at 31.9, compared to the lowest county ratio of 2.3 among all Oregon counties.[7] Despite this, the Health Resources and Services Administration (HRSA) designated Multnomah County as a mental health shortage area for Medicaid eligible individuals in 2021.[8] This disparity highlights the need for more research to understand whether there are shortages for specific BH services or population groups in Multnomah County.

[7] Li, Tao, et. al. (2023, February). *Oregon's Health Care Workforce Needs Assessment 2023*. Oregon Health Authority and Oregon Health Policy Board. https://www.oregon.gov/oha/HPA/HP-HCW/Meeting%20Documents/5.-2023-Health-Care-Workforce-Needs-Assessment-Report-January-2023.pdf

[8] Oregon Office of Rural Health (2021, November 15). *Oregon mental health HPSAs*. Oregon Health & Science University. https://www.ohsu.edu/media/209061

Table 5: Supply and Demand for Selected BH Occupations*[9]

Occupation	Estimated Supply 2024	Estimated Supply Growth	Projected Supply 2034	Estimated Demand 2024	Estimated Demand Growth	Projected Demand 2034	Projected Supply (minus) Demand 2034
Addiction Counselors	2220	-80	2140	2160	770	2930	-790
Adult Psychiatrists	520	-30	490	690	230	920	-430
Child & Adolescent Psychiatry	140	30	170	160	30	190	-20
Child, Family, and School Social Workers	1520	-260	1260	1820	580	2400	-1140
Health Care Social Workers	1040	1050	2090	1100	490	1590	500
Mental Health Counselors	1330	100	1430	1680	590	2270	-840
Occupational Therapists	1380	380	1760	1810	170	1980	-220
Occupational Therapy Assistants	310	100	410	580	60	640	-230
Psychiatric Nurse Practitioners	410	240	650	260	90	350	300
Psychiatric Physician Assistants	30	50	80	50	10	60	20
Psychologists	2100	780	2880	1470	420	1890	990
School Counselors	1970	1070	3040	1690	390	2080	960

*Supply and demand data were not available for community health workers, marriage and family therapists, mental health and substance abuse social workers, occupational therapy aides, psychiatric aides, or psychiatric technicians.

[9] Health Resources and Services Administration (n.d.). *Health workforce projections.* U.S. Department of Health and Human Services. Retrieved December 20, 2024, from https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand

As indicated in the preceding table, over half the positions listed project a shortage, some quite significant. For example, both child, family, and school social workers and adult psychiatrists will be understaffed by almost half (53%), mental health counselors and occupational therapy assistants by nearly a third (63%), and addiction counselors by about a quarter (73%). With supply anticipated to fall considerably short of demand, retention becomes essential. AHP's survey data underscore how fragile the issue of retention may be. Tables 6 and 7 introduce the troubling factor of intent to quit, and some of the numbers are quite telling. For example, more than 75% of addiction counselors, medical doctors, and psychiatrists, and 61% of BH professionals in the 30 to 39 age range reported an intent to quit.

Table 6: Survey-Based Percentages of Intent to Quit this Month (n=248)

BH Position Title	% Intending to Quit Job This Month
Addiction Counselor (CADC-III)	92%
Certified Alcohol and Drug Counselor	71%
Certified Prevention Specialist	68%
Community Health Worker	18%
Medical Doctor	86%
Mental Health Counselor	8%
Other	9%
Psychiatric Nurse Practitioner	73%
Psychiatrist	76%
Qualified Mental Health Associate	20%
Qualified Mental Health Professional	40%

Table 7: Survey-Based Percentages of Intent to Quit Next Month by Age (n=326)

Age Group	% Intending to Quit Job Next Month
18 to 29	44%
30 to 39	61%
40 to 49	25%
50 and Older	10%

When considered in combination, increased demand, decreasing supply, and the intent to quit surpassing 67% for 9 out of the 14 job titles surveyed, the situation is dire.

Key Informant Interviews

AHP developed KII and focus group protocols, including a script for verbal consent to participate. AHP shared the drafts of each document with the steering committee for their feedback and edited

accordingly. To identify interview and focus group participants, AHP presented categories of people we proposed to interview to the steering committee. HECC collected names and contact information for people recommended for KIIs or focus groups and shared a list of over 100 potential participants. AHP reviewed the list and selected participants based on number of times recommended, recommender notes, and region. AHP then worked with HECC to modify the list to best meet the needs of regional and organizational representation.

The final list agreed upon by AHP and HECC included the following for KIIs:

Five employers

- Four working in administrative/leadership roles in both public and private sectors
- One currently working for a regional workforce partnership in a leadership role with prior experience as an employer

Five BH workforce educators[10]

- One high school
- One private university
- Three community colleges

Five people working in the BH field

- One clinical director
- Two state-level training trainer/supporter of the BH workforce and experienced practitioners
- Two practicing therapists working in either public or private practices

In all, AHP completed 14 interviews with 15 people (one interview had two people in it). Gaining access to participants for KIIs relied heavily on warm-handoff emails from steering committee members, which AHP greatly appreciated.

The team then uploaded the notes from the interviews and focus group to NVivo, a qualitative data software program, and coded them using thematic analysis. This analysis was used to identify themes on barriers/challenges, recommendations, state of the workforce, skill gaps, and strengths.

[10] One other person interviewed as a person working in the BH field also serves as an adjunct professor at a public university and spoke about their experiences as both a practitioner and an educator.

There's more attention given to behavioral health than I've ever seen before. You see it across the country that folks are really dialed into the fact that behavioral health is in dire need of [a] stronger, more robust workforce. I think that's encouraging.

Behavioral health workforce educator

Interview Findings

In general, the KIIs aligned with and confirmed the BH workforce's realities and challenges reflected in the summarized reports. Discussions and comments focused on aspects of education and training, the need for living wages and other financial resources, systemic and regional barriers, and understaffing within the context of increasing demand for services (see Appendix C). In brief, these interviews concluded that the BH field is not actively or consistently presented in early career exploration, not well supported in terms of wages and resources, lacks clear career pathways, and continues to struggle with retention from burnout, challenging workplace conditions, and the resulting trauma and emotional exhaustion.

The following summary discusses drivers for entry into and exit from the field, as well as existing strengths. In addition, the KIIs underscored the rural/urban divide in terms of educational opportunities and pay gaps, reflected the ongoing equity challenges between private and community-based practices, and characterized a skills gap across the field in terms of understanding the challenging scope of work when providing services to those experiencing mental health and SUDs. The need for more stakeholder input, including community partners and those receiving care, when defining, designing, and managing BH initiatives also emerged as a notable theme (see callout box).

Structural and Systemic Challenges

- Excessive administrative regulations governing patient care and licensing
- Prescriptive care mandates
- Lack of stakeholder involvement in decision-making process
- Attorneys making decisions about care acuity contrary to providers
- Lack of unified statewide strategic planning limiting coordinated efforts to address workforce shortages
- Staffing laws and union contracts often clashing with practical needs, creating inefficiencies and limiting flexibility

Drivers for Entry into BH Field

- Early exposure to BH careers
  - High school programs or advertising can spark interest in BH careers by combining education with practical experiences.
  - Exposing students to various facets of human services early in their education provides valuable insights into career options and fosters a more informed and skilled workforce.

- Educational pathways to employment
  - Practicums and internships frequently lead directly to employment; students often secure jobs through these programs before graduation.
- Motivation and lived experience
  - A strong desire to help others, a fascination with human behavior, knowledge of community needs, and a commitment to social justice and equity motivate individuals in this field.
  - Financial incentives are generally not the primary motivator, with many acknowledging they could earn significantly more in other sectors.

People are much sicker. They are not in good shape … That is horrible for them … but it beats the heck out of the workforce … You go into this scary, semi-violent sort of atmosphere, and … they're not going to do [it]. They're going to walk out. I don't know if 20 something years ago if that would happen to me, I might have done the same thing.

State agency employee and experienced treatment professional

Drivers for Leaving the BH Field

- **Burnout:** The overwhelming stress of high caseloads, exposure to trauma, and emotional toll leads to burnout. Many professionals feel overworked, unsupported, and unable to maintain a healthy work-life balance. Additionally, some professionals leave due to a misalignment in values between themselves and their organizations, including values around work-life balance and ability to provide high-quality care for clients within the current framework.
- **Low Pay:** Despite the demanding nature of the job, compensation is often insufficient, especially in nonprofit or public sectors. Many professionals leave for higher-paying opportunities outside the field or to start their own private practice.
- **Workplace Conditions:** High administrative burdens, lack of respect or recognition, and toxic work environments contribute to dissatisfaction. Many employees feel unsupported by their organizations, which exacerbates burnout.
- **Limited Advancement Opportunities:** Career growth opportunities, particularly in leadership, are minimal in many settings, leading to frustration.
- **Systemic Issues:** The lack of resources, unmanageable expectations, and bureaucratic inefficiencies in public mental health systems often leave workers feeling ineffective and disillusioned, pushing them to seek better environments.
- **Trauma and Emotional Exhaustion:** Exposure to high-acuity clients, including those with substance use issues and severe mental health conditions, can lead to emotional fatigue, contributing to job attrition.

Strengths

- **Workforce Development Initiatives:** Existing (though limited) grants and training opportunities at the state and national levels support workforce development and advancement.
- **State-Level Support and Funding:** Oregon has made significant strides in supporting the BH workforce, particularly through changes in Medicaid reimbursement rates and funding through state cannabis tax revenue (Measure 110).
- **Collaboration Across Stakeholders:** Collaboration between primary care providers, schools, and other organizations was emphasized, with BH now more integrated into primary care settings, a shift from a decade ago.
- **Community-Based Innovative Programs:** Many programs mentioned during the interviews are individual efforts funded by nonprofits or small grants, including programs funded by the Behavioral Health Resource Network (BHRN), enabling regional providers to meet people where they are in the community.
- **Support for Workers:** On-the-job training and workplace flexibility have improved, with organizations offering support to employees facing family crises and creating more opportunities for professional growth and advancement.
- **Focus on Equity:** While more work needs to be done, participants were excited about existing efforts to create a more equitable workforce (e.g., providing culturally responsive trainings, tuition reimbursement and scholarships, support for employees to work while in school to advance their careers, virtual or hybrid courses, clinical supervisors charging lower supervision costs for interns from diverse communities).

Skill Gaps in the BH Workforce

- Lack of specialized and evidence-based training; students leaving schools with a “generalist” approach to BH without sufficient evidence-based methods for working with the BH populations; going back to school to get more specialized training is also expensive
- Struggles with professional boundaries and safety, especially with the emerging peer workforce
- Regulatory knowledge, a lot of regulations for people with limited education to understand in lower-level paraprofessional and peer roles
- Inadequate clinical supervision; not enough qualified and experienced supervisors available to train the new workforce
- Professional writing and digital literacy; challenge for agencies to train in writing appropriate case notes and the use of record management systems
- Resilience and self-care; high caseloads and moral injury/distress hard to manage with acute client population

- Cultural responsiveness; lack of appropriate training in schools and on the job for cultural responsivity, specifically for American Indian or Alaska Native, Latinx, and rural communities
- Team-based care; new workforce not being adequately trained in schools to work in an interdisciplinary team with other community providers (particularly a problem for community providers working with high-acuity clients)

Talent Pipeline Components

Introduction

To characterize the talent pipeline, AHP researched the network of career pathways, identified key skills recognized as essential to effective direct service, catalogued the education and training opportunities, reviewed recent enrollment and graduation data, and spoke with focus groups to provide firsthand perspectives on challenges and gaps.

Oregon BH Career Pathways and Transferable Skills Analysis

Oregon's BH career pathways are expansive and complicated (Oregon Behavioral Health Career Pathways), and while information is available, for someone looking to enter the field, this complexity makes it hard to understand the full picture. For example, Oregon has 14 different certifying/licensing boards offering 60 different BH credentials/licenses. The pathways graphic (linked above) also highlights how many "stakeholders" there are in Oregon involved in the credentialing process. Moreover, the cost of advancement can create an additional barrier. For example, certain career progressions entail additional education (e.g., master's, doctorate); sometimes individuals must pay out of pocket for required supervision, which may not always yield a positive return on investment. Another consideration will be to analyze what credentials offer limited career mobility and which provide broader opportunities. Understanding this distinction is crucial for targeted investments to bolster the BH workforce.

I would say in general, Oregon doesn't have a statewide roadmap or plan that offers any sort of clarity, and it certainly doesn't have coordination amongst [key stakeholders]. All of these big systems don't … work together, and they certainly don't work together in a way where you would see it online so that someone interested in the field could make sense of it.

Health care workforce strategist

Using the available scopes of practice, AHP identified key skill standards across the 60 credentials/licenses linked to Oregon's BH workforce. While recognizing the need for strong development of soft skills such as active listening, collaboration, and critical thinking, AHP sought to identify more advanced skills uniquely relevant to providing BH services. In compiling this list (see Appendix E), AHP combined similar or overlapping concepts under a single term to reduce redundancy and sharpen the focus on relevant BH skills. AHP's subject matter experts validated the

list to ensure accuracy and relevance to the occupation's role and the services provided. When appropriate, additional skills were included in a credential/license to provide a more comprehensive and accurate representation of the services that fall within the occupation's purview. The final step involved analyzing the data to determine the skill frequency in BH credentials/licenses.

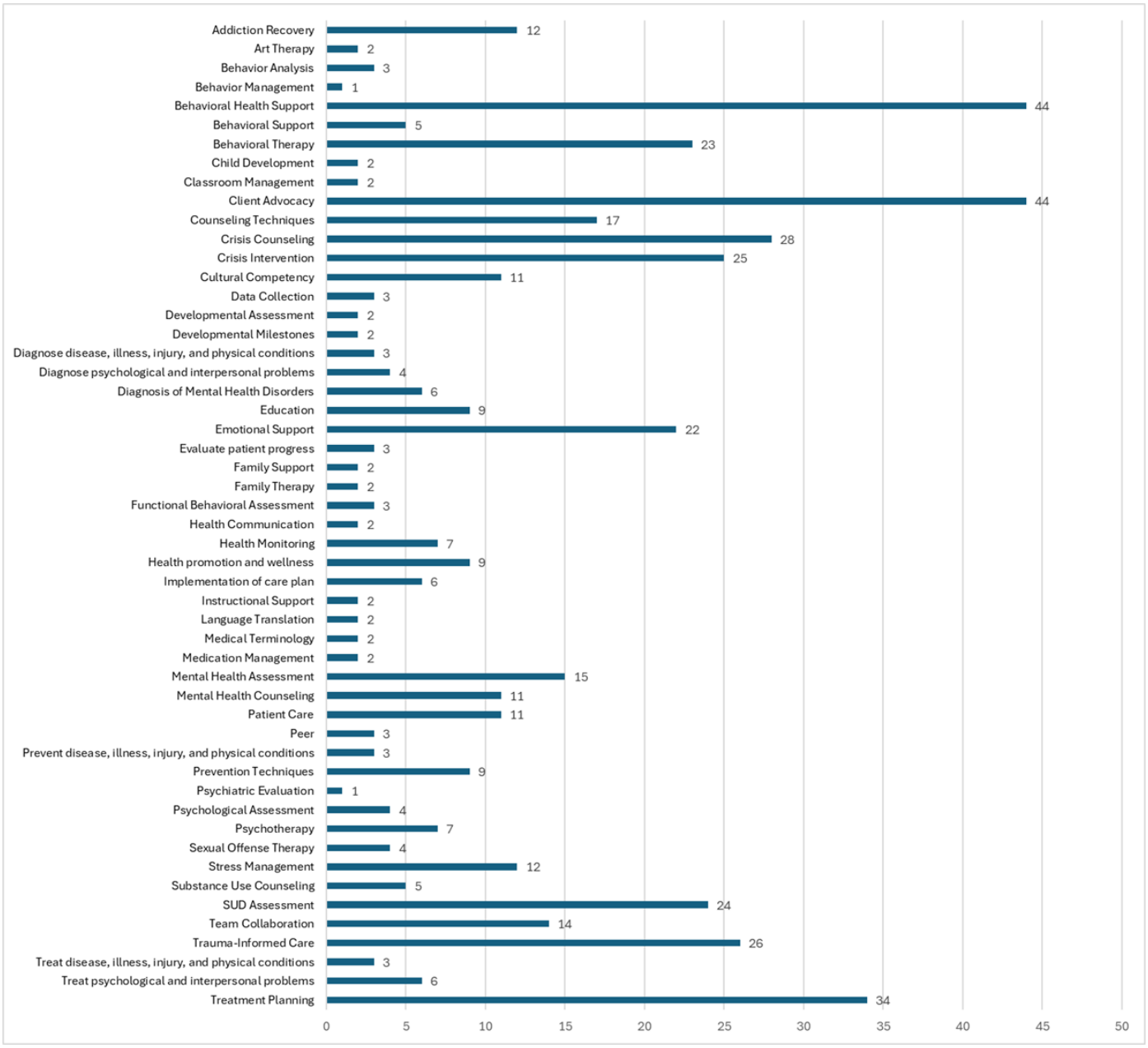
The five most universal transferable skills were BH support, client advocacy, treatment planning, crisis counseling, and trauma-informed care. Notably, crisis intervention, SUD assessment, behavioral therapy, and emotional support ranked high as well (see Chart 4). The BH roles involving the most transferable skills include the following:

- Licensed marriage and family therapist, marriage and family therapist registered associate, licensed clinical social worker, and licensed Master of Social Work
- Board certified psychiatrist and licensed psychologist
- Certified secondary clinical sexual offense therapist, certified clinical sexual offense therapist, certified associate clinical sexual offense therapist, and certified clinical sexual offense therapist intern

Based on our examination of the interaction of skills, skills gaps, and supply/demand in Oregon, we have concluded that the prevalence of skills gaps for specific shortages reported by the stakeholders interviewed in Oregon's BH community suggests that these are generally not skills in the traditional sense of the term. Specifically, most of the skills gaps reported pointed to more systemic and pervasive factors such as challenges engaging in self-care (which are pervasive as evidenced by our quantitative survey findings), overly general training prior to starting in BH workforce positions, and digital literacy issues. In other words, the "skills gaps" identified by the BH workforce stakeholders in Oregon are more akin to a behavioral/skill repertoire, and represent complex, multifaceted patterns of behavior that would generally be considered to be larger and more challenging to address than a simple skill. Graduates may have many of the teachable skills that are transferrable but find themselves unprepared for the emotional and psychological demands of the work, expectations of working on a team, or administrative workload.

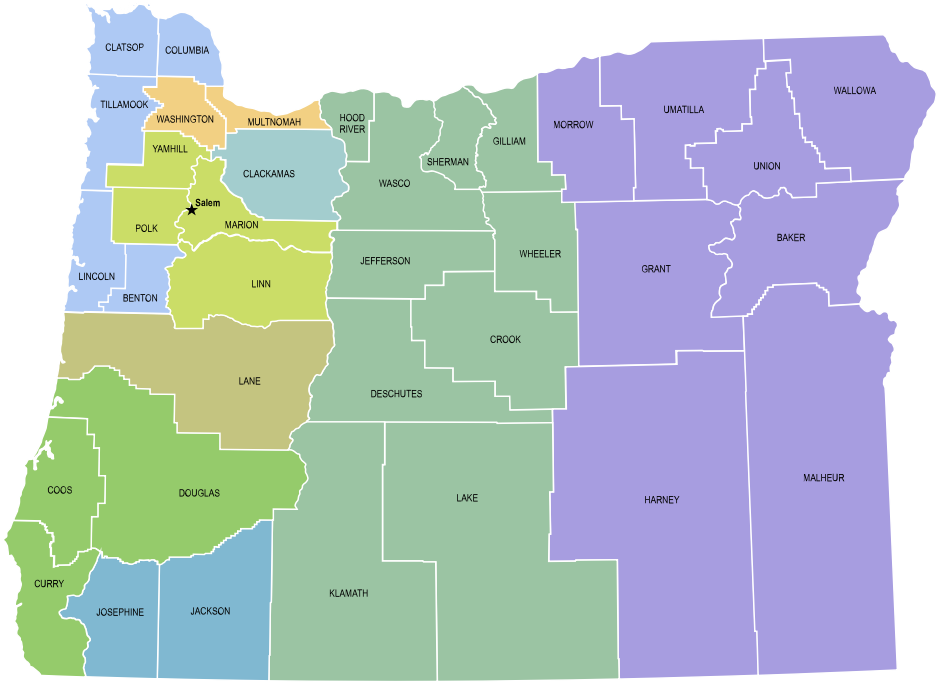
The prevalence of relevant transferrable skills within the Oregon BH system is a strength, but we find significant systematic issues undermining both the pipeline (how people learn about and enter a profession) and retention of BH workers. This suggests that the skills transferability is highly unlikely to be interacting in any notable way with the supply/demand. If the skills were clearly related to supply/demand, we would see more clear-cut, discrete skills gaps that would be connected to shortages. Instead, the skills gaps mostly brought our attention back to the pipeline issues during higher education and complex issues that lead to ineffective self-care and burnout.

Chart 4: Frequency of 52 Key Skills in BH Credentials and Licenses (see Appendix E)



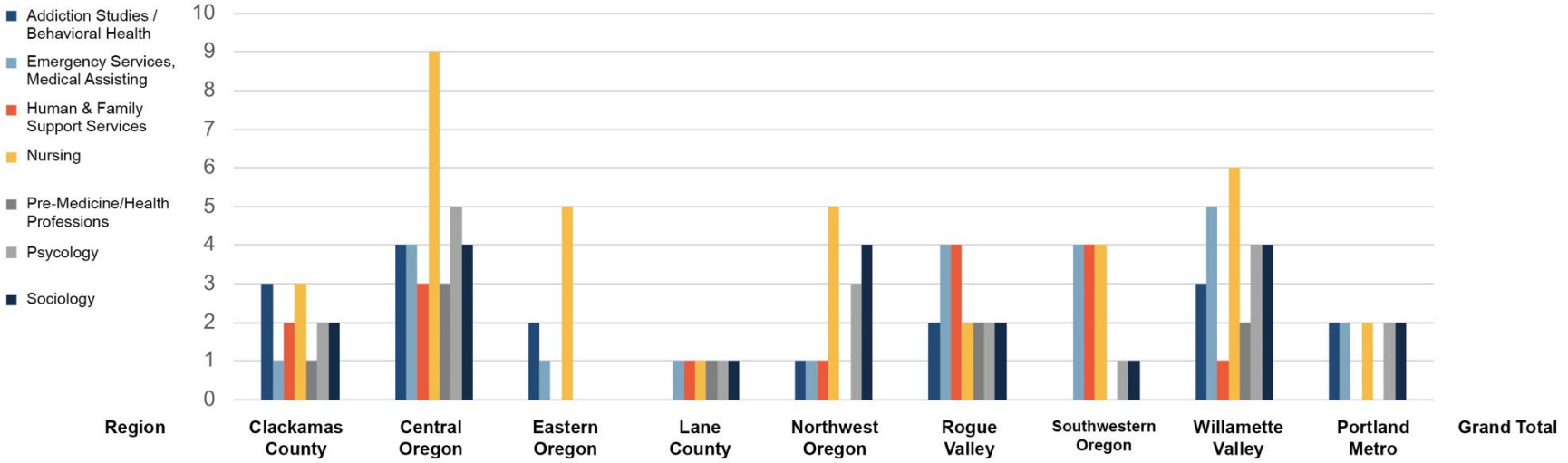
Graphic 6: Inventory Postsecondary BH Education and Training Programs

In collaboration with HECC, Oregon's counties were arranged into the following regions, finding that this distribution is largely reflective of shared economic conditions, commute sheds, education partners, and workforce service providers.



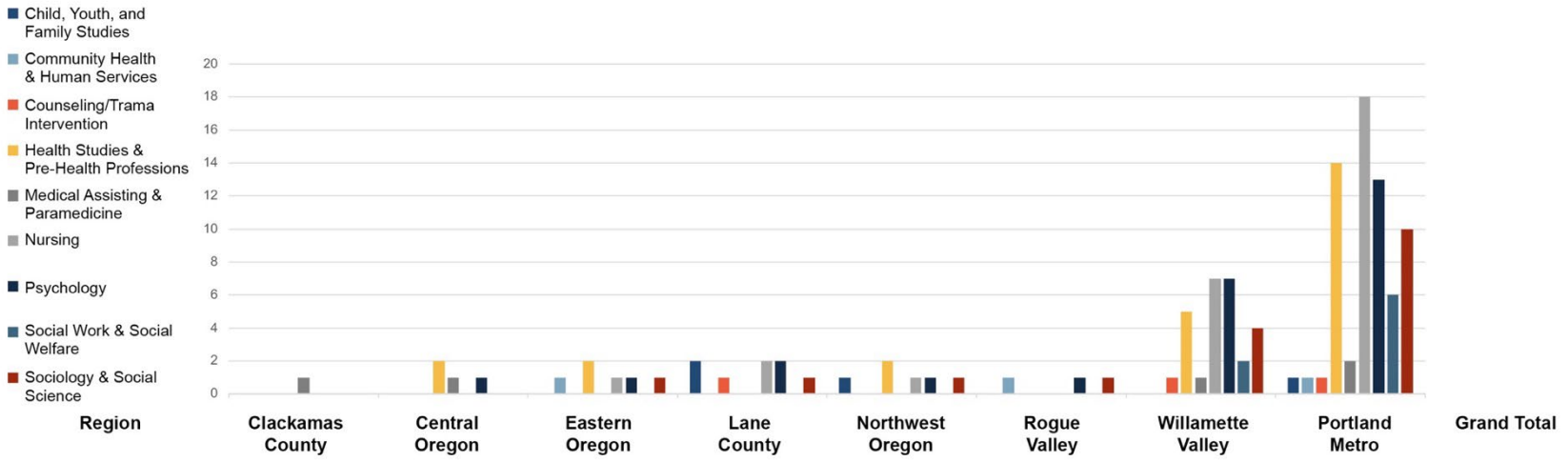
Regions			
Central Oregon	**Eastern Oregon**	**Northwest Oregon**	**Rogue Valley**
Crook County	Baker County	Benton County	Jackson County
Deschutes County	Grant County	Clatsop County	Josephine County
Gilliam County	Harney County	Columbia County	**Southwestern Oregon**
Hood River County	Malheur County	Lincoln County	Coos County
Jefferson County	Morrow County	Tillamook County	Curry County
Klamath County	Umatilla County	**Portland Metro**	Douglas County
Lake County	Union County	Multnomah County	**Willamette Valley**
Sherman County	Wallowa County	Washington County	Linn County
Wasco County	**Lane County**		Marion County
Wheeler County	Lane County		Polk County
Clackamas County			Yamhill County
Clackamas County			

Chart 5: Community College Areas of Study (Program Counts by Region)



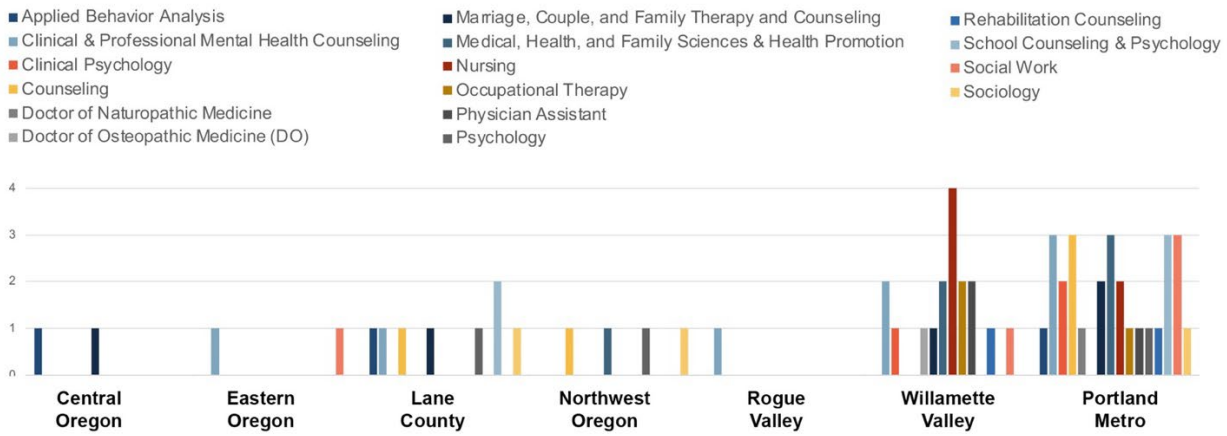
Region	Clackamas County	Central Oregon	Eastern Oregon	Lane County	Northwest Oregon	Rogue Valley	Southwestern Oregon	Willamette Valley	Portland Metro	Grand Total
Addiction Studies/ Behavioral Health	3	4	2		1	2		3	2	**17**
Emergency Services/Medical Assisting	1	4	1	1	1	4	4	5	2	**23**
Human & Family Support Services	2	3		1	1	4	4	1		**16**
Nursing	3	9	5	1	5	2	4	6	2	**37**
Pre-Medicine/Health Professions	1	3		1		2		2		**9**
Psychology	2	5		1	3	2	1	4	2	**20**
Sociology	2	4		1	4	2	1	4	2	**20**
Grand Total	**14**	**32**	**8**	**6**	**15**	**18**	**14**	**25**	**10**	**142**

Chart 6: Undergraduate Areas of Study (Program Counts by Region)



Region	Clackamas County	Central Oregon	Eastern Oregon	Lane County	Northwest Oregon	Rogue Valley	Willamette Valley	Portland Metro	Grand Total
Child, Youth, and Family Studies				2	1			1	**4**
Community Health & Human Services			1			1		1	**3**
Counseling/Trauma Intervention				1			1	1	**3**
Health Studies & Pre-Health Professions		2	2		2		5	14	**25**
Medical Assisting & Paramedicine	1	1					1	2	**5**
Nursing			1	2	1		7	18	**29**
Psychology		1	1	2	1	1	7	13	**26**
Social Work & Social Welfare							2	6	**8**
Sociology & Social Science			1	1	1	1	4	10	**18**
Grand Total	**1**	**4**	**6**	**8**	**6**	**3**	**27**	**66**	**121**

Chart 7: Graduate Areas of Study (Program Counts by Region)



Region	Central Oregon	Eastern Oregon	Lane County	Northwest Oregon	Rogue Valley	Willamette Valley	Portland Metro	Grand Total
Applied Behavior Analysis	1		1				1	**3**
Clinical & Professional Mental Health Counseling		1	1		1	2	3	**8**
Clinical Psychology						1	2	**3**
Counseling			1	1			3	**5**
Doctor of Naturopathic Medicine							1	**1**
Doctor of Osteopathic Medicine (D.O.)						1		**1**
Marriage, Couple, and Family Therapy and Counseling	1		1			1	2	**5**
Medical, Health, and Family Sciences & Health Promotion				1		2	3	**6**
Nursing						5	2	**7**
Occupational Therapy						2	1	**3**
Physician Assistant						2	1	**3**
Psychology			1	1			1	**3**
Rehabilitation Counseling						1	1	**2**
School Counseling & Psychology			2				3	**5**

Region	Central Oregon	Eastern Oregon	Lane County	Northwest Oregon	Rogue Valley	Willamette Valley	Portland Metro	Grand Total
Social Work		1				1	3	**5**
Sociology			1	1			1	**3**
Grand Total	**2**	**2**	**8**	**4**	**1**	**18**	**28**	**63**

- Portland Metro has the highest number of undergraduate and graduate areas of study related to BH. However, it ranks seventh in the number of community colleges offering programs in this field. Central Oregon leads in the number of community colleges, followed by Willamette Valley and Rogue Valley in second and third place, respectively.
- Central Oregon, despite having the highest number of community colleges offering programs related to BH, has limited higher education opportunities in this field. It offers only one undergraduate area of study in medical assisting and paramedicine, and two graduate areas of study in applied behavioral analysis and marriage, couple, and family therapy and counseling. Similarly, Clackamas County offers 14 areas of study related to BH through community colleges, but only 1 undergraduate area of study in medical assisting and paramedicine, and no BH areas of study through graduate school. Rogue Valley offers 18 areas of study through community colleges, but only 3 undergraduate programs and 1 graduate program related to BH.
- Willamette County ranks second for both undergraduate and graduate program areas of study related to BH after Portland Metro, and second after Central Oregon for community college programs. It has a more balanced distribution of programs across graduate, undergraduate, and community college levels compared to Portland Metro.
- Nursing is the most prevalent area of study across community college, undergraduate, and graduate programs. Beyond nursing, the most commonly offered behavioral health-related programs at community colleges include emergency services/medical assisting, psychology, and sociology. Among undergraduate programs, aside from nursing, the most commonly offered programs include psychology, health studies and pre-health professions, and sociology and social science. For graduate programs related to BH, the top areas of study are clinical and professional mental health counseling, nursing, and medical, health, and family sciences and health promotion.

Educational Data

Tables 8–10 below present data regarding BH course enrollment, BH-associated majors, and BH credential or degree earned, provided by HECC for the 17 community colleges and seven public 4-year public universities in Oregon. AHP conducted analyses to examine changes in student enrollment numbers prior to the COVID-19 pandemic, after the pandemic, and for all years the data were available.

Specifically, AHP examined the percentage changes from 2014–15 to 2018–19, from 2021–22 to 2023–24, and from 2014–15 to 2023–24 for the number of students who took any BH course, number of students whose first declared major was BH and who took at least one BH course, and number of students who earned a BH credential. The associated year ranges were selected to narrow in on the impact that the COVID-19 pandemic may have had on higher education enrollment and degree attainment trends between 2020 and 2021.

Overall, the number of students who enrolled in any BH course decreased between the 2014 and 2023 academic years for both community colleges and public universities (-29% and -12%, respectively). Findings show that the number of students who enrolled in any BH course at community colleges decreased prior to the pandemic (-13%), but this trend reversed and increased in the years following the pandemic (13%). Public universities experienced the same degree of decreasing enrollment both before (-6%) and after (-6%) the pandemic (Table 8).

The number of community college students whose first declared major is BH associated and who took at least one BH course decreased by 57% from 2014–15 to 2018–19, then increased by 56% from 2021–22 to 2023–24. The overall trend, including pandemic years, shows a decrease of 35% (Table 10). This trend was different for public university students generally increased slightly over time, as reflected by a 5% increase from 2014–15 to 2018–19, a 4% increase from 2021–22 to 2023–24, and a 22% increase from 2014–15 to 2023–24 (Table 9).

Similarly, results show decreases in the number of students who earned a BH credential from community colleges and slight increases from public universities. The number of community college students who earned a BH credential decreased by 48% from 2014–15 to 2023–24, but the number of students who earned a BH credential from public universities increased 5% over the same time span (Table 10). Overall, the trends reflected in this data reveal a decline in students who enter the BH field from community colleges over time, a trend that started prior to the pandemic. This finding underscores the need for exploring and understanding this trend, as well as greater investment in these institutions to attract and recruit students into the BH workforce talent pipeline.

Table 8. Number of Students Who Enrolled in any BH Course by Institution and Percent Change from 2014–15 to 2018–19, 2021–22 to 2023–24, and 2014–15 to 2023–24

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	% change from 2014-15 to 2018-19	% change from 2021-22 to 2023-24	% change from 2014-15 to 2023-24
Community Colleges													
BMCC	0	0	0	0	0	0	0	17	0	0	**N/A**	**N/A**	**N/A**
COCC	2,112	2,023	2,065	1,991	2,146	2,212	1,922	1,597	1,450	1,518	**2%**	**-5%**	**-28%**
Chemeketa CC	7,030	7,640	6,649	6,911	6,389	6,041	4,975	4,104	4,334	4,827	**-9%**	**18%**	**-31%**
Clackamas CC	2,771	2,575	2,424	2,384	2,231	2,012	1,958	1,540	1,610	1,609	**-19%**	**4%**	**-42%**
Clatsop CC	443	536	524	501	445	527	349	336	323	313	**0%**	**-7%**	**-29%**
CGCC	0	0	0	0	0	0	0	42	0	368	**N/A**	**776%[a]**	**N/A**
KCC	599	722	625	670	700	778	627	568	706	874	**17%**	**54%**	**46%**
LCC	2,820	2,489	2,438	2,341	2,422	2,388	2,359	1,939	2,093	2,217	**-14%**	**14%**	**-21%**
LBCC	2,256	2,143	2,056	2,012	1,908	1,732	1,534	1,359	1,458	1,511	**-15%**	**11%**	**-33%**
MHCC	3,422	2,810	2,660	2,363	2,173	2,096	1,683	1,323	1,276	1,446	**-36%**	**9%**	**-58%**
OCCC	223	107	203	188	165	205	176	142	126	175	**-26%**	**23%**	**-22%**
PCC	616	592	525	553	531	452	525	504	512	480	**-14%**	**-5%**	**-22%**
SWOCC	1,066	1,070	1,051	1,113	1,002	1,263	912	1,026	903	924	**-6%**	**-10%**	**-13%**
TBCC	69	71	116	48	75	97	108	78	75	70	**9%**	**-10%**	**1%**
TVCC	1,400	1,169	1,010	945	971	943	848	664	672	744	**-31%**	**12%**	**-47%**
UCC	1,087	1,001	1,043	1,172	1,283	1,131	1,040	996	1,104	1,329	**18%**	**33%**	**22%**
Grand Total	**25,914**	**24,948**	**23,389**	**23,192**	**22,441**	**21,877**	**19,016**	**16,235**	**16,642**	**18,405**	**-13%**	**13%**	**-29%**
Public Universities													
EOU	1,380	1,300	1,171	1,075	1,048	1,075	1,450	1,439	1,307	1,280	**-24%**	**-11%**	**-7%**
OIT	1,428	1,308	1,424	1,336	1,314	1,484	1,386	1,421	1,269	1,300	**-8%**	**-9%**	**-9%**
OSU	11,207	11,224	11,673	11,263	11,225	11,256	10,358	10,771	10,479	10,704	**0%**	**-1%**	**-4%**
PSU	12,296	11,963	11,404	11,339	11,331	10,747	10,383	10,192	9,686	9,191	**-8%**	**-10%**	**-25%**
SOU	2,087	2,651	2,549	2,368	2,248	2,185	2,182	3,214	2,828	2,589	**8%**	**-19%**	**24%**
UO	10,410	10,889	11,603	10,028	9,397	9,572	9,557	9,783	9,728	9,846	**-10%**	**1%**	**-5%**
WOU	3,473	3,594	3,514	3,402	3,315	3,375	3,207	2,772	2,662	2,498	**-5%**	**-10%**	**-28%**
Grand Total	**42,108**	**42,748**	**43,144**	**40,597**	**39,624**	**39,420**	**38,292**	**39,324**	**37,702**	**37,107**	**-6%**	**-6%**	**-12%**

* Completions include bachelor's, master's, and doctoral degrees as well as undergraduate and postbaccalaureate certificates.

* Completions include associate degrees and certificates of < 1 year to 2+ years.

(*) indicates no data reported.

N/A represents instances where percent change could not be calculated due to a value of 0 or no data reported.

[a] This value is an outlier that perhaps represents a steep increase from zero or very few courses offered to an expanded course offering that started in the 2023–24 academic year, which is inconsistent with the overall trend for CGCC.

Table 9. Number of Students Whose First Declared Major Is BH and Who Enrolled in at Least One BH Course by Institution and Percent Change from 2014–15 to 2018–19, 2021–22 to 2023–24, and 2014–15 to 2023–24

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	% change: 2014-15 to 2018-19	% change: 2021-22 to 2023-24	% change: 2014-15 to 2023-24
Community Colleges													
BMCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
COCC	84	69	71	62	42	53	46	48	39	63	**-50%**	**31%**	**-25%**
Chemeketa CC	264	148	100	63	58	43	33	31	41	35	**-78%**	**13%**	**-87%**
Clackamas CC	38	35	37	31	26	37	36	28	31	32	**-32%**	**14%**	**-16%**
Clatsop CC	0	0	0	0	*	0	0	0	0	0	**N/A**	**N/A**	**N/A**
CGCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
KCC	0	0	*	*	*	*	*	*	13	*	**N/A**	**N/A**	**N/A**
LCC	*	*	*	0	0	*	0	0	*	0	**N/A**	**N/A**	**N/A**
LBCC	54	50	60	83	45	53	43	54	66	73	**-17%**	**35%**	**35%**
MHCC	91	87	94	57	56	64	99	108	119	224	**-38%**	**107%**	**146%**
OCCC	*	0	*	0	0	0	*	*	0	0	**N/A**	**N/A**	**N/A**
PCC	19	13	12	18	14	*	10	*	13	21	**-26%**	**N/A**	**11%**
SWOCC	*	*	*	*	*	18	*	*	*	0	**N/A**	**N/A**	**N/A**
TBCC	0	*	0	0	0	0	*	*	*	*	**N/A**	**N/A**	**N/A**
TVCC	246	168	93	73	88	57	56	44	46	64	**-64%**	**45%**	**-74%**
UCC	0	0	0	0	*	0	0	0	0	0	**N/A**	**N/A**	**N/A**
Grand Total	**801**	**579**	**473**	**389**	**341**	**338**	**332**	**335**	**373**	**522**	**-57%**	**56%**	**-35%**
Public Universities													
EOU	234	218	209	183	188	185	260	287	268	325	**-20%**	**13%**	**39%**
OIT	75	75	101	93	112	131	151	131	146	148	**49%**	**13%**	**97%**
OSU	1,981	1,937	1,930	1,874	1,951	2,165	2,299	2,563	2,719	3,130	**-2%**	**22%**	**58%**
PSU	4,282	4,410	4,330	4,337	4,652	4,335	4,147	4,081	3,699	3,522	**9%**	**-14%**	**-18%**
SOU	420	481	515	535	542	521	539	1,000	1,057	1,037	**29%**	**4%**	**147%**
UO	1,989	2,032	2,112	1,911	2,073	2,173	2,196	2,645	2,847	3,092	**4%**	**17%**	**55%**
WOU	746	735	810	729	693	704	688	649	618	611	**-7%**	**-6%**	**-18%**
Grand Total	**9,727**	**9,888**	**10,007**	**9,662**	**10,211**	**10,214**	**10,280**	**11,356**	**11,354**	**11,865**	**5%**	**4%**	**22%**

* Completions include bachelor's, master's, and doctoral degrees as well as undergraduate and postbaccalaureate certificates.

* Completions include associate degrees and certificates of < 1 year to 2+ years.

(*) indicates no data reported.

N/A represents instances where percent change could not be calculated due to a value of 0 or no data reported.

Table 10. Number of Students Who Earned a BH Credential by Institution and Percent Change from 2014–15 to 2018–19, 2021–22 to 2023–24, and 2014–15 to 2023–24

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	% change: 2014-15 to 2018-19	% change: 2021-22 to 2023-24	% change: 2014-15 to 2023-24
Community Colleges													
BMCC	0	*	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
COCC	*	*	*	*	*	*	0	0	*	*	**N/A**	**N/A**	**N/A**
Chemeketa CC	30	29	19	21	15	*	15	17	11	*	**-50%**	**N/A**	**N/A**
Clackamas CC	28	27	19	40	15	16	24	13	19	23	**-46%**	**77%**	**-18%**
Clatsop CC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
CGCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
KCC	0	0	0	0	0	0	*	*	*	*	**N/A**	**N/A**	**N/A**
LCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
LBCC	11	10	16	22	32	22	26	23	27	20	**191%**	**-13%**	**82%**
MHCC	53	54	37	50	38	18	*	11	18	18	**-28%**	**64%**	**-66%**
OCCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
PCC	72	58	41	63	69	39	41	89	53	29	**-4%**	**-67%**	**-60%**
RCC	*	11	*	17	*	*	16	*	13	11	**N/A**	**N/A**	**N/A**
SWOCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
TBCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
TVCC	19	20	0	*	*	*	*	*	0	*	**N/A**	**N/A**	**N/A**
UCC	0	0	0	0	0	0	0	0	0	0	**N/A**	**N/A**	**N/A**
Grand Total	**227**	**213**	**142**	**215**	**181**	**115**	**136**	**168**	**147**	**118**	**-20%**	**-30%**	**-48%**
Public Universities													
EOU	33	36	26	26	31	23	36	35	53	67	**-6%**	**91%**	**103%**
OIT	35	34	39	42	44	40	55	56	33	51	**26%**	**-9%**	**46%**
OSU	515	556	535	527	500	578	547	562	579	647	**-3%**	**15%**	**26%**
PSU	1,069	1,018	1,049	1,113	1,069	1,042	1,036	1,048	1,050	1,039	**0%**	**-1%**	**-3%**
SOU	110	103	116	143	136	154	122	125	110	117	**24%**	**-6%**	**6%**
UO	594	526	584	492	518	539	480	525	521	542	**-13%**	**3%**	**-9%**
WOU	180	159	174	200	186	224	200	202	188	199	**3%**	**-1%**	**11%**
Grand Total	**2,536**	**2,432**	**2,523**	**2,543**	**2,484**	**2,600**	**2,476**	**2,553**	**2,534**	**2,662**	**-2%**	**4%**	**5%**

* Completions include bachelor's, master's, and doctoral degrees as well as undergraduate and postbaccalaureate certificates.

* Completions include associate degrees and certificates of < 1 year to 2+ years.

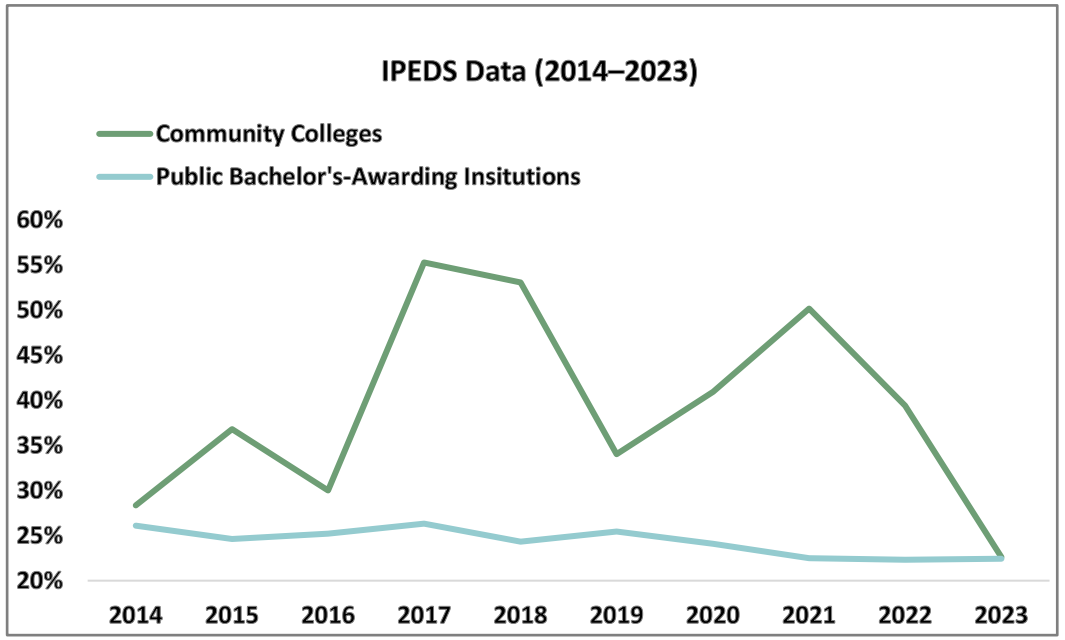
(*) indicates no data reported.

N/A represents instances where percent change could not be calculated due to a value of 0 or no data reported.

Data from Integrated Postsecondary Education Data System: Completion of Degrees and Certificates

The associated demand data identified in this analysis should be compared with and informed by the trend analyses of the IPEDS data on the completion of degrees and certificates (i.e., sub-degree credentials, associates, bachelors, masters, doctorates) from Oregon colleges and universities, public and private, that are commonly associated with the BH occupation continuum. Using the IPEDS data, we discovered the following key findings:

Chart 8: Percentage of BH-Related Majors Who Completed Their Degree by Degree Type and Year



- The Oregon community college completion rate for BH-related majors was 37%, which is slightly lower than the national average of 43%.
- Oregon public universities that grant bachelor's degrees saw completion rates for BH-related majors at only 24%, which is dramatically lower than the national average of 67%.
- Chart 8 shows that for community colleges, but not public bachelor's degree institutions in Oregon, there was considerable variability year-over-year from 2014 to 2023 such that even though the completion rate for community colleges is slightly lower than the national average overall, it surpassed national averages during three of the years within this timeframe.
- Unfortunately, there were consistent decreases in completion rates for BH-related majors for both types of degree-awarding institutions in 2022 and in 2023.

Table 11 shows the completion rates in public institutions granting bachelor's degrees in Oregon as a function of BH-related majors by year and by race using IPEDS data provided by HECC (insufficient data was available for community colleges). We found that Black/African American students' completion rates decreased year-over-year from 2013 to 2019 such that completion rates were 23% (i.e., similar to the overall average) in 2019 prior to dropping all the way to 16% in 2023. This consistent decrease represents an almost 30% decrease in the completion rates for Black/African American students while the other races on average showed no change in either direction. These findings are concerning not only because they point to racial educational disparities, but because our primary survey findings also found that Black/African American students in the BH field were more likely to begin but not complete their bachelor's degree relative to their white counterparts, thus notably increasing our confidence in this overall finding. No gender-specific differences were found in completion rates in these data.

Table 11: Completion Rates for BH-Related Bachelor's Degrees in Oregon Public Institutions

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Asian American/Asian	24%	29%	24%	27%	23%	25%	24%	28%	24%	25%
Black/African American	21%	25%	23%	23%	19%	23%	22%	19%	17%	16%
Latino/a/x/Hispanic	21%	21%	23%	23%	23%	22%	23%	21%	22%	21%
Native American/Alaska Native	16%	17%	21%	31%	26%	25%	22%	24%	25%	*
Native Hawaiian/Pacific Islander	34%	25%	21%	18%	24%	33%	20%	24%	18%	*
Two or more	23%	17%	23%	24%	21%	22%	22%	20%	19%	21%
White	28%	26%	26%	28%	26%	27%	25%	23%	23%	24%

Focus Groups

AHP held two virtual focus groups composed of educators in the BH field and BH oversight authorities. The final focus groups list agreed upon by AHP and HECC included invitations sent to 11 BH oversight authorities and 13 invitations to educators. Five people invited for each group were able to participate. As with the KIIs, the team uploaded the notes from the focus groups to NVivo, a qualitative data software program, and coded them using thematic analysis. This analysis was used to identify recommendations to address challenges in the field.

Micromanaging behavioral health providers, … 30 years ago that probably made some sense because we didn't have enough licenses; it was all new. But now the industry has multiple certifications that are complex and confusing, and we need more specific training for them … We still have these antiquated kind of redundant and maybe antithetical to modern practice requirements. We've got to fix this problem because it's driving people out of the field.

Leader in a statewide BH association

Participants in focus groups included the following:

Five BH educators:

- One community college
- Three public universities
- One postsecondary education training and support provider

Five BH oversight authorities:

- One Oregon Health Authority (OHA) representative
- One Oregon Council for Behavioral Health representative
- One representative from CareOregon, the state's largest provider of Medicaid health services
- One Mental Health & Addiction Certification Board of Oregon (MHACBO) representative
- One Oregon Community Health Workers Association representative

Table 12: Key Recommendations from Focus Groups

Oversight Authorities
• Implement broader licensing, including more professionals who can diagnose and supervise. • Increase compensation at all levels. • Reduce administrative burden and heavy caseloads. • Reduce staff-to-client ratio. • Create safer working conditions. • Provide training for roles with advancement potential and working within scope of care.

Educators
• Review opportunities to support funding for higher education and reduce costs. • Continue creating partnerships between employers and higher education. • Employers should continue reaching out to schools to fill open positions. • Increase salaries to keep up with cost of living, especially salaries for entry-level staff. • Explore ways to hire and retain faculty for in-demand programs. • Create opportunities for collaboration vs. competition among higher educational institutions. • Fund staff time for collaborative work. • Support students to get more practical, hands-on experience, especially students from rural and frontier areas. • Address fear of what the state of education will be with changing governmental administration, especially funding from the Department of Education. • Create flexible learning opportunities for students across the state while also balancing the need to learn skills in person. • Address lack of broadband in rural communities. • Market to high school–aged youth.

Current Challenges

Typical Labor Market Experiences

Data from our November 2024 survey of 326 BH workers in Oregon shows that 58% of respondents reported spending between 6 months to 2 years in the BH workforce (see Table 15 for additional breakdown and details). Moreover, only 17% of the sample of respondents reported having worked at least 6 or more years in the field, which further suggests that the current average duration of work experience in the field is short. Existing estimates of average longevity of BH careers are highly variable, with estimates ranging from 8 to 20 years.

Wage Growth

Table 13 presents data from the U.S. Bureau of Labor Statistics that show, when adjusting for inflation percentage per year, the last several years experienced relatively flat wage growth in the United States, and Oregon's wage levels typically are slightly lower than national averages.[11] Based on these findings, unless particularly notable changes occur statewide, in the northwestern United States, and/or nationally that shift economic and financial infrastructures in behavioral health systems, we forecast continued steady-state patterns of wage stagnation for BH workers in Oregon. The data suggest wages will hover around zero growth for a while with a potential slight trend

[11] Bureau of Labor Statistics. (2024, April 3). *May 2023 national occupational employment and wage estimates*. U.S. Department of Labor. https://www.bls.gov/oes/2023/may/oes_nat.htm

towards decreasing, but the indicators are not consistent or clear enough to formulate a reliable prediction.

Table 13: Recent Wage Growth Changes after Adjusting for Inflation

	Percentage of Change in National Wage		Inflation-Adjusted Wage Change	
	2022 vs. 2023	**2021 vs. 2022**	**2022 vs. 2023**	**2021 vs. 2022**
Psychologists	5%	4%	0.2%	-3.7%
Psychiatrists	4%	-1%	-1.0%	-9.0%
Nurse Practitioner	3%	5%	-2.1%	-2.7%
Marriage and Family Therapists	8%	6%	3.2%	-2.2%
Mental Health Counselors	5%	3%	0.8%	-4.6%
SUD or Mental Health Social Workers	6%	11%	1.2%	3.0%

Notably, in other industries, U.S. wage growth has remained relatively steady at approximately 4–5% growth per year, which is similar to the 5% average wage growth shown for these BH workforce positions in the last two year-over-year calculations. We also found that with the exception of marriage and family therapists and clinical social workers, all other occupations in this table have experienced a net decrease in wages when accounting for inflation. An additional consideration to include is wage competition among providers that contributes to staff turnover.

The span for BH workers in Oregon is similar or shorter than 20 years. For example, as shown in Table 14 below, self-reported intent to quit one's job in the next month peaks at 61% for BH workers aged 30–39 and older. It is common that formal intent to quit rates are somewhat correlated with proximity to retirement age as a preplanned life event, but no such finding was observed here.

Critically, self-reported intent to quit one's job shows variable levels of correspondence with actual, voluntary quitting in real-world studies. To provide context regarding the potential percentage of BH workers in Oregon who may actually voluntarily quit their job in the near future, we summarized the effects of three diverse studies that examined the differences between self-reported and actual

voluntary quit rates in organizations.[12,13,14] Moreover, we used two different forms of aggregation in an attempt to further reduce potential error associated with estimating the correspondence between self-reported and actual turnover rates between these studies and the current survey study. We are confident that our estimate is likely conservative—the proportion who actually quit relative to the total who self-reported that they will quit in our survey is likely higher than we are estimating.

Based on the above assumptions, as shown in Table 14 below, we estimate at least 13% of those 18 to 29, 18% of those 30 to 39, 7% of those 40 to 49 and 3% of those 50 and older will voluntarily quit outside of retirement contexts. This suggests that approximately 1 in 5 BH workers aged 30–39 is estimated to voluntarily quit their job in the next month. This finding is concerning not only because this age range encompasses the largest proportion of BH workers in the state, but because these BH workers are often highly skilled and trained staff, such that their departure is likely to have a larger negative impact on the existing workforce at their organization than other positions. For example, those intending to quit their job in the next month averaged a salary of $137,000, whereas those not intending to quit their job averaged $64,800 in annual pay. Moreover, there were over 100 participants in each of these two groups, and the standard errors of the mean were less than $5,000 for each group, which suggest that this difference is very robust.

Table 14: Survey-Based Percentages of Intent to Quit Next Month by Age (n=326)

Age Group	Yes	Estimated % Who Will Formally Quit Next Month
18 to 29	44%	13%
30 to 39	61%	18%
40 to 49	25%	7%
50 and Older	10%	3%

It is feasible that those who remain in the BH workforce for over 6 years may reach a functional "cusp" point wherein they are considerably more likely to stay in the field for a longer relative duration than those who did not stay in the field up to that duration.

Another consideration is that the observed average age of BH workers in Oregon in our sample was 34 years old, and the average age of one's first BH position was 31 years old. Therefore, there is

[12] Peltokorpi, V., Allen, D. G. and Shipp, A. J. (2023) Time to leave? The interaction of temporal focus and turnover intentions in explaining voluntary turnover behavior. *Applied Psychology, 72* (1). pp. 297–316. https://doi.org/10.1111/apps.12378

[13] Maier, C., Laumer, S., Eckhardt, A., & Weitzel, T. (2015). Who really quits? A longitudinal analysis of voluntary turnover among IT personnel. *SIGMIS Database, 46*(4), 26–47. https://doi.org/10.1145/2843824.2843827

[14] Cho, Y. J., & Lewis, G. B. (2012). Turnover intention and turnover behavior: Implications for retaining federal employees. *Review of Public Personnel Administration, 32*(1), 4–23. https://doi.org/10.1177/0734371X11408701

likely a shorter time until retirement for those in the BH workforce in Oregon compared to other fields where individuals are more likely to begin their career in their field of choice in their early to late 20s. When comparing the age of 34 found in our respondents to those who may attain their first job in their preferred career at 25 years old, we observe a notable 23% difference in the number of presumably active years of employment simply based on retirement proximity alone.

On average, those BH workforce in Oregon surveyed reported starting their first full-time job in their early-to-mid 30s, suggesting many needed that time to complete the necessary education and training requirements and others likely came to the BH field after having worked in a different field or industry. Together, the evidence in this section about BH career timelines in Oregon suggests it is likely that the average tenure in the BH field is less than 20 years.

Although the survey does not precisely pinpoint the exact duration of time between when respondents first knew they wanted to work in BH and when they first acquired a position, based on our data on time employed in BH, age, and the year respondents first felt confident that they would pursue a career in BH, we can ascertain that BH workers in Oregon spend on average more than 10 years between thinking they want to work in the field and successfully finding employment. Notably, once committed, the interval between completing their highest education and obtaining a job in the field decreases considerably; once they completed their highest education, it took approximately 6 months for BH respondents in this survey to find a job.

Most students who eventually enter the BH workforce do so late in their undergraduate careers. The majority of Oregon's BH workforce has a bachelor's degree, and we found the following insights:

- 57% did not declare their final major/concentration in college until their junior year or later.
- On average, students changed majors three times before completing their undergraduate program.
- Approximately 80% or higher of those who completed bachelor's and graduate programs reported satisfaction levels (1–5) of 4 or 5 when rating their professors and instructors.
- Over 50% completed an associate's degree, which is a much higher prevalence than national averages across all industries.

Inferential and Predictive Analytics

We compared demographic characteristics of those who did not attempt to earn a bachelor's degree, those who began the degree in Oregon but did not finish, those who began the degree outside of Oregon and did not finish, those who completed their bachelor's degree in Oregon, and those who successfully completed that degree outside of Oregon.

Results showed that Black individuals and individuals reporting multiple races appear to be more likely to start, but not finish, bachelor's programs relative to those reporting their race as white (Table 15). For example, 36% of the sample reporting starting but not completing their bachelor's program

in Oregon were Black, and only 22% of those who successfully completed their bachelor's degree in Oregon were Black. Conversely, although 45% of the sample who began but did not finish their bachelor's program were white, 72% of the sample completing their degree in Oregon were white. Together, these findings suggest potential racial inequities in the likelihood of completing bachelor's degree programs in Oregon. Similarly, those reporting gender identities of man (transgender), woman (transgender), or gender non-conforming or non-binary were more likely to start but not finish their bachelor's degree in Oregon. By discovering these two inequities, we can be more confident than otherwise that there are indeed such inequities present in the BH workforce in Oregon.

Table 15: Comparison by Demographics by Location and Completion Status of Bachelor's Degree

Variable	Did Not Attempt	Started in OR, Did Not Finish	Started Outside of OR, Did Not Finish	Completed in OR	Completed Outside of OR
Race					
American Indian, Native American, or Alaska Native	5%	0%	0%	1%	2%
Asian	2%	5%	3%	1%	0%
Black or African American	10%	36%	28%	22%	30%
White	73%	45%	61%	72%	79%
Native Hawaiian or other Pacific Islander	0%	0%	0%	1%	0%
Other	3%	5%	3%	1%	3%
Multiple Races	8%	9%	6%	2%	2%
Ethnicity					
Hispanic	10%	36%	36%	54%	55%
Gender Identity					
Man (cisgender)	31%	36%	42%	59%	56%
Man (transgender)	5%	18%	14%	9%	11%
Woman (cisgender)	58%	36%	42%	31%	33%
Woman (transgender)	0%	5%	3%	0%	0%
Gender Non-Conforming or Non-Binary	2%	5%	0%	1%	0%
Prefer not to answer	5%	0%	0%	0%	0%

We also compared whether completing a bachelor's degree and whether completing a graduate degree in Oregon versus outside of Oregon were associated with differences in the proportion of respondents who reported specific reasons for pursuing the BH field, the percentage experiencing burnout multiple times a month or more, the percentage reporting intent to quit their job this month, and the percentage intending to quit the BH industry as a whole within the next month.

I see lots of folks really wanting to go into social work, seeing it as allowing them to have the tools in order to make a change. People don't do it for monetary reasons … There's typically a passion piece around it.

Community college educator

Generally, most existing BH workers surveyed indicated that they pursued a BH career due to the desire to follow their values (i.e., helping others) regardless of the location of their completed higher education program (min.: 50.7% to max.: 64.2%). Notably, 1 in 5 BH workers who completed their bachelor's degree in Oregon cited career guidance as the number one reason they entered the BH workforce, which was roughly four times the percentage of those who received their degree outside of Oregon. Intent to quit one's job in the next month, percentage experiencing burnout multiple times a week or more, and intent to quit the BH industry entirely were above 50% for all four groups. Notably, those whose graduate education was completed outside of Oregon were significantly higher for each of these measures such that roughly 3 out of 4 experienced burnout, intended to quit their job, and intended to leave the field. Based on data from other studies,[15] these burnout and intent to quit findings are much higher than anticipated compared to other states.

Table 16: Comparison of Impetus toward a BH Career, Burnout, and Intent to Quit by Location of Education

	Bachelor's Program		Graduate Program	
Top Reason for Pursuing a BH Career	**In OR**	**Not in OR**	**In OR**	**Not in OR**
Values (e.g., helping others)	54.4%	59.5%	50.7%	64.2%
Career guidance was provided to me	20.0%	5.4%	13.4%	20.8%
Lived experience	11.1%	10.8%	16.4%	0.0%
Industry mission and values	5.6%	5.4%	7.5%	1.9%
Pay/benefits	2.2%	13.5%	9.0%	1.9%
Works with my lifestyle and/or family	3.3%	2.7%	0.0%	7.5%
Intent to Quit	**In OR**	**Not in OR**	**In OR**	**Not in OR**
Intent to quit job this month	64.3%	71.2%	55.2%	78.9%
Burnout % multiple times per week or more	58.6%	62.1%	52.6%	78.9%
Intent to quit BH industry	53.6%	57.6%	46.6%	73.3%

Return on Investment (ROI) Modeling of Current Pipeline and Turnover Outcomes

When combined with existing empirical evidence, our survey data suggest slightly over 1 in 10 (i.e., 12%) of current, active BH workers in Oregon will quit the BH industry entirely in 2025. Although such a prevalence might be considered typical for voluntary turnover at a specific organization or job, when considered at an industry-wide level, this estimate is concerning.

[15] Data was derived from internal data collected by AHP. This data is proprietary and not publicly available.

To estimate the general cost of turnover in Oregon, we first use our weighted percentage estimate of the percentage of Oregon BH workers who will objectively quit in the next month (i.e., 14%) and multiply that percentage by the estimated total of 10,848 BH workers in the state.[16] This results in 1,502 BH workers estimated to quit their BH job in the next month. Next, we use our average salary of those reporting intent to quit their job in the next month (i.e., $137,000) and multiply that by a conservative estimate of average turnover and replacement costs per worker who voluntarily quits (i.e., 50% of 1-year salary; $68,500). Last, we multiply $68,500 in per-worker costs of quitting by the number estimated to quit, 1,502, and we arrive at $102,887,000 in turnover costs. Notably, this conservative estimate does not take into account that our data suggest over half of those likely to quit their BH job are also indicating that they intend to leave the BH industry entirely. Moreover, this calculation of turnover costs only technically accounts for 1 month. When our turnover estimate is converted to an annual rate, we estimate roughly $1.2 billion in turnover costs are spent per year in the BH system in Oregon.

What Pipeline and System Variables Predict Entering the BH Workforce?

Among those with a bachelor's degree or higher as their highest education, we added key workforce variables experienced before and during employment, after education and training were completed, for workers across all industries, to identify which variables predicted prospective, relative odds of entering the BH workforce. Overall, the model was 75% accurate on average for correctly predicting those who did indeed enter the BH workforce and for correctly predicting those who did not enter the BH workforce. We controlled for gender identity and employment duration in one's industry, but neither variable was statistically significant in the model.

Key findings include the following:

- Choosing one's college major later in one's college experience was generally associated with elevated odds of entering the BH workforce such that those choosing their major 5 years or later into their time in college were over four times more likely to going into the BH workforce.
- Having a family member or family friend in the BH workforce when a child was associated with 12 times greater relative odds of entering the BH workforce.

[16] Zhu, J. M., et al. (2022, February 1). *Behavioral health workforce report to the Oregon Health Authority and State Legislature*. Center for Health Systems Effectiveness, Oregon Health & Science University. https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20Health%%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf

Table 17: Factors Increasing the Odds of Entering the BH Workforce

	Significant?	Increase in Relative Odds of Going into BH Job
Point Bachelor's Major Chosen (ref: Freshman Year)	Yes	
Sophomore year	Yes	2.5 times greater
Junior year	No	
Senior year	Yes	2.1 times greater
Year 5 or later	Yes	4.2 times greater
Family or Key Family Friend Was in BH in Childhood	Yes	12 times greater
Gender Identity	No	
Stressors (ref: 100% from life)	Yes	
75% from outside of work	Yes	7.2 times greater
50% from outside of work	Yes	2.4 times greater
75% from work	Yes	2.7 times greater
100% from work	Yes	4.5 times greater

What Pipeline and System Variables Predict Leaving the BH Workforce?

Among bachelor's students, when examining predictors of leaving the BH workforce (i.e., intent to quit), we found that the contribution of choosing the major one graduates with later in one's college career was associated with 4.4 times greater odds of leaving the BH workforce when it occurred during senior year, and 15 times greater when it happened any year after senior year. Experiencing half of one's stress from work and half from life was the only stress category that contributed to elevated risk of turnover (i.e., 4.9 greater times for intending to quit). Those reporting experiencing burnout multiple times per month or more demonstrated 7.9 times greater relative odds of intending to quit their job in the next month.

Interestingly, the contribution of having a family member or family friend in the BH workforce as a child was not significantly predictive of turnover, but also in contrast to the past model, we found that identifying as a man (cisgender) was associated with 4.8 times greater relative odds of turnover. The gender-specific finding suggests that at least part of the reason for such a higher prevalence of women in the BH workforce is due to lower attrition for women. However, when considering our findings together from this report, it is moderately likely that this gender effect is one of the few empirical findings that is functionally holding Oregon's BH workforce shortages from reaching critical thresholds.

Table 18: Predicting Turnover Amongst BH Workforce Using Pipeline Factors in Oregon

	Significant	Increase in Relative Odds of Leaving BH Job
Point Bachelor's Major Chosen (ref: Freshman Year)	Yes	
Sophomore year	No	
Junior year	No	
Senior year	Yes	4.4 times greater
Year 5 or later	Yes	15 time greater
Family or Key Family Friend Was in BH in Childhood	No	
Gender Identity	Yes	4.8 times greater odds Man (cisgender) relative to Woman (cisgender)
Stressors (ref: 100% from life)	Yes	
75% from outside of work	No	
50% from outside of work	Yes	4.9 times greater
75% from work	No	
100% from work	No	
Burnout Multiple Times/Month or More (N vs. Y)	Yes	7.9 times greater
Primary Earner in Household	No	

Recommendations Relevant to BH Talent Pipeline

First and foremost, the call for addressing wage gaps and promoting transparent wage scales remains a foundational expectation toward increasing equity and providing an authentic living wage. Without concerted effort and progress on this front, other recommendations and initiatives will too easily contribute to wage suppression and perpetuate occupational segregation.

I think we will have to pay people well to come to this field. It will really have to be a livable, long-term wage, where I think right now it's something people are really driven to do by their heart, they have to step away from because it's not a logical, long-term decision financially.

Clinical director

The recommendations relevant to the BH workforce fall into four categories with notable overlap. Collectively, they call for program expansion, implementation, policy, and public funding opportunities as well as recruitment, retention, and advancement strategies to address gaps and opportunities to growing and expanding a diverse BH workforce.

1. Academic and Career Pathways (equity and access, components and quality, uniformity and transparency, career exploration and recruitment, career pathway development and communication, informed by data)
2. Compensation, Reimbursement, and Benefits (equity and access, authentic living wage, resources and support toward diversity and representation, informed by data)
3. Workforce Development, Education, and Training (equity and access, resources and support to offset cost and historically low return on investment, informed by data)
4. Data Collection and Workforce Alignment (equity and access, centralized hub, publicly accessible)

In considering how best to approach and manage these recommendations, HECC's Healthcare Industry Consortium is well-positioned to establish a BH workforce workgroup that can review, prioritize, identify lead stakeholders, help coordinate initiatives, establish accountability, and monitor progress. To aid in this process, recommendations are labeled as short-, medium-, and long-term, which should not be misconstrued as indicating priority. It is likely that many medium- and long-term initiatives will take precedence over some short-term strategies. No matter the timeframe for any initiatives, workforce development is an iterative process that requires constant management, assessment, adjustment, and improvement.

These recommendations stem from a scope of work that focused on the talent pipeline, particularly postsecondary capacity. Over the course of the research, discussions, and writing of this report, as with any sector approach to workforce development, the academic and educational resources provided only part of the picture. The data on intent to quit speak directly to this fact. While the manner in which BH professionals prepare to enter the field certainly impacts their potential career longevity, a matrix of factors contributes to burnout and intent to quit. As recommendations turn to action steps within the scope of the talent pipeline, these should be complimented by initiatives across the BH workforce experience from reducing demand to creating employee-centered workspaces to building new facilities that provide BH services in underserved regions. Additional areas for improvement include prevention programming, workplace culture, leadership training, worker mental health and wellness management, strategic partnerships, infrastructure initiatives, responsible and responsive telehealth and digital education.

The AHP team appreciated the commitment and spirit of the steering committee, whose feedback and insights proved invaluable in crafting this report and, in particular, in formulating the recommendations. To highlight the relevance of their input, the specific components of a recommendation offered or influenced by the committee are identified by an asterisk (*).

Academic and Career Pathways

Recommendation: *Evaluate the efficacy of academic pathways leading to employment in the BH sector.*

The survey data surfaced clear discrepancies between those completing their postsecondary

education in and outside of Oregon that directly affect the choice of and longevity in the BH workforce. The survey data also indicated a strong correlation between frequent and late shifts in deciding on a BH-related major and longevity in the BH field. Among other priority action steps, understanding these dynamics more fully is critical. (short to medium)

- Conduct further investigations into successful practices and outcomes based on educational data (Tables 9, 10, and 11) to determine and help inform initiatives to bolster enrollment, career guidance, and entry into the BH sector. (short to medium)

Recommendation: *Craft a set of statewide initiatives to provide early career exploration, appropriate work-based learning experiences, and career guidance based on individual interest, skills, and career fit. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

The interviews and survey data indicate that there is not a systematic or effective set of practices helping to educate and direct people into the BH workforce. A steering committee might provide the most inclusive and effective design, management, and oversight across these suggested initiatives.

- Design and disseminate a marketing campaign for a broad audience of stakeholders from high school students to legislators that answers a set of basic questions.* (short to medium)
  - What is BH?
  - What skills are needed or preferred?
  - What is the scope of roles from entry-level direct service to management to analysts?
- Establish and disseminate best practices in BH career guidance to better assess, inform, and encourage job fit (e.g., personality/skill inventories to inform career exploration, encourage a discursive process, informational interviews). (short to medium)
- Define and pilot high school–level curriculum unit(s) or electives that reflect authentic rewards and challenges in providing BH care services (e.g., virtual reality/experiential modules), including individual and group mentoring to explore and develop transferable skills.* (medium to long)
  - For example, the Career Technical Education Center, operated by Salem-Keizer Public Schools, offers a program that “is designed to provide students with a comprehensive understanding of the complexities surrounding human behavior, mental health, and social well-being.” https://ctec.salkeiz.k12.or.us/programs/behavior-health-and-human-services
  - Support statewide initiatives to minimize the urban/rural divides in education about and access into the BH field.
- Identify and pilot viable early BH career experiences such as partnering with social service agencies who address food and housing insecurities, job shadowing of nonclinical roles paired with informational interviews with clinicians, and wellness coaches/ambassadors in

schools. (short to medium)

- Promote BH technician roles as a pathway for younger demographics into the BH workforce, as this is a position that pays well, serves as an entry point, and does not require lived experience.* (short to medium)

Recommendation: *Increase access to and financial support for BH-related educational programs to address faculty shortages and regional gaps in access, opportunities, and number of BH professionals. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Create pipelines for BH faculty with salaries that support the cost of living.* (long)
- Increase BH degrees offered (community college, bachelor's, and graduate degree levels) and slots within programs.* (long)
  - Bolster Associate of Arts Oregon Transfer (A.A.O.T.) and Associate of Science Oregon Transfer (A.S.O.T.) degree pathways concentrated in psychology/social work so that students have complete transferable credits in Oregon public universities. (medium to long)
  - Communicate how Associate of Applied Science (A.A.S.) degrees from BH workforce and allied professional Career and Technical Education (CTE) programs in community colleges are a viable pathway. (short to medium)
- Investigate further the trend of declining numbers of students entering the BH field from community colleges (Table 10).* (short to medium)
- Analyze which credentials offer limited career mobility and which provide broader opportunities to better inform investments intended to bolster the BH workforce. (short to medium)
- Recognize that state funding for educational/training programs needs to come with a 5- to-6-year timeline so that programming can be fully developed and sustainable; accreditation for programs can take up to 3 years.* (short to medium)
- Lower the cost of education to increase access, especially for community college and public universities.* (medium to long)
- Support financial aid, scholarships, tuition reimbursement, and loan forgiveness programs.*
- Explore alternative options to cumbersome and confusing loan forgiveness programs. (medium to long)

- Provide funding for micro-credentials. (medium to long)

I think because the workforce is so diverse that there isn't a common definition of behavioral health education … We have human service education, we have social work, we have counseling … We need to do a better job with our vocabulary around human services … Social workers, counselors, they're human service practitioners, but not all human service practitioners are social workers or counselors. And I think that's where many people become very confused.

Human services educator

Recommendation: *Create clear language to define BH and manage publicly accessible resources to help guide and support those entering and working within the BH field. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Convene a working group of stakeholders to create clear language around BH (e.g., as well-defined as physical health) to foster more cohesive and consistent vocabulary and structure.* (short to medium)
- Create information on career pathways that outlines clear steps to obtain various BH careers (e.g., human services, social work, counseling) informed by BH professionals' experiences; offer comprehensive, publicly accessible career and credentialing information with no fee, membership, or registration required. (medium to long)
- Streamline and standardize licensure process and requirements. (long)
  - Research best practices from other states and apply them to Oregon's situation while honoring and preserving a local and responsive quality of care. One example is how Washington State is approaching licensing reciprocity.
  - Utah is working to "reduce unnecessary barriers to workforce development."
  - Massachusetts has created a state-level resource for SUD career development, Career of Substance.
  - Work to create a crosswalk of BH credential and licensure requirements and standard coursework in relevant fields. Important partners might include the Association for Multidisciplinary Education and Research in Substance use and Addiction (AMERSA) and statewide programs to increase knowledge about mental health and BH in other fields and occupations, such as nursing, emergency medical technology, school counseling, business administration, and criminal justice.
  - Explore national initiatives such as the National Center for Interstate Compacts' the Social Work Licensure Compact, as well as the National Mental Health Workforce Acceleration Collaborative.

- Offer region-specific BH career roadmaps to encourage a grow-your-own approach for Tribal, rural, and frontier communities. (short to medium)
- Be transparent about the time commitment and costs to get licensure or further degrees (e.g., supervision hours, costs associated with supervision), so students and newcomers to the field understand the full breadth of requirements.* (short to medium)

Recommendation: *Define and expand support for educational pathways from high school and across all postsecondary options. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Create a curriculum akin to a "premed" path for BH careers that has a recognized value when applying to the next level of education. (medium to long)
  - Work with the Boards of Education to include BH as a focus within health career pathways. The National Occupational Competency Testing Institute (NOCTI) could be contracted to work with a cohort of leaders to craft curricula and develop micro-credentials in BH.
- Expand support for community colleges as a step to bachelor's and beyond; give additional funding to community colleges that have students going on to bachelor's programs.* (medium to long)
  - Incentivize collaboration (i.e., articulation agreements) with community colleges to facilitate a viable career pathway. (medium to long)
- Work within bachelor's and graduate degree programs to support BH pathways to raise completion rates. (medium to long)

Compensation, Reimbursement, and Benefits

Suggestions run from specific initiatives such as pay incentives for specialized positions to more general wage premiums for specialized roles, skills, and providing care to populations that are underserved.

Recommendation: *Address inequities between community-based and private practice providers. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Develop progressive reimbursement rates and billable services, which currently undervalue community-based health care as well as client needs and outcomes and fail to support culturally responsive care.* (medium to long)
- Explore and fund financial incentives for specialized workforce roles (e.g., position/job role, region, underserved communities) that align with union regulations and are equitable.* (medium to long)

- Redefine and provide the resources to community mental health work as a sustainable career choice rather than a stepping stone to private practice.* (medium to long)

Workforce Development, Education, and Training

As recruitment and retention in the BH field persist as pain points, it is necessary to prioritize further improvements in working conditions (in tandem with authentic living wages) to foster healthier, more inclusive workplace cultures that support retention and attract diverse candidates.

Recommendation: *Expand funding and resources for education and professional development. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Expand tuition reimbursement programs; subsidize training opportunities and certification costs.* (medium to long)
- Subsidize housing, relocation, and childcare costs, particularly in rural areas and within underserved communities.* (medium to long)
- Establish best practices for supporting workers and supervisors.*
  - Subsidize clinical supervision. (medium to long)
  - Review and simplify or reduce administrative burdens placed on BH providers and supervisors to strike a balance between ensuring high-quality patient care and overburdening providers. (medium to long)
  - Fund work-based learning experiences (e.g., internships, apprenticeships). (medium to long)
  - Pair acute clients with appropriately trained providers. (medium to long)
  - Reduce staff-to-client ratio. (medium to long)
- Foster collaboration across agencies and stakeholders.*
  - Centralize and create a statewide strategy for collaboration with representative working groups tasked with recommending innovative solutions based on needs from the field (i.e., data-driven solutions). (short to medium)
  - Address the administrative burden on care providers and supervisors; rethink, revise, and simplify reporting, billing, and current redundancies in process and protocols. (medium to long)
- Continue to create more partnerships between employers and higher education.*
  - Add tiered pathways into BH jobs that support education and employment together as one, not separately. (medium to long)

- Fund students in predesignated areas/fields that are experiencing shortages and pair this with a 2-year working commitment (e.g., California Title IV-E program focused on child welfare). (medium to long)

The fact that we very much have a patchwork approach, so I think there's a lot of left hand doesn't know what the right hand is doing … All these different people who are all concerned about the same thing …

Community college BH workforce educator

Recommendation: *Infuse the principles of equity and inclusion to diversify and expand the talent pipeline. Recommendations offered or influenced by the steering committee are identified by an asterisk (*).*

- Expand training toward a culturally responsive workforce starting with leadership (e.g., training leaders and management to better set the tone for workplace culture, cultural responsiveness, inclusive practices, community engagement and voice).
- Identify and then reduce barriers for BIPOC individuals seeking a career in BH.* (medium to long)
- Increase opportunities for the workforce to learn evidence-based practices, professional boundaries and safety, professional writing and digital literacy skills, resilience and self-care, cultural humility, and team-based care skills.* (medium to long)
- Create programming within organizations that have supportive services, mentorship, and wraparound support built in for staff. (short to medium)
- Focus on rural and culturally relevant services.*
  - Increase access to in-person and virtual BH resources in rural areas with culturally competent providers. (medium to long)
  - Increase the share of providers who are multilingual and represent populations that are underserved, underrepresented, and under-resourced. (medium to long)
- Develop clear career pathways that are supported, well compensated, and sustainable to attract and retain a more diverse workforce.* (medium to long)
- Use data to intentionally inform initiatives focused on increasing workforce diversity.* (medium to long)

Data Collection and Workforce Alignment

Another common recommendation is for more comprehensive, coordinated, and intentional use of data to assess workforce diversity and wage gaps to inform strategic decisions, to assess pilot

initiatives and funding, and to track and assess client-centered service delivery, adequacy, and quality. These data then can be used to inform sector-specific workforce development and lifelong learning initiatives.

Recommendation: *Create a state data center overseen by a data methodologist.*

- Enhance IPEDS and BH data processes/protocols to consistently capture primary, relevant, and current data. (medium to long)
- Make data readily available for others to access and analyze, for use across stakeholders and decision makers. (medium to long)
- Fund a large, primary data collection initiative that leverages an annual longitudinal survey to establish benchmarks and assess where legislative and regulatory initiatives are effectively improving the workforce. (medium to long)

Appendix A: Summary of Existing BH Supply and Demand Reports

Reports Reviewed

Effects of the Pandemic on Oregon's Healthcare Workforce: Summarizes the high-level industry trends in the health care workforce and the findings from a survey of Oregon health care providers. https://www.oregon.gov/workforceboard/Talent%20Documents/Health%20Industry%20Workforce%20Report%2011-13-2020.pdf

Postsecondary Healthcare Education Shortage in Oregon: Examines the role Oregon postsecondary institutions could play in potentially helping to alleviate the shortage of health care professionals, with emphasis on increasing program capacity in postsecondary nursing programs. https://www.oregon.gov/highered/strategy-research/Documents/SLDS/STUDY-PostsecondaryHealthcareEducationShortageInOregonFinal.pdf

Health Care Trends in Oregon: Provides an overview of health care trends in Oregon, including unemployment rates, comparisons between industries, employment trends, and vacancies. https://www.oregon.gov/highered/about/Documents/Industry-Consortia/Healthcare/9-14-23-4.0-HealthcareIC-DataRefresherAndSurveyResults.pdf

Oregon 2024 Talent Assessment: Looks to gain a comprehensive understanding of the opportunities and challenges within Health Sciences, Information Technology & Analytical Instruments, Construction, and Wood Products Manufacturing industry clusters by using labor market data and workforce and education system coordination, analysis of job postings, interviews with key partners in Oregon, and a statewide employer survey. https://www.oregon.gov/highered/strategy-research/Documents/Reports/2024-talent-assessment.pdf

Oregon's Licensed Health Care Workforce Supply: Examines the number of licensed professionals practicing in Oregon, time spent with patients, where professionals are working, how many professionals there are relative to the population, and how many professionals specialize in primary care, BH, and oral health. https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/HWRP_Supply_Report_2024.pdf

The Diversity of Oregon's Licensed Health Care Workforce: Explores the race, ethnicity, gender, language, and disability makeup of Oregon's nearly 126,000 licensed health care professionals compared with that of the state to understand the racial and ethnic composition of Oregon's licensed health care workforce, how the workforce composition is changing, how the workforce culturally and linguistically represents the population that it serves, and what portion of the workforce report living with some form of disability. https://www.oregon.gov/oha/HPA/HP-HCW/Meeting%20Documents/4.-Workforce-Diversity-Report.pdf

Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon: Evaluates Oregon's health care provider incentives and informs efforts to achieve health equity and increase access to culturally responsive care in urban and rural underserved areas of the state. https://www.oregon.gov/oha/HPA/HP-HCW/Documents/2023-Evaluation-of-Health-Care-Provider-Incentives-Report.pdf

Substance Use Disorder Financial Analysis: Analyzes the adequacy of BH structures in the state, including conducting an analysis of BH costs and financing. https://www.oregon.gov/oha/HSD/AMH/DataReports/SUD-Financial-Analysis-Report-0424.pdf

Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon: Aims to improve the access, utilization, and outcomes of BH for all Oregonians through a coconstructed, community-led research process to provide OHA's recommendations for culturally and linguistically responsive services at the level of coordinated care organizations (CCOs). https://www.coalitioncommunitiescolor.org/2021-bh-report

Appendix B: Current Workforce and Demand Analysis

Reports Reviewed

Community Health Workers and Behavioral Health Care: Examines the role of community health workers (CHWs) in BH services, focusing on state and federal legislation's impact on CHW roles, funding mechanisms, training requirements, and comparing state approaches to determine if reforms are grassroots-driven or top-down initiatives. https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1387&context=jhclp

Factors Influencing Turnover and Attrition in the Public Behavioral Health System Workforce: Qualitative Study: Assesses factors contributing to workforce turnover and attrition in Oregon's public BH system, with a focus on challenges in the clinical work environment and insights from BH professionals' firsthand experiences. https://psychiatryonline.org/doi/abs/10.1176/appi.ps.20220516

An Analysis of Oregon's Behavioral Health Workforce: Describes the composition and distribution of Oregon's licensed and unlicensed BH workforce in relation to population needs, identifying provider shortages and maldistributions that hinder optimal care delivery. https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-03-Analysis-Oregon-BH-Workforce.pdf

Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature: Provides recommendations to the Oregon Legislature for achieving equitable, living wages for BH care workers, including peers and family support specialists, aligning with the state's equity goals. https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/Behavioral%20Health%20Workforce%20Wage%20Study%20Report-Final%20020122.pdf

Access to Primary, Mental Health, and Specialty Care: a Comparison of Medicaid and Commercially Insured Populations in Oregon: Examines disparities in access to primary and specialty mental health care between Medicaid and commercially insured patients across rural and urban areas in Oregon using comprehensive claims data. https://pubmed.ncbi.nlm.nih.gov/31659659/

Oregon Substance Use Disorder Services Inventory and Gap Analysis: Conducted by Oregon Health & Science University–Portland State University School of Public Health, in partnership with OHA and the Alcohol and Drug Policy Commission, this report inventories Oregon's SUD services, identifying gaps in prevention, harm reduction, treatment, and recovery resources. https://www.oregon.gov/oha/HSD/AMH/DataReports/SUD-Gap-Analysis-Inventory-Report.pdf

Oregon's Health Care Workforce Needs Assessment 2023: Provides insights into workforce needs in communities across Oregon as well as general guidance on how to expand and diversify the health care workforce, including distributing health care provider incentives. This is the fourth biennial assessment of the health care workforce per House Bill 3261 (2017). https://www.oregon.gov/oha/HPA/HP-HCW/Meeting%20Documents/5.-2023-Health-Care-Workforce-Needs-Assessment-Report-January-2023.pdf

Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce: Offers strategies for enhancing Oregon's BH workforce recruitment and retention efforts, drawing on research and case studies from beyond the state to support evidence-based recommendations. https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-04-Recruitment-Retention-Recs-Oregon-BH-Workforce.pdf

Appendix C: Key Informant Interviews

Challenges and Barriers

Education

- Insufficient educational opportunities
  - Faculty shortages and high turnover rates that hinder program stability and scalability
  - Lack of slots in educational programs, paired with lack of faculty or ability to create new programs in areas where more degree programs for BH are needed
  - Lack of a clear pathway for young adults in school to degree/credential and occupational attainment, which creates confusion
- Limited advanced degree programs in BH in Oregon, especially in rural areas
- Financial barriers and incentives
  - High cost of education and low salaries for mental health professionals, which discourage entry into the field
- Lack of preparation in schools for the reality of the workforce, such as clients with high-acuity physical and mental health challenges and insufficient resources to support them
- Loan forgiveness programs that are underutilized due to complexity and lack of awareness
- Faculty recruitment challenges due to lower pay and high demands compared to clinical practice
- Rural areas lacking access to career pathways and educational resources, limiting opportunities for students outside urban centers

Barriers outside of BH that impact the field (external social and economic challenges)

- High cost of living
- Lack of community services to support people with BH needs, resulting in overburdened hospital systems
- Lack of providers in rural areas
- Increased or exacerbated BH needs/high acuity due to social determinants of health—global pandemic, housing crisis, opioid epidemic, etc.
- Basic needs, such as internet access and infrastructure, remaining unmet in some rural areas, exacerbating inequities

Structural and systemic challenges:

- Government/legislative decisions impacting BH system's ability to function

- Excessive administrative regulations governing patient care and licensing
- Prescriptive care mandates
- Lack of stakeholder involvement in decision-making process
- Attorneys making decisions about care acuity contrary to providers
- 2016 decision that allowed private practice to bill to Medicaid for services by new hires without a license (who have a master's and register with the board as an associate), which created a problem for community BH providers where new hires traditionally started their careers—new hires now bypassing community BH for more lucrative private practice
- BH providers and educators working in siloes with limited collaboration across systems of care
- Licensing hurdles, such as nontransferable credentials and costly requirements, which create unnecessary barriers for qualified professionals
- A lack of unified statewide strategic planning, which limits coordinated efforts to address workforce shortages
- Hyper-focus on certificate holders/relaxed qualification standards for QMHA vs. QMHP
- Cumbersome, unclear, and costly licensing requirements (Some master's level students must pay clinicians for their own supervision per week.)
- Lack of alignment with national standards
- Historical underinvestment across the state in BH
- Changes in statutes and a rise in workplace violence, which discourage workers, particularly younger individuals, from entering the field
- Staffing laws and union contracts that often clash with practical needs, creating inefficiencies and limiting flexibility (Unions represent county employees, not specifically BH professionals.)

BH provider challenges

- Shortage of providers:
  - Psychiatrists and psychiatric nurse practitioners
  - Master's-level clinicians
  - Specialists in clinical subfield (children, adolescents, older adults, LGBTQIA+, etc.)
  - Direct care and residential staff
  - Paraprofessionals and case managers
- High volume and high acuity of clients, specifically in the Medicaid population served by community health providers

- High acuity paired with a “green” workforce
- Increase in telehealth service post-COVID-19; private practice providers not seeing as many people in person, especially in rural areas
- Lack of diversity in provider network (mostly white women)
- New generation of workforce with new workforce norms; new workforce demanding higher wages and quality of life, not willing to do typical entry-level pathway
- Licensed professionals increasingly transitioning to private practice, career development coaching, or other nonclinical roles due to better work-life balance and tangible outcomes
- Fewer professionals willing to work with high-need clients
- Questions about the longevity of new workforce participants and their willingness to stay in the field amidst systemic challenges

BH system challenges

- Workforce burnout and retention:
  - Early career practitioners facing burnout from heavy workloads and difficult conditions in community agencies
  - Employers often failing to adapt to workforce needs, offering limited job quality and support
- Need for more competitive wages and benefits
- Moral distress/injury as a result of seeing clients get sicker and having no resources to better support them
- Unions may be of limited assistance because they are designed to be county unions and do not understand the unique challenges for BH
- Employers incurring increased costs of on-the-job training (separate from what is being taught in schools)
- Lack of resources/ability to make referrals
- Need for more peer support
- Mismatched services and level of care needed
- Misplaced focus on more training; hard to do training when overwhelmed with day-to-day work
- Computer literacy and documentation standards lacking
- Lack of career advancement opportunities without challenging educational and licensure barriers

- High administrative burden
- Lack of qualified supervisors

Skill Gaps in BH Workforce

- Lack of specialized and evidence-based training; students leaving schools with a “generalist” approach to BH without sufficient evidence-based methods for working with BH populations; high cost of going back to school to get more specialized training
- Struggles with professional boundaries and safety, especially with the emerging peer workforce
- Regulatory knowledge; a lot of regulations for people with limited education to understand in lower-level paraprofessional and peer roles
- Inadequate clinical supervision; not enough qualified and experienced supervisors available to train the new workforce
- Professional writing and digital literacy; challenge for agencies to train in writing appropriate case notes and the use of record management systems
- Resilience and self-care; high caseloads and moral injury/distress hard to manage with acute client population
- Cultural responsiveness; lack of appropriate training in schools and on the job for cultural responsivity, specifically for American Indian or Alaska Native, Latinx, and rural communities
- Team-based care; new workforce not being adequately trained in schools to work in an interdisciplinary team with other community providers (particularly a problem for community providers working with high-acuity clients)

Appendix D: Task 4: Inventory of Postsecondary BH Education and Training Programs in Oregon

Table A1. High School and Community College BH Field Areas of Study

Institution	County	ZIP	Area of Study (CIP Code)[17]
High School			
1. **Career Technical Education Center, Salem-Keizer Public Schools**	Marion County	97301	- Behavior Health & Human Services
Community Colleges			
1. **Blue Mountain Community College (BMCC)**	Umatilla County Morrow County Baker County	97838 97801 97862 97818 97814	- Nursing (51.3801) - Medical Assisting (51.0801)
2. **Central Oregon Community College (COCC)**	Deschutes County Crook County Jefferson County	97756 97754 97741	- Addiction Studies/Human Services (51.1501) - Pre-Medicine (51.1102) - Practical Nursing (51.3901) - Nursing (Registered Nurse [RN]) (51.3801) - Medical Assistant (51.0801) - Paramedicine (51.0904) - Psychology (42.0101) - Sociology (45.1101)
3. **Chemeketa Community College (Chemeketa CC)**	Marion County Polk County Yamhill County	97305 97338	- Pre-Medicine (51.1102) - Paramedicine (51.0904) - Behavioral Health (51.2212) - Addiction Counselor Certification Prep (51.1501) - Medical Assisting (51.0801) - Practical Nursing (51.3901) - Psychology (42.0101)

[17] Areas of study include degree programs, majors, minors, certificate programs, and transfer degrees. Classification of Instructional Programs (CIP) codes map programs of study throughout the United States.

Institution	County	ZIP	Area of Study (CIP Code)[17]
			- Nursing (51.3801) - Sociology (45.1101)
4. **Clackamas Community College (Clackamas CC)**	Clackamas County	97045 97222 97070	- Alcohol & Drug Counselor Career Pathway (51.1501) - Nursing (51.3801) - Human Services Generalist (44.0000) - Medical Assistant (51.0801) - Social Sciences, Human Services, Criminal Justice (45.0101)
5. **Clatsop Community College (Clatsop CC)**	Clatsop County	97103 97138	- Nursing (51.3801) - Medical Assistant (51.0801) - Drug and Alcohol Counselor (51.1501) - Psychology (42.0101) - Sociology (45.1101)
6. **Columbia Gorge Community College (CGCC)**	Hood River County Wasco County	97058	- Paramedic (51.0904) - Nursing (51.3801) - Psychology (42.0101)
7. **Klamath Community College (KCC)**	Klamath County Lake County	97603	- Nursing (51.3801) - Criminal Justice–Addiction Studies (51.1501) - Medical Assistant (51.0801)
8. **Lane Community College (LCC)**	Lane County	97405 97401 97439 97424	- Nursing (51.3801) - Practical Nursing (51.3901) - Medical Assistant (51.0801) - Paramedicine (51.0904) - Pre-Professional Health Professions (51.1199) - Human Services–Addiction Studies (51.1501) - Psychology (42.0101) - Sociology (45.1101)
9. **Linn-Benton Community College (LBCC)**	Linn County Benton County	97321 97355 97330	- Nursing (51.3801) - Medical Assisting (51.0801) - Psychology (42.0101) - Sociology (45.1101)
10. **Mt. Hood Community College (MHCC)**	Wasco County Clackamas County	97030 97220	- Mental Health, Social Service, and Addiction Counseling (51.1599) - Behavioral Healthcare Specialist (51.1504) - Nursing (51.3801) - Medical Assistant (51.0801) - Psychology (42.0101)

Institution	County	ZIP	Area of Study (CIP Code)[17]
			- Sociology (45.1101)
11. **Oregon Coast Community College (OCCC)**	Lincoln County	97366 97367 97394	- Nursing (51.3801) - Medical Assisting (51.0801)
12. **Portland Community College (PCC)**	Multnomah County Washington County Yamhill County Clackamas County Columbia County	97217 97229 97216 97219	- Addiction Counselor (51.1501) - Family and Human Services (51.1504) - Emergency Medical Technician-Paramedic (51.0904) - Nursing (51.3801) - Medical Assisting (51.0801) - Psychology (42.0101) - Sociology (45.1101)
13. **Rogue Community College (RCC)**	Jackson County Josephine County	97527 97531 97501 97503	- Addiction Studies (51.1501) - Emergency Services (51.0904) - Nursing (51.3801) - Practical Nursing (51.3901) - Medical Assisting Administrator (51.0801) - Paramedicine (51.0904) - Pre-Professional Medicine Interest (51.1199) - Family Support Services (19.0707) - Human Services (44.0701) - Psychology (42.0101) - Sociology-Social Work
14. **Southwestern Oregon Community College (SWOCC)**	Coos County Curry County Douglas County	97420 97415	- Paramedicine (51.0904) - Human Services (44.0701) - Addiction Studies (51.1501) - Nursing (51.3801) - Practical Nursing (51.3901) - Medical Assistant (51.0801)
15. **Tillamook Bay Community College (TBCC)**	Tillamook County	97141	- Nursing (51.3801) - Medical Assistant (51.0801) - Sociology (45.1101)
16. **Treasure Valley Community College (TVCC)**	Malheur County	97914 97720	- Addiction Studies (51.1501) - Medical Assistant (51.0801) - Nursing (51.3801) - Peer Recovery Coaching (51.1501)

Institution	County	ZIP	Area of Study (CIP Code)[17]
17. **Umpqua Community College (UCC)**	Douglas County	97470	- Addiction Studies (51.1501) - Paramedicine (51.0904) - Human Services (44.0701) - Registered Nursing (51.3801) - Practical Nursing (51.3901) - Medical Assisting (51.0801) - Psychology (42.0101) - Sociology (45.1101)

Table A2. Public and Private University BH Field Undergraduate and Graduate Degrees and Certificate Programs

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
Public Universities (4-year)					
1. Eastern Oregon University (EOU)	Union County	97850	- Health & Human Performance: Community Health (51.2208) - Pre-Medicine (51.1102) - Pre-Nursing (51.1105) - Pre-Physician Assistant (51.1111) - Psychology (42.0101) - Sociology (45.1101)	- Clinical Mental Health Counseling (51.1508) - Social Work (M.S.W.) (44.0701)	
2. Oregon Institute of Technology (OIT)	Klamath County	97601	- Applied Psychology (42.2813) - Paramedicine (51.0904) - Pre-Medical (51.1102) - Pre-Osteopathic Medicine (51.1102)	- Applied Behavior Analysis (42.2814) - Marriage and Family Therapy (51.1505)	- Applied Behavior Analysis (42.2814)
3. Oregon State University (OSU)	Benton County	97331 97702 97204	- Human Development and Family Sciences (19.0701) - Pre-Medicine (51.1102) - Pre-Nursing (51.1105) - Pre-Occupational Therapy (51.1107) - Psychology (42.0101) - Sociology (45.1101)	- School Counseling (13.1101) - Human Development and Family Sciences (19.0701) - Psychology (42.2799) - Sociology (45.1101)	- Clinical Science (42.2801) - Community Health Worker (training program) (51.1504)
4. Portland State University (PSU)	Multnomah County	97201	- Child, Youth, and Family Studies (44.0702) - Human Services (44.0000) - Social Work (B.S.W.) (44.0701) - Pre-Medicine (51.1102) - Pre-Naturopathic Medicine (51.1102) - Pre-Nursing (51.1105) - Pre-Physician Assistant (51.1111) - Psychology (42.0101) - Social Science (45.0101) - Sociology (45.1101)	- Applied Behavior Analysis (42.2814) - Counseling: Clinical Mental Health (51.1508) - Counseling: Clinical Rehabilitation (51.2300) - Counseling: Marriage, Couple, and Family (51.1505) - Counseling: School (13.1101)	- Applied Behavior Analysis (42.2814) - Infant/Toddler Mental Health (51.1510)

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
				- Health Promotion: Community Health (51.2208) - Social Work (44.0701) - Psychology (42.2813) - Sociology (45.1101)	
5. Southern Oregon University (SOU)	Jackson County	97520	- Population, Public, and Community Health (51.2201) - Psychology (42.0101) - Sociology (45.1101)	- Clinical Mental Health Counseling (51.1508)	- Foundations of School Mental & Behavioral Health (13.1101)
6. University of Oregon (UO)	Lane County	97403	- Child Behavioral Health (51.2212) - Family and Human Services (19.0701) - Psychology (42.0101) - Sociology & Anthropology (45.1301)	- Applied Behavior Analysis (42.2814) - Counseling Psychology (42.2803) - Couples and Family Therapy (51.1505) - School Psychology (42.2805) - Psychology (42.2799) - Sociology (45.1101)	- Spanish Language Psychological Services and Research (42.2803) - Child Behavioral Health (51.1508)
7. Western Oregon University (WOU)	Polk County	97361	- Educational Psychology (42.2806) - Pre-Nursing (51.1105) - Pre-Medicine (51.1102) - Pre-Occupational Therapy (51.1107) - Pre-Physician Assistant (51.1111) - Psychology (42.0101) - Sociology (45.1101)	- Rehabilitation Counseling (51.2300) - Occupational Therapy (51.2306)	- Mental Health Counseling (51.1508)
Authorized Independent Colleges and Universities Exempt from Regulation					
1. Bushnell University	Lane County	97401	- Accelerated Bachelor of Science in Nursing (B.S.N.) (51.3801) - RN to B.S.N. (51.3801) - Psychology (42.0101)	- Clinical Mental Health Counseling (51.1508) - School Counseling (13.1101)	- School Counseling (13.1101)

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
2. Corban University	Marion County	97317	- Bachelor of Science in Nursing (51.3801) - Counseling Psychology (42.2803) - Psychology (42.0101)	- Clinical Mental Health Counseling (51.1508)	- General Counseling Psychology (42.2803) - Marriage & Family (51.1505) - Trauma & Addictions (51.1501)
3. George Fox University	Yamhill County	97132	- Psychology & Mental Health Studies (42.0101) - Bachelor of Science in Nursing (51.3801) - Pre-Medicine (51.1102) - Psychology (42.0101) - Social Work (44.0701) - Social Welfare (44.0000) - Sociology (45.1101)	- Clinical Psychology (42.2801) - Clinical Mental Health Counseling (51.1508) - Marriage, Couple, and Family Counseling (51.1505) - Social Work (44.0701) - Occupational Therapy (51.2306) - Physician Assistant (51.0912) - Medical Science (51.1401)	- Trauma-Informed Care (51.1513) - Play Therapy (51.2317) - Behavioral Health (51.2212)
4. Lewis & Clark College	Multnomah County	97219	- Health Studies (15.0001) - Psychology (42.0101) - Sociology and Anthropology (45.1301)	- Art Therapy (51.2301) - Marriage, Couple, and Family Therapy (51.1505) - Professional Mental Health Counseling (51.1508) - School Counseling (13.1101) - School Psychology (42.2805)	- Eating Disorders (51.1508) - Ecotherapies (42.2803) - Specialization in Addictions (51.1501)
5. Linfield University	Yamhill County Multnomah County	97317	- Nursing (B.S.N.) (51.3801) - RN to B.S.N. (51.3801) - Master's Entry into Professional Nursing (51.3801) - Psychology (42.0101) - Sociology (45.1101)	- M.S. Nursing (51.3818)	

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
6. Pacific University	Washington County	97116	- Social Work (B.S.W.) (44.0701) - Pre-Graduate Psychology (42.0101) - Pre-Medicine (51.1102) - Pre-Occupational Therapy (51.1107) - Pre-Physician Assistant (51.1111) - Psychology (42.0101) - Psychological Health & Well-Being (42.0101) - Sociology (45.1101)	- Applied Clinical Psychology (42.2801) - Clinical Psychology (42.02801) - Social Work (M.S.W.) (44.0701) - Occupational Therapy (51.2306) - Medical Science (51.1401) - Healthcare Science (51.0701) - Physician Assistant (51.0912)	Special Education Endorsement (13.1001)
7. Reed College	Multnomah County	97202	- Pre-Medicine (51.1102) - Psychology (42.0101) - Sociology (45.1101)		
8. University of Portland	Multnomah County	97203	- Social Work (B.S.W.) (44.0701) - Nursing (B.S.N.) (51.3801) - Psychology (B.A.) (42.0101) - Sociology (B.A.) (45.1101)	- Doctor of Nursing Practice–Family Nurse Practitioner (51.3805)	
9. University of Western States	Multnomah County	97230		- Clinical Mental Health Counseling (51.1508) - Doctor of Naturopathic Medicine (51.3303)	
10. Walla Walla University	Multnomah County	99324	- Nursing (51.3801) - Pre-Medicine (51.1102) - Pre-Occupational Therapy (51.1107) - Pre-Physician Assistant (51.1111) - Social Work (B.S.W.) (44.0701) - Social Welfare (44.0000) - Psychology (42.0101) - Sociology (45.1101)	- Social Work (M.S.W. & D.S.W.) (44.0701)	

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
11. Warner Pacific University	Multnomah County	97215	- Social Work (B.S.W.) (44.0701) - Pre-Medicine (51.1102) - Pre-Nursing (51.1105) - Pre-Physician Assistant (51.1111) - Trauma Intervention (51.1513) - Psychology (42.0101) - Psychology and Human Development (42.0101) - Social Science (45.0101)		
12. Western Seminary	Multnomah County	97215		- Counseling (39.0701)	- Addiction Studies (51.1501)
13. Western University of Health Science	Linn County	97355		- Associate Degree in Nursing (A.D.N.)/RN to Master of Science in Nursing (M.S.N.) (51.3801) - Doctor of Nursing Practice–Family Nurse Practitioner (D.N.P./FNP) (51.3805) - Doctor of Nursing Practice–Psychiatric Mental Health Nurse Practitioner (D.N.P./PMHNP) (51.3810) - Doctor of Osteopathic Medicine (D.O.) (51.1202) - Medical Sciences (51.1401) - B.S.N. to M.S.N. (58.3818) - Physician Assistant Studies (51.0912)	

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
14. Willamette University	Multnomah County Marion County	97301	- Pre-Health (51.0000) - Psychology (42.0101) - Sociology (45.1101)		
Authorized Private Colleges and Universities					
1. Carrington College - Portland	Multnomah County	97232	- Associate Degree in Nursing (51.3801) - Registered Nurse to B.S.N. (51.3801) - Medical Assistant (51.0801) - Nursing Bridge or licensed vocational nurse (LVN) to A.D.N. (51.3901) - Practical Nursing (51.3901) - Vocational Nursing (51.3901)		
2. College of Emergency Services	Clackamas County	97222	- Paramedic (EMT) (51.0904)		
3. Concorde Career College	Multnomah County	97232	- Nursing (Pre-Licensure) (51.3801) - Practical/Vocational Nursing (51.3901) - Registered Nursing to B.S.N. (51.3801) - Medical Assistant (51.0801)		
4. Gutenberg College		97403			
5. Institute of Technology	Marion County	97305	- Practical Nursing (51.3901) - Medical Assistant (51.0801)		
6. Multnomah Campus of Jessup University	Multnomah County	97220	- Psychology (42.0101)	- Counseling (M.A.) (51.1501)	
7. New Hope Christian College	Lane County	97405	- Christian Counseling (39.0701)		

School	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
8. Sumner College	Multnomah County	97220	- Registered Nursing to B.S.N. (51.3801) - Nursing (B.S.N.) (51.3801) - Practical Nursing (LPN) (51.3901)		
Schools with No BH-related Offerings					
1. Embry-Riddle Aeronautical University 2. Mount Angel Seminary 3. National University of Natural Medicine 4. Northwest College of the Bible 5. American College of Healthcare Science 6. American Denturist College 7. A.T. Still University 8. Bergin College of Canine Studies 9. Maitripa College 10. Pacific Bible College 11. Pacific Evangelical School of Ministry 12. Portland Fashion Institute					

Table A3. Institutions Offering Degrees Aligned with Professional Job Titles

Job Title	Degree	Institutions Offering:
1. **Doctor of Osteopathic Medicine**	D.O.	Western University of Health Sciences
2. **Occupational Therapy Doctorate**	O.T.D.	George Fox University Pacific University Western Oregon University
3. **Nurse Practitioner**	D.N.P.-FNP	University of Portland Western University of Health Sciences
4. **Psychiatric Nurse Practitioner**	D.N.P.-PMHNP	Western University of Health Sciences
5. **Naturopathic Doctor**	N.D.	University of Western States

Job Title	Degree	Institutions Offering:
6. **Psychologist**	Psy.D.	George Fox University Northwest University–Oregon Pacific University
7. **Psychologist**	Ph.D.	University of Oregon Pacific University
8. **School Psychologist**	Ph.D.	University of Oregon
9. **Doctor of Social Work**	D.S.W.	Walla Walla University
10. **Marriage and Family Therapist (MFT)**	Master's-MFT	Oregon Tech Whitworth University
11. **Licensed Marriage and Family Therapist (LMFT)**	Master's (LMFT preparation)	Portland State University University of Oregon George Fox University Lewis & Clark University
12. **Licensed Professional Counselor (LPC)**	Master's (LPC preparation)	Portland State University Western Oregon University Bushnell University Corban University George Fox University Multnomah University and Biblical Seminary Northwest University–Oregon Pacific University Western Seminary
13. **Qualified Mental Health Professional**	M.A.	Pacific University
14. **Clinical Mental Health Counseling**	M.S./M.Coun.	Eastern Oregon University Oregon State University Portland State University Bushnell University Corban University George Fox University Northwest University–Oregon University of Western States

Job Title	Degree	Institutions Offering:
15. **School Counselor**	M.A./M.S./M.Ed.	Portland State University Whitworth University Bushnell University Lewis & Clark University
16. **Social Worker**	M.S.W.	Portland State University George Fox University Pacific University Walla Walla University
17. **School Psychologist**	M.S.	University of Oregon
18. **Applied Behavior Analyst**	M.A./M.S.	Portland State University University of Oregon
19. **Art Therapist**	M.A./M.S.	Lewis & Clark University
20. **Professional Mental Health Counselor**	M.A.	Lewis & Clark University
21. **Nursing**	M.S.N.	Linfield University
22. **Physician Assistant**	M.P.A.S.	Pacific University George Fox University Oregon Health & Science University
23. **Social Work (B.S.W.)**	B.S.W.	George Fox University Pacific University Portland State University University of Portland Warner Pacific University
24. **Nurse (B.S.N.)**	B.S.N.	Bushnell University Corban University George Fox University Linfield University Northwest University
25. **Addiction Counselor**	A.A.S.	Portland CC

Job Title	Degree	Institutions Offering:
26. **Nursing**	A.A.S./A.S.	Blue Mountain CC Chemeketa CC Clackamas CC Clatsop CC Columbia Gorge CC Lane CC Linn-Benton CC Mt. Hood CC Oregon Coast CC Portland CC Rogue CC Southwestern Oregon CC Tillamook Bay CC Treasure Valley CC Umpqua CC
27. **Health Professions**	A.A.O.T.	Clackamas CC Lane CC
28. **Paramedicine**	A.A.S.	Central Oregon CC Chemeketa CC Columbia Gorge CC Lane CC Portland CC Rogue CC Southwestern Oregon CC Umpqua CC
29. **Nursing Assistant**	Certificate	Central Oregon CC Clackamas CC Clatsop CC Columbia Gorge CC Linn-Benton CC Mt. Hood CC Oregon Coast CC Tillamook Bay CC Umpqua CC

Job Title	Degree	Institutions Offering:
30. **Registered Nursing**	A.A.S.	Central Oregon CC Umpqua CC
31. **Practical Nursing**	Certificate	Central Oregon CC Chemeketa CC Oregon Coast CC Southwestern Oregon CC Umpqua CC
32. **Basic Nursing Assistant**	Certificate	Chemeketa CC
33. **Medical Assistant**	Certificate	Blue Mountain CC Central Oregon CC Chemeketa CC Clackamas CC Clatsop CC Columbia Gorge CC Linn-Benton CC Mt. Hood CC Oregon Coast CC Rogue CC Southwestern Oregon CC Tillamook Bay CC Treasure Valley CC Umpqua CC
34. **Medical Assisting**	A.A.S.	Chemeketa CC Treasure Valley CC
35. **Certified Alcohol and Drug Counselor**	Certificate	Central Oregon CC Chemeketa CC Clackamas CC Southwestern Oregon CC Treasure Valley CC
36. **Peer Support Specialist**		Central Oregon CC
37. **Community Health Worker**	Certificate	Central Oregon CC

Job Title	Degree	Institutions Offering:
38. **Emergency Medical Technician**	Certificate	Blue Mountain CC Central Oregon CC Clackamas CC Clatsop CC Columbia Gorge CC Mt. Hood CC Oregon Coast CC Rogue CC Southwestern Oregon CC Tillamook Bay CC Treasure Valley CC Umpqua CC
39. **Human Services Generalist**	Certificate	Clackamas CC
40. **Behavioral Health Care Specialist**	Certificate	Mt. Hood CC
41. **Youth Worker**	Certificate	Mt. Hood CC
42. **Recovery Coach**	Certificate	Treasury Valley CC
43. **Child Development Associate**	Certificate	Treasury Valley CC
44. **Case Aide**	Certificate	Umpqua CC
45. **Board Certified Assistant Behavior Analyst**	Certificate	Oregon Institute of Technology Portland State University University of Oregon

Table A4. Community College Program Counts of BH Areas of Study by County and Region

Community College	Acronym
Blue Mountain Community College	BMCC
Central Oregon Community College	COCC
Chemeketa Community College	Chemeketa CC
Clackamas Community College	Clackamas CC
Clatsop Community College	Clatsop CC
Columbia Gorge Community College	CGCC
Klamath Community College	KCC
Lane Community College	LCC

Community College	Acronym
Linn-Benton Community College	LBCC
Mount Hood Community College	MHCC
Oregon Coast Community College	OCCC
Portland Community College	PCC
Rogue Community College	RCC
Southwestern Oregon Community College	SWOCC
Tillamook Bay Community College	TBCC
Treasure Valley Community College	TVCC
Umpqua Community College	UCC

–	Addiction Studies/BH	Emergency Services, Medical Assisting	Human & Family Support Services	Nursing	Pre-Medicine/ Health Professions	Psychology	Sociology	Grand Total
Central Oregon	**4**	**4**	**3**	**9**	**3**	**5**	**4**	**32**
Crook County	1	1	1	2	1	1	1	**8**
COCC	1	1	1	2	1	1	1	**8**
Deschutes County	1	1	1	2	1	1	1	**8**
COCC	1	1	1	2	1	1	1	**8**
Jefferson County	1	1	1	2	1	1	1	**8**
COCC	1	1	1	2	1	1	1	**8**
Klamath County				1				**1**
KCC				1				**1**

	Addiction Studies/BH	Emergency Services, Medical Assisting	Human & Family Support Services	Nursing	Pre-Medicine/ Health Professions	Psychology	Sociology	Grand Total
Wasco County	1	1		2		2	1	**7**
CGCC		1		1		1		**3**
MHCC	1			1		1	1	**4**
Clackamas County	**3**	**1**	**2**	**3**	**1**	**2**	**2**	**14**
Clackamas County	3	1	2	3	1	2	2	**14**
Clackamas CC	1		2	1	1			**5**
MHCC	1			1		1	1	**4**
PCC	1	1		1		1	1	**5**
Eastern Oregon	**2**	**1**		**5**				**8**
Baker County				1				**1**
BMCC				1				**1**
Malheur County	2	1		2				**5**
TVCC	2	1		2				**5**
Morrow County				1				**1**
BMCC				1				**1**
Umatilla County				1				**1**
BMCC				1				**1**
Lane County		**1**	**1**	**1**	**1**	**1**	**1**	**6**
Lane County		1	1	1	1	1	1	**6**
LCC		1	1	1	1	1	1	**6**
Northwest Oregon	**1**	**1**	**1**	**5**		**3**	**4**	**15**

	Addiction Studies/BH	Emergency Services, Medical Assisting	Human & Family Support Services	Nursing	Pre-Medicine/ Health Professions	Psychology	Sociology	Grand Total
Benton County			1	1		1	1	**4**
LBCC			1	1		1	1	**4**
Clatsop County				1		1	1	**3**
Clatsop CC				1		1	1	**3**
Columbia County	1	1		1		1	1	**5**
PCC	1	1		1		1	1	**5**
Lincoln County				1				**1**
OCCC				1				**1**
Tillamook County				1			1	**2**
TBCC				1			1	**2**
Portland Metro	**2**	**2**		**2**		**2**	**2**	**10**
Multnomah County	1	1		1		1	1	**5**
PCC	1	1		1		1	1	**5**
Washington County	1	1		1		1	1	**5**
PCC	1	1		1		1	1	**5**
Rogue Valley	**2**	**4**	**4**	**2**	**2**	**2**	**2**	**18**
Jackson County	1	2	2	1	1	1	1	**9**
RCC	1	2	2	1	1	1	1	**9**
Josephine County	1	2	2	1	1	1	1	**9**
RCC	1	2	2	1	1	1	1	**9**
Southwestern Oregon		**4**	**4**	**4**		**1**	**1**	**14**

	Addiction Studies/BH	Emergency Services, Medical Assisting	Human & Family Support Services	Nursing	Pre-Medicine/ Health Professions	Psychology	Sociology	Grand Total
Coos County		1	1	1				**3**
SWOCC		1	1	1				**3**
Curry County		1	1	1				**3**
SWOCC		1	1	1				**3**
Douglas County		2	2	2		1	1	**8**
SWOCC		1	1	1				**3**
UCC		1	1	1		1	1	**5**
Willamette Valley	**3**	**5**	**1**	**6**	**2**	**4**	**4**	**25**
Linn County			1	1		1	1	**4**
LBCC			1	1		1	1	**4**
Marion County	1	2		2	1	1	1	**8**
Chemeketa CC	1	2		2	1	1	1	**8**
Polk County	1	2		2	1	1	1	**8**
Chemeketa CC	1	2		2	1	1	1	**8**
Yamhill County	1	1		1		1	1	**5**
PCC	1	1		1		1	1	**5**
Grand Total	**17**	**23**	**16**	**37**	**9**	**20**	**20**	**142**

Table A5. Undergraduate Program Counts of BH Areas of Study by County and Region

	Child, Youth, and Family Studies	Community Health & Human Services	Counseling, Trauma Intervention	Health Studies & Pre-Health Professions	Medical Assisting & Paramedicine	Nursing	Psychology	Social Work & Social Welfare	Sociology & Social Science	Grand Total
Central Oregon				**2**	**1**		**1**			**4**
Klamath County				**2**	**1**		**1**			**4**
Public Universities				*2*	*1*		*1*			***4***
Oregon Institute of Technology				2	1		1			**4**
Clackamas County					**1**					**1**
Clackamas County					**1**					**1**
Authorized Private Colleges and Universities					*1*					***1***
College of Emergency Services					1					**1**
Eastern Oregon		**1**		**2**		**1**	**1**		**1**	**6**
Union County		**1**		**2**		**1**	**1**		**1**	**6**
Public Universities		*1*		*2*		*1*	*1*		*1*	***6***
Eastern Oregon University		1		2		1	1		1	**6**
Lane County	**2**		**1**			**2**	**2**		**1**	**8**
Lane County	**2**		**1**			**2**	**2**		**1**	**8**
Authorized Independent Colleges and Universities Exempt from Regulation						*2*	*1*			***3***
Bushnell University						2	1			**3**
Authorized Private Colleges and Universities			*1*							***1***
New Hope Christian College			1							**1**
Public Universities	*2*						*1*		*1*	***4***
University of Oregon	2						1		1	**4**
Northwest Oregon	**1**			**2**		**1**	**1**		**1**	**6**
Benton County	**1**			**2**		**1**	**1**		**1**	**6**

	Child, Youth, and Family Studies	Community Health & Human Services	Counseling, Trauma Intervention	Health Studies & Pre-Health Professions	Medical Assisting & Paramedicine	Nursing	Psychology	Social Work & Social Welfare	Sociology & Social Science	Grand Total
Public Universities	*1*			*2*		*1*	*1*		*1*	***6***
Oregon State University	1			2		1	1		1	**6**
Portland Metro	**1**	**1**	**1**	**14**	**2**	**18**	**13**	**6**	**10**	**66**
Multnomah County	**1**	**1**	**1**	**11**	**2**	**18**	**10**	**5**	**9**	**58**
Authorized Independent Colleges and Universities Exempt from Regulation			*1*	*8*		*6*	*8*	*4*	*7*	***34***
Lewis & Clark College				1			1		1	**3**
Linfield University						3	1		1	**5**
Reed College				1			1		1	**3**
University of Portland						1	1	1	1	**4**
Walla Walla University				3		1	1	2	1	**8**
Warner Pacific University			1	2		1	2	1	1	**8**
Willamette University				1			1		1	**3**
Authorized Private Colleges and Universities					*2*	*11*	*1*			***14***
Carrington College - Portland					1	5				**6**
Concorde Career College					1	3				**4**
Multnomah Campus of Jessup University							1			**1**
Sumner College						3				**3**
Public Universities	*1*	*1*		*3*		*1*	*1*	*1*	*2*	***10***
Portland State University	1	1		3		1	1	1	2	**10**
Washington County				**3**			**3**	**1**	**1**	**8**
Authorized Independent Colleges and Universities Exempt from Regulation				*3*			*3*	*1*	*1*	***8***
Pacific University				3			3	1	1	**8**
Rogue Valley		**1**					**1**		**1**	**3**
Jackson County		**1**					**1**		**1**	**3**

	Child, Youth, and Family Studies	Community Health & Human Services	Counseling, Trauma Intervention	Health Studies & Pre-Health Professions	Medical Assisting & Paramedicine	Nursing	Psychology	Social Work & Social Welfare	Sociology & Social Science	Grand Total
Public Universities		*1*					*1*		*1*	***3***
Southern Oregon University		1					1		1	**3**
Willamette Valley			**1**	**5**	**1**	**7**	**7**	**2**	**4**	**27**
Marion County			**1**	**1**	**1**	**2**	**2**		**1**	**8**
Authorized Independent Colleges and Universities Exempt from Regulation			*1*	*1*		*1*	*2*		*1*	***6***
Corban University			1			1	1			**3**
Willamette University				1			1		1	**3**
Authorized Private Colleges and Universities					*1*	*1*				***2***
Institute of Technology					1	1				**2**
Yamhill County				**1**		**4**	**3**	**2**	**2**	**12**
Authorized Independent Colleges and Universities Exempt from Regulation				*1*		*4*	*3*	*2*	*2*	***12***
George Fox University				1		1	2	2	1	**7**
Linfield University						3	1		1	**5**
Polk County				**3**		**1**	**2**		**1**	**7**
Public Universities				**3**		**1**	**2**		**1**	**7**
Western Oregon University				3		1	2		1	**7**
Grand Total	**4**	**3**	**3**	**25**	**5**	**29**	**26**	**8**	**18**	**121**

Table A6. Graduate Program Counts of BH Areas of Study by County and Region

	Applied Behavior Analysis	Clinical & Professional Mental Health Counseling	Clinical Psychology	Counseling	Doctor of Naturopathic Medicine	Doctor of Osteopathic Medicine (D.O.)	Marriage, Couple, and Family Therapy and Counseling	Medical, Health, and Family Sciences & Health Promotion	Nursing	Occupational Therapy	Physician Assistant	Psychology	Rehabilitation Counseling	School Counseling & Psychology	Social Work	Sociology	Grand Total
Lane County	**1**	**1**		**1**			**1**					**1**		**2**		**1**	**8**
Lane County	**1**	**1**		**1**			**1**					**1**		**2**		**1**	**8**
Authorized Independent Colleges and Universities Exempt from Regulation		*1*												*1*			**2**
Bushnell University		1												1			**2**
Public Universities	*1*			*1*			*1*					*1*		*1*		*1*	**6**
University of Oregon	1			1			1					1		1		1	**6**
Willamette Valley		**2**	**1**			**1**	**1**	**2**	**5**	**2**	**2**		**1**		**1**		**18**
Marion County		**1**															**1**
Authorized Independent Colleges and Universities Exempt from Regulation		*1*															***1***
Corban University		1															**1**
Yamhill County		**1**	**1**				**1**	**1**	**1**	**1**	**1**				**1**		**8**
Authorized Independent Colleges and Universities Exempt from Regulation		*1*	*1*				*1*	*1*	*1*	*1*	*1*				*1*		*8*
George Fox University		1	1				1	1		1	1				1		**7**
Linfield University									1								**1**
Polk County										**1**			**1**				**2**
Public Universities										*1*			*1*				**2**
Western Oregon University										1			1				**2**
Linn County						**1**		**1**	**4**		**1**						**7**
Authorized Independent Colleges and Universities Exempt from Regulation						*1*		*1*	*4*		*1*						***7***

	Applied Behavior Analysis	Clinical & Professional Mental Health Counseling	Clinical Psychology	Counseling	Doctor of Naturopathic Medicine	Doctor of Osteopathic Medicine (D.O.)	Marriage, Couple, and Family Therapy and Counseling	Medical, Health, and Family Sciences & Health Promotion	Nursing	Occupational Therapy	Physician Assistant	Psychology	Rehabilitation Counseling	School Counseling & Psychology	Social Work	Sociology	Grand Total
Western University of Health Science						1		1	4		1						**7**
Eastern Oregon		**1**													**1**		**2**
Union County		**1**													**1**		**2**
Public Universities		*1*													*1*		**2**
Eastern Oregon University		1													1		**2**
Portland Metro	**1**	**3**	**2**	**3**	**1**		**2**	**3**	**2**	**1**	**1**	**1**	**1**	**3**	**3**	**1**	**28**
Multnomah County	**1**	**3**		**3**	**1**		**2**	**1**	**2**			**1**	**1**	**3**	**2**	**1**	**21**
Authorized Independent Colleges and Universities Exempt from Regulation		*2*		*2*	*1*		*1*		*2*					*2*	*1*		***11***
Lewis & Clark College		1		1			1							2			**5**
Linfield University									1								**1**
University of Portland									1								**1**
University of Western States		1			1												**2**
Walla Walla University															1		**1**
Western Seminary				1													**1**
Authorized Private Colleges and Universities				*1*													***1***
Multnomah Campus of Jessup University				1													**1**
Public Universities	*1*	*1*					*1*	*1*				*1*	*1*	*1*	*1*	*1*	**9**
Portland State University	1	1					1	1				1	1	1	1	1	**9**
Washington County			**2**					**2**		**1**	**1**				**1**		**7**
Authorized Independent Colleges and Universities Exempt from Regulation			*2*					*2*		*1*	*1*				*1*		***7***
Pacific University			2					2		1	1				1		**7**
Central Oregon	**1**						**1**										**2**

–	Applied Behavior Analysis	Clinical & Professional Mental Health Counseling	Clinical Psychology	Counseling	Doctor of Naturopathic Medicine	Doctor of Osteopathic Medicine (D.O.)	Marriage, Couple, and Family Therapy and Counseling	Medical, Health, and Family Sciences & Health Promotion	Nursing	Occupational Therapy	Physician Assistant	Psychology	Rehabilitation Counseling	School Counseling & Psychology	Social Work	Sociology	Grand Total
Klamath County	**1**						**1**										**2**
Public Universities	*1*						*1*										**2**
Oregon Institute of Technology	1						1										**2**
Northwest Oregon				**1**				**1**				**1**				**1**	**4**
Benton County				**1**				**1**				**1**				**1**	**4**
Public Universities				*1*				*1*				*1*				*1*	***4***
Oregon State University				1				1				1				1	**4**
Rogue Valley		**1**															**1**
Jackson County		**1**															**1**
Public Universities		*1*															***1***
Southern Oregon University		1															**1**
Grand Total	**3**	**8**	**3**	**5**	**1**	**1**	**5**	**6**	**7**	**3**	**3**	**3**	**2**	**5**	**5**	**3**	**63**

Appendix E: Task 3: Assessment of Key Skill Standards

Table A1. Assessment of Key Skills Across Credentials and Licenses

Key Skill[18]	Related Credentials/Licenses
Addiction Recovery	Certified Alcohol and Drug Counselor, Certified Alcohol and Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM)
Art Therapy	Licensed Art Therapist, Licensed Certified Art Therapist
Behavior Analysis	Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst
Behavior Management	Child Care Development Specialist
Behavioral Health Support	Board Certified Psychiatrist, Nurse Intern License, Registered Nurse (RN) License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Psychologist License, Professional School Psychologist License, Preliminary School Social Worker License, Professional School Social Worker License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Licensed Art Therapist, Licensed Certified Art Therapist, Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst, Certified Nurse Assistant (CNA), Qualified Mental Health Associate (QMHA), Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I),

[18] Skills were identified from the available scopes of practice.

	Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Registered Qualified Mental Health Associate (QMHA-R), Qualified Mental Health Associate I (QMHA-I), Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM), Certified Prevention Specialist (CPS), Traditional Health Worker (THW), Professional Development Certification (PDC)
Behavioral Support	Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst, Early Childhood Educator, Child Care Development Specialist
Behavioral Therapy	Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Licensed Certified Art Therapist, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM)
Child Development	Early Childhood Educator, Child Care Development Specialist
Classroom Management	Early Childhood Educator, Child Care Development Specialist

Client Advocacy	M.D./D.O. License, Physician Associate License, Board Certified Psychiatrist, Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Nurse Practitioner (APRN-NP), Clinical Nurse Specialist (APRN-CNS) License, Licensed Marriage and Family Therapist (LMFT), Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Restricted School Counselor License, Preliminary School Counselor License, Professional School Counselor License, Preliminary School Social Worker License, Professional School Social Worker License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Licensed Art Therapist, Licensed Certified Art Therapist, Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst, Qualified Health Care Interpreter, Certified Health Care Interpreter, Certified Nurse Assistant (CNA), Qualified Mental Health Associate (QMHA), Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Registered Qualified Mental Health Associate (QMHA-R), Qualified Mental Health Associate I (QMHA-I), Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Certified Prevention Specialist (CPS)
Counseling Techniques	Psychologist Associate License, Clinical Nurse Specialist (APRN-CNS) License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Restricted School Counselor License, Preliminary School Counselor License, Professional School Counselor License, Preliminary School Psychologist License, Professional School Psychologist License,

	Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Licensed Art Therapist, Licensed Certified Art Therapist
Crisis Counseling	Clinical Nurse Specialist (APRN-CNS) License, Marriage and Family Therapist Registered Associate, Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Restricted School Counselor License, Preliminary School Counselor License, Professional School Counselor License, Preliminary School Psychologist License, Professional School Psychologist License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM)
Crisis Intervention	Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Social Worker License, Professional School Social Worker License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Qualified Mental Health Associate I (QMHA-I),

	Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Certified Prevention Specialist (CPS)
Cultural Competency	Qualified Health Care Interpreter, Certified Health Care Interpreter, Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM), Traditional Health Worker (THW), Professional Development Certification (PDC)
Data Collection	Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst
Developmental Assessment	Early Childhood Educator, Child Care Development Specialist
Developmental Milestones	Early Childhood Educator, Child Care Development Specialist
Diagnose Disease, Illness, Injury, and Physical Conditions	M.D./D.O. License, Physician Associate License, Nurse Practitioner (APRN-NP)
Diagnose Psychological and Interpersonal Problems	Board Certified Psychiatrist, Licensed Psychologist, Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC)
Diagnosis of Mental Health Disorders	Board Certified Psychiatrist, Licensed Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist
Education	Restricted School Counselor License, Preliminary School Counselor License, Professional School Counselor License, Preliminary School Psychologist License, Professional School Psychologist License, Preliminary School Social Worker License, Professional School Social Worker License, Early Childhood Educator, Child Care Development Specialist
Emotional Support	Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Restricted School Counselor License, Preliminary School Counselor License, Professional School Counselor License, Preliminary School Psychologist License, Professional School Psychologist License, Preliminary School Social Worker License, Professional School Social Worker License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist,

	Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Early Childhood Educator, Child Care Development Specialist, Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM)
Evaluate Patient Progress	Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License
Family Support	Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT)
Family Therapy	Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT)
Functional Behavioral Assessment	Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst
Health Communication	Qualified Health Care Interpreter, Certified Health Care Interpreter
Health Monitoring	M.D./D.O. License, Physician Associate License, Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Nurse Practitioner (APRN-NP), Certified Nurse Assistant (CNA)
Health Promotion and Wellness	Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Nurse Practitioner (APRN-NP), Clinical Nurse Specialist (APRN-CNS) License, Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Traditional Health Worker (THW), Professional Development Certification (PDC)
Implementation of Care Plan	Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Clinical Nurse Specialist (APRN-CNS) License, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst
Instructional Support	Early Childhood Educator, Child Care Development Specialist
Language Translation	Qualified Health Care Interpreter, Certified Health Care Interpreter
Medical Terminology	Qualified Health Care Interpreter, Certified Health Care Interpreter
Medication Management	Licensed Practical Nurse (LPN), Registered Nurse (RN) License

Mental Health Assessment	M.D./D.O. License, Physician Associate License, Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Nurse Practitioner (APRN-NP), Clinical Nurse Specialist (APRN-CNS) License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C)
Mental Health Counseling	Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW) Licensed Master of Social Work (LMSW), Preliminary School Psychologist License, Professional School Psychologist License, Qualified Mental Health Associate (QMHA), Registered Qualified Mental Health Associate (QMHA-R), Qualified Mental Health Associate I (QMHA-I), Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C)
Patient Care	M.D./D.O. License, Physician Associate License, Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Nurse Practitioner (APRN-NP), Clinical Nurse Specialist (APRN-CNS) License, Certified Nurse Assistant (CNA)
Peer	Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Certified Gambling Recovery Mentor (CGRM)
Prevent Disease, Illness, Injury, and Physical Conditions	M.D./D.O. License, Physician Associate License, Nurse Practitioner (APRN-NP)
Prevention Techniques	Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM), Certified Prevention Specialist (CPS)
Psychiatric Evaluation	Board Certified Psychiatrist
Psychological Assessment	Licensed Psychologist, Psychologist Associate License,

	Professional Counselor Registered Associate, Professional School Psychologist License
Psychotherapy	Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC)
Sexual Offense Therapy	Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist
Stress Management	Licensed Psychologist, Psychologist Associate License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Psychologist License, Professional School Psychologist License
Substance Use Counseling	Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III)
SUD Assessment	M.D./D.O. License, Physician Associate License, Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Nurse Practitioner (APRN-NP), Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II)

Team Collaboration	M.D./D.O. License, Physician Associate License, Nurse Intern License, Licensed Practical Nurse (LPN), Registered Nurse (RN) License, Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Social Worker License, Professional School Social Worker License, Certified Nurse Assistant (CNA), Traditional Health Worker (THW), Professional Development Certification (PDC)
Trauma-Informed Care	Professional Counselor Registered Associate, Licensed Professional Counselor (LPC), Registered Baccalaureate Social Worker License (RBSW), Clinical Social Work Associate License (CSWA), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Social Worker License, Professional School Social Worker License, Certified Sexual Offense Therapist Intern, Certified Associate Sexual Offense Therapist, Certified Secondary Clinical Sexual Offense Therapist, Certified Clinical Sexual Offense Therapist, Licensed Art Therapist, Licensed Certified Art Therapist, Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM)
Treat Disease, Illness, Injury, and Physical Conditions	M.D./D.O. License, Physician Associate License, Nurse Practitioner (APRN-NP)
Treat Psychological and Interpersonal Problems	Board Certified Psychiatrist, Licensed Psychologist, Psychologist Associate License, Licensed Marriage and Family Therapist (LMFT), Professional Counselor Registered Associate, Licensed Professional Counselor (LPC)

Treatment Planning	M.D./D.O. License, Physician Associate License, Board Certified Psychiatrist, Registered Nurse (RN) License, Nurse Practitioner (APRN-NP), Clinical Nurse Specialist (APRN-CNS) License, Marriage and Family Therapist Registered Associate, Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), Licensed Master of Social Work (LMSW), Preliminary School Psychologist License, Professional School Psychologist License, Behavior Analysis Interventionist, Licensed Assistant Behavior Analyst, Licensed Behavior Analyst, Qualified Mental Health Associate (QMHA), Certified Alcohol & Drug Counselor, Certified Alcohol & Drug Counselor - Candidate (CADC-R), Certified Alcohol and Drug Counselor I (CADC-I), Certified Alcohol and Drug Counselor II (CADC-II), Certified Alcohol and Drug Counselor III (CADC-III), Certified Recovery Mentor I (CRM-I), Certified Recovery Mentor II (CRM-II), Registered Qualified Mental Health Associate (QMHA-R), Qualified Mental Health Associate I (QMHA-I), Qualified Mental Health Associate II (QMHA-II), Qualified Mental Health Professional - Registrant (QMHP-R), Qualified Mental Health Professional - Certification (QMHP-C), Certified Gambling Addiction Counselor - Registrant, (CGAC-R) Certified Gambling Addiction Counselor I (CGAC-I), Certified Gambling Addiction Counselor II (CGAC-II), Certified Gambling Consultant and Supervisor, Certified Gambling Recovery Mentor (CGRM), Certified Prevention Specialist (CPS)

Table A2. Behavioral Health Credentials and License Assessment

BH Credentials/Licenses	Skills Linked to BH Credentials/Licenses
M.D./D.O. License	Client Advocacy, Diagnose Disease, Illness, Injury, and Physical Conditions, Health Monitoring, Mental Health Assessment, Patient Care, Prevent Disease, Illness, Injury, and Physical Conditions, SUD Assessment, Team Collaboration Treat Disease, Illness, Injury, and Physical Conditions, Treatment Planning
Physician Associate License	Client Advocacy, Diagnose Disease, Illness, Injury, and Physical Conditions, Health Monitoring, Mental Health Assessment, Patient Care, Prevent Disease, Illness, Injury, and Physical Conditions, SUD Assessment, Team Collaboration, Treat Disease, Illness, Injury, and Physical Conditions, Treatment Planning
Board Certified Psychiatrist	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Intervention, Diagnose Psychological and Interpersonal Problems, Diagnosis of Mental Health Disorders, Mental Health Assessment, Patient Care, Psychiatric Evaluation, Psychotherapy, SUD Assessment, Treat Psychological and Interpersonal Problems, Treatment Planning
Licensed Psychologist	Behavioral Therapy, Crisis Intervention, Diagnose Psychological and Interpersonal Problems, Diagnosis of Mental Health Disorders, Mental Health Assessment, Patient Care, Psychological Assessment, Psychotherapy, SUD Assessment, Stress Management, Treat Psychological and Interpersonal Problems
Psychologist Associate License	Behavioral Therapy, Counseling Techniques, Crisis Intervention, Mental Health Assessment, Patient Care, Psychological Assessment, Psychotherapy,

	SUD Assessment, Stress Management, Treat Psychological and Interpersonal Problems
Nurse Intern License	Behavioral Health Support, Client Advocacy, Evaluate Patient Progress, Health Monitoring, Health Promotion and Wellness, Implementation of Care Plan, Patient Care, Team Collaboration
Licensed Practical Nurse (LPN)	Client Advocacy, Evaluate patient progress, Health Monitoring, Health Promotion and Wellness, Implementation of Care Plan, Medication Management, Patient Care, Team Collaboration
Registered Nurse (RN) License	Behavioral Health Support, Client Advocacy, Evaluate patient progress, Health Monitoring, Health Promotion and Wellness, Implementation of Care Plan, Medication Management, Patient Care, Team Collaboration, Treatment Planning
Nurse Practitioner (APRN-NP)	Client Advocacy, Diagnose Disease, Illness, Injury, and Physical Conditions, Health Monitoring, Health Promotion and Wellness, Mental Health Assessment, Patient Care, Prevent Disease, Illness, Injury, and Physical Conditions, SUD Assessment, Treat Disease, Illness, Injury, and Physical Conditions, Treatment Planning
Clinical Nurse Specialist (APRN-CNS) License	Client Advocacy, Counseling Techniques, Crisis Counseling, Health Promotion and Wellness, Implementation of Care Plan, Mental Health Assessment, Patient Care, Treatment Planning
Marriage and Family Therapist Registered Associate	Behavioral Health Support, Behavioral Therapy, Counseling Techniques, Crisis Counseling, Crisis Intervention, Family Support, Family Therapy, Mental Health Assessment, Psychotherapy,

	SUD Assessment, Stress Management, Treatment Planning
Licensed Marriage and Family Therapist (LMFT)	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Crisis Intervention, Diagnose Psychological and Interpersonal Problems, Family Support, Family Therapy, Mental Health Assessment, Psychotherapy, SUD Assessment, Stress Management, Treat Psychological and Interpersonal Problems, Treatment Planning
Professional Counselor Registered Associate	Behavioral Therapy, Counseling Techniques, Crisis Counseling, Emotional Support, Psychological Assessment, Psychotherapy, SUD Assessment, Stress Management, Trauma-Informed Care, Treat Psychological and Interpersonal Problems
Licensed Professional Counselor (LPC)	Behavioral Therapy, Counseling Techniques, Crisis Counseling, Diagnose Psychological and Interpersonal Problems, Emotional Support, Psychotherapy, SUD Assessment, Stress Management, Trauma-Informed Care, Treat Psychological and Interpersonal Problems
Registered Baccalaureate Social Worker License (RBSW)	Behavioral Health Support, Client Advocacy, Crisis Intervention, Stress Management, Team Collaboration, Trauma-Informed Care
Clinical Social Work Associate License (CSWA)	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Intervention, Mental Health Counseling, SUD Assessment, Stress Management, Team Collaboration, Trauma-Informed Care
Licensed Clinical Social Worker (LCSW)	Behavioral Health Support, Behavioral Therapy, Client Advocacy,

	Crisis Intervention, Diagnosis of Mental Health Disorders, Mental Health Counseling, SUD Assessment, Stress Management, Team Collaboration, Trauma-Informed Care, Treatment Planning
Licensed Master of Social Work (LMSW)	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Intervention, Diagnosis of Mental Health Disorders, Mental Health Counseling, SUD Assessment, Stress Management, Team Collaboration, Trauma-Informed Care, Treatment Planning
Restricted School Counselor License	Client Advocacy, Counseling Techniques, Crisis Counseling, Education, Emotional Support
Preliminary School Counselor License	Client Advocacy, Counseling Techniques, Crisis Counseling, Education, Emotional Support
Professional School Counselor License	Client Advocacy, Counseling Techniques, Crisis Counseling, Education, Emotional Support
Preliminary School Psychologist License	Behavioral Health Support, Counseling Techniques, Crisis Counseling, Education, Emotional Support, Mental Health Counseling, Stress Management, Treatment Planning
Professional School Psychologist License	Behavioral Health Support, Counseling Techniques, Crisis Counseling, Education, Emotional Support, Mental Health Counseling, Psychological Assessment, Stress Management, Treatment Planning
Preliminary School Social Worker License	Behavioral Health Support, Client Advocacy, Crisis Intervention, Education,

	Emotional Support, Team Collaboration, Trauma-Informed Care
Professional School Social Worker License	Behavioral Health Support, Client Advocacy, Crisis Intervention, Education, Emotional Support, Team Collaboration, Trauma-Informed Care
Certified Sexual Offense Therapist Intern	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Crisis Counseling, Crisis Intervention, Emotional Support, Mental Health Assessment, SUD Assessment, Sexual Offense Therapy, Trauma-Informed Care
Certified Associate Sexual Offense Therapist	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Crisis Counseling, Crisis Intervention, Emotional Support, Mental Health Assessment, SUD Assessment, Sexual Offense Therapy, Trauma-Informed Care
Certified Secondary Clinical Sexual Offense Therapist	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Crisis Counseling, Crisis Intervention, Diagnosis of Mental Health Disorders, Emotional Support, Mental Health Assessment, SUD Assessment, Sexual Offense Therapy, Trauma-Informed Care
Certified Clinical Sexual Offense Therapist	Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Crisis Counseling, Crisis Intervention, Diagnosis of Mental Health Disorders, Emotional Support, Mental Health Assessment, SUD Assessment, Sexual Offense Therapy,

	Trauma-Informed Care
Licensed Art Therapist	Art Therapy, Behavioral Health Support, Client Advocacy, Counseling Techniques, Trauma-Informed Care
Licensed Certified Art Therapist	Art Therapy, Behavioral Health Support, Behavioral Therapy, Client Advocacy, Counseling Techniques, Trauma-Informed Care
Behavior Analysis Interventionist	Behavior Analysis, Behavioral Health Support, Behavioral Support, Client Advocacy, Data Collection, Functional Behavioral Assessment, Treatment Planning
Licensed Assistant Behavior Analyst	Behavior Analysis, Behavioral Health Support, Behavioral Support, Client Advocacy, Data Collection, Functional Behavioral Assessment, Implementation of Care Plan, Treatment Planning
Licensed Behavior Analyst	Behavior Analysis, Behavioral Health Support, Behavioral Support, Client Advocacy, Data Collection, Functional Behavioral Assessment, Implementation of care plan, Treatment Planning
Qualified Health Care Interpreter	Client Advocacy, Cultural Competency, Health Communication, Language Translation, Medical Terminology
Certified Health Care Interpreter	Client Advocacy, Cultural Competency, Health Communication, Language Translation, Medical Terminology
Early Childhood Educator	Behavioral Support, Child Development, Classroom Management, Developmental Assessment, Developmental Milestones, Education, Emotional Support, Instructional Support

Child Care Development Specialist	Behavior Management, Behavioral Support, Child Development, Classroom Management, Developmental Assessment, Developmental Milestones, Education, Emotional Support, Instructional Support
Certified Nurse Assistant (CNA)	Behavioral Health Support, Client Advocacy, Health Monitoring, Patient Care, Team Collaboration
Qualified Mental Health Associate (QMHA)	Behavioral Health Support, Client Advocacy, Mental Health Counseling, Treatment Planning
Certified Alcohol & Drug Counselor (CADC)	Addiction Recovery, Behavioral Health Support, Client Advocacy, Crisis Counseling, Crisis Intervention, SUD Assessment, Substance Use Counseling, Trauma-Informed Care, Treatment Planning
Certified Alcohol & Drug Counselor - Candidate (CADC-R)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Counseling, Crisis Intervention, SUD Assessment, Substance Use Counseling, Trauma-Informed Care, Treatment Planning
Certified Alcohol and Drug Counselor I (CADC-I)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Counseling, Crisis Intervention, Prevention Techniques, SUD Assessment, Substance Use Counseling, Trauma-Informed Care, Treatment Planning
Certified Alcohol and Drug Counselor II (CADC-II)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Counseling, Crisis Intervention, Prevention Techniques,

	SUD Assessment, Substance Use Counseling, Trauma-Informed Care, Treatment Planning
Certified Alcohol and Drug Counselor III (CADC-III)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Client Advocacy, Crisis Counseling, Crisis Intervention, Prevention Techniques, SUD Assessment, Substance Use Counseling, Trauma-Informed Care, Treatment Planning
Certified Recovery Mentor I (CRM-I)	Addiction Recovery, Behavioral Health Support, Client Advocacy, Crisis Counseling, Cultural Competency, Emotional Support, Peer, SUD Assessment, Trauma-Informed Care, Treatment Planning
Certified Recovery Mentor II (CRM-II)	Addiction Recovery, Behavioral Health Support, Client Advocacy, Crisis Counseling, Cultural Competency, Emotional Support, Peer, SUD Assessment, Trauma-Informed Care, Treatment Planning
Registered Qualified Mental Health Associate (QMHA-R)	Behavioral Health Support, Client Advocacy, Mental Health Counseling, Treatment Planning
Qualified Mental Health Associate I (QMHA-I)	Behavioral Health Support, Client Advocacy, Crisis Intervention, Mental Health Counseling, Treatment Planning
Qualified Mental Health Associate II (QMHA-II)	Behavioral Health Support, Client Advocacy, Crisis Counseling, Crisis Intervention, Mental Health Counseling, Treatment Planning
Qualified Mental Health Professional - Registrant (QMHP-R)	Behavioral Health Support, Client Advocacy, Crisis Counseling, Crisis Intervention, Health Promotion and Wellness,

	Mental Health Assessment, Mental Health Counseling, Treatment Planning
Qualified Mental Health Professional - Certification (QMHP-C)	Behavioral Health Support, Client Advocacy, Crisis Counseling, Crisis Intervention, Health Promotion and Wellness, Mental Health Assessment, Mental Health Counseling, Treatment Planning
Certified Gambling Addiction Counselor - Registrant (CGAC-R)	Addiction Recovery, Behavioral Health Support, Crisis Counseling, Cultural Competency, Emotional Support, Prevention Techniques, Trauma-Informed Care, Treatment Planning
Certified Gambling Addiction Counselor I (CGAC-I)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Crisis Counseling, Cultural Competency, Emotional Support, Prevention Techniques, Trauma-Informed Care, Treatment Planning
Certified Gambling Addiction Counselor II (CGAC-II)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Crisis Counseling, Cultural Competency, Emotional Support, Prevention Techniques, Trauma-Informed Care, Treatment Planning
Certified Gambling Consultant and Supervisor	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Crisis Counseling, Cultural Competency, Emotional Support, Prevention Techniques, Trauma-Informed Care, Treatment Planning
Certified Gambling Recovery Mentor (CGRM)	Addiction Recovery, Behavioral Health Support, Behavioral Therapy, Crisis Counseling, Cultural Competency, Emotional Support, Peer, Prevention Techniques, Trauma-Informed Care, Treatment Planning

Certified Prevention Specialist (CPS)	Behavioral Health Support, Client Advocacy, Crisis Intervention, Prevention Techniques, Treatment Planning
Traditional Health Worker (THW)	Behavioral Health Support, Cultural Competency, Health Promotion and Wellness, Team Collaboration
Professional Development Certification (PDC)	Behavioral Health Support, Cultural Competency, Health Promotion and Wellness, Team Collaboration

Acknowledgements

Oregon Higher Education Coordinating Commission Staff

Maggie Foree, Healthcare Industry Consortium Strategist, Future Ready Oregon, Office of the Executive Director

Shanda Haluapo, Senior Policy Analyst, Office of Research and Data

Shalee Hodgson, Policy Advisor, Office of Community Colleges and Workforce Development

Clay Martin, Workforce and Talent Development Board (WTDB) Initiatives Analyst, Office of Workforce Investments

Jennifer Purcell, Director, Future Ready Oregon, Office of the Executive Director

Emily Zuber, Office Specialist, Future Ready Oregon, Office of the Executive Director

Steering Committee Members

Jill Archer, Care Oregon

Alicia Beymer, Peace Health

Gerardo Cifuentes, Portland Community College

Jon Collins, Oregon Health Authority

Heather DeSart, Northwest Oregon Works

Heather Ficht, East Cascade Works

Sarah Foster, Governor's Office

Andrew Garland-Forshee, Portland Community College

Heather Jefferis, Oregon Council for Behavioral Health

Kim Parker-Llerenas, Willamette Workforce Partnership

Jason Payton, Oregon Employment Department

Maureen Zalewski Regnier, University of Oregon and Ballmer Institute

Robin Sansing, Southern Oregon University

Yvonne Smith, Clackamas Community College

Monica Vines, Central Oregon Community College

Kortnie Williams, Northwest Oregon Works

Dr. Rob Winningham, Western Oregon University

Evaon Wong, Portland State University

Advocates for Human Potential, Inc.

Erin Allain, staff consultant

Jolie Black, research assistant

Gideon Cunningham, data and economic analyst

Martina Durant, project director and workforce (WF) subject matter expert (SME)

Allen Fowler, WF SME and technical writer

Susan Lange, WF SME

Maurizio Martinez, senior program associate

Michael Sofis, senior scientist

John Starkel, program associate

Meme Wang-Schweig, senior scientist