

# Oregon Behavioral Health Workforce Pipeline Assessment: Models and Resources

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# Contents

- Introduction..... 4
- Purpose and Methodology..... 4
- Pipeline and Career Pathway Models and Resources..... 5
  - Create Career Pathways for Secondary School Students..... 5
    - Building Strong Career Exposure and Mentorship: On Track OHSU! ..... 5
    - Nurturing Future Behavioral Health Professionals in Eastern Oregon ..... 7
    - Creating Community Leaders: Creekside Community High School ..... 8
  - Strengthen Mental Health Supports in School-Based Settings..... 9
    - Creating a Strengths-Based, Trauma-Informed School Mental Health Workforce ..... 9
    - Embedding Behavioral Health Staff in Oregon Schools and School-Based Health Centers ..... 11
  - Develop and Retain Local Workforce through Earn-and-Learn, Competency-Based Preparation..... 11
    - United We Heal: Behavioral Health Registered Apprenticeship ..... 11
    - Workforce Board Career Pathway Partnership in Northwest Oregon and Willamette Valley ..... 12
    - Workforce Board Developing and Retaining Local Workforce in Central Oregon ..... 13
    - Culturally Specific Tribal Behavioral Health Aide Career Pathway..... 14
- Increase Mid-Level Behavioral Health Providers..... 15
  - Lane County QHMA Certification Workgroup..... 15
- Partial List of Other Behavioral Health Workforce Investments ..... 16
  - Ballmer Institute for Children’s Behavioral Health ..... 16
  - Oregon Health & Science University 30-30-30 Initiative..... 16
  - Federal and State-Funded Workforce Incentives in Oregon ..... 16
  - Financial Aid and Fellowships..... 17
- Conclusion..... 17
- Appendix A. Guiding Questions from Health Care Workforce Committee Equity Framework . 18
- Appendix B. List of Documents Reviewed ..... 19
- Appendix C. List of Key Informants Interviewed ..... 20
- Appendix D. Interview Questions..... 22

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## Introduction

People in certain groups across Oregon experience inequities in access to both high-quality, culturally responsive behavioral health care as well as behavioral health career training opportunities for individuals who can provide this care. Developing pipeline and pathway programs that focus on groups experiencing inequities is a promising approach to increasing workforce diversity and providing culturally responsive care.

In the past two years, the Oregon Legislature passed House Bill 2949 and House Bill 4071, which invested \$80 million of federal American Rescue Plan Act funds to **increase the recruitment and retention of providers in the behavioral health workforce that increase access to community and peer-driven services and provide culturally specific and culturally responsive services**. To accomplish this legislative directive, Oregon Health Authority (OHA) created the **Behavioral Health Workforce Initiative (BHWi)**.

As part of BHWi, OHA conducted an environmental scan to learn about upstream career pipeline activity in Oregon and identify scalable initiatives to inform future efforts. The scan resulted in several important learnings - see the companion [policy brief](#) for more information. Additionally, creating pipeline and pathway programs is a long-term investment, and the severity of behavioral workforce shortages requires innovative approaches to ensure every interested person finds a career in the field.

## Purpose and Methodology

The scan's purpose was to (1) learn about existing behavioral health workforce pipeline activity in Oregon for students and young adults; (2) identify model programs that could be scaled and replicated; and (3) identify gaps that should be addressed in future efforts guided by the Health Care Workforce Committee's Equity Framework guiding questions ([Appendix A](#)).

The scan consists of two documents. This document, *Oregon Behavioral Health Workforce Pipeline Assessment: Models and Resources*, summarizes information gathered from the key informant interviews on model programs and other investments. The companion document, *Oregon Behavioral Health Workforce Pipeline Assessment: Policy Brief*, provides an overview on the importance of creating a culturally specific behavioral health workforce, model programs, and five areas in need of further development.

OHA conducted a literature review on behavioral health workforce ([Appendix B](#)) and key informant interviews with 27 education, workforce, labor, and health and behavioral health agencies statewide from January to June 2022

([Appendix C](#)) to gather information. [Appendix D](#) provides the interview questions. The interviews provided important insights into the successes and challenges of expanding pipeline and pathways opportunities for communities experiencing inequities.

OHA presented initial report versions to various leadership groups to gather feedback: Health Care Workforce Committee, Latino Emotional Health Collaborative, Oregon Council on Behavioral Health, and Oregon Workforce Partnership. Limitations to the scan included: less representation from rural areas, Oregon’s Nine Federally Recognized Tribes, education providers, and culturally specific practitioners impacted by workforce inequities.

## Pipeline and Career Pathway Models and Resources

OHA conducted key informant interviews with education, workforce, labor, behavioral health, government, and community partners managing promising pipeline programs managed by designed to increase diversity and address workforce shortages. The models presented include cross-sector partnerships to: (1) create career pathways for middle- and high-school youth; (2) strengthen supports in schools; (3) develop competency-based programs for workers; and (4) increase use of mid-level providers. Other behavioral health workforce investments are also reviewed.

### Create Career Pathways for Secondary School Students

The programs described in the section below provide students and young adults in school settings with career exposure and mentorship to enter behavioral health, health, or Science, Technology, Engineering, and Math (STEM) fields.

#### Building Strong Career Exposure and Mentorship: On Track OHSU!

Oregon Health & Science University (OHSU) started the *On Track OHSU!* program in 2013 to increase the number of students from communities experiencing inequities who enter the health sciences, STEM fields and the biomedical workforce of the state, including behavioral health. To ensure

*On Track OHSU!* graduate students from OHSU and other Oregon universities volunteer as role models for students beginning in grade 6, staying with the same students through high school and beyond.

sustainable, community-supported programming, *On Track OHSU!* co-creates partnerships with school districts, educators, Tribes and community leaders.

The program brings engaging, culturally relevant hands-on experiences developed to increase interest in,

awareness of and preparation for health and science careers, delivered by

OHSU faculty and student volunteers. Presenters represent all OHSU schools and programs, and include psychiatrists and psychologists speaking on behavioral health-focused topics such as neurobiology and how the brain works. Support is provided to demystify the many pathways into health and biomedical careers. OHSU hosts many other [pathway programs](#) as well, focused on topics such as cancer research, public health and other biomedical careers.

With the support of community-based team members at each partner site, *On Track OHSU!* builds strong relationships with students in a community-centered manner. Graduate students from OHSU and Oregon universities volunteer to serve as role models for students beginning in grade 6, staying with the same students through high school and beyond. The program hires a culturally specific liaison from each community in which *On Track OHSU!* operates. The liaison is a community member who is knowledgeable about the community, coordinates the OHSU student visits and events, and provides culturally specific continuity and support throughout the program.

*On Track OHSU!* partners with four communities in Jefferson, Klamath, Marion, and Multnomah counties. Participating schools share common characteristics: racially/ethnically diverse student populations, specialized curriculum and instruction, and partnerships providing wraparound services and support.

*On Track's* middle school program works with every student in grades 6 to 8 in the four communities, engaging over 3,000 middle school students at seven partner schools (Vernon, Harriet Tubman, Ockley Green, Faubion, Valor, French Prairie, Warm Springs K-8 Academy, and Chiloquin Elementary) per year. Lessons are facilitated through middle school health or science classes twice a year.

*On Track's* high school program varies across the four partner communities in order to best support students in each community.

- **In Jefferson County**, *On Track* works with Madras High School, Roots Alternative High School, and Bridges High School, with a focus on Confederated Tribes of Warm Springs students. High school students opt in to participate in *On Track*. The Warm Springs Tribal Education Committee directs and advises OHSU on all aspects of the program, and *On Track* receives recruitment support from the high school Tribal liaison, key school staff members, and a group of community advisors.
- **In Klamath County**, *On Track* currently works with Chiloquin High School. Given the school's small size, the program uses a whole-school model. Working with all students in grades 9 to 12 allows the

program to connect with and inspire students who otherwise never had the opportunity to learn about these fields, careers, and opportunities. Klamath Tribal Health and Family Services has partnered with *On Track* to offer a behavioral health curriculum reinforcing for students that their lived experience is an asset and using an approach centered on traditional healing practices as a career entry point.

- **In Multnomah County**, *On Track* works with Portland Public Schools Jefferson High School which has a health sciences and biotechnology career pathway program with strong partnerships. *On Track*, along with other health care and biotechnology organizations, provides career-specific exposure and works with all students who elect to participate in the Biotech program. Students are recruited to join *On Track* during their freshman year, with additional recruitment efforts and opportunities to join throughout high school. Community organizations such as Self Enhancement, Inc. and Coalition of Black Men offer students culturally specific social supports and mentorship. Students may earn up to a year of dual college credit through Portland Community College, while earning their high school diploma.
- **In Marion County**, *On Track* works with Woodburn High School which has a Health Occupations career pathway program. Students are recruited to join *On Track* during their freshman year with additional recruitment efforts and opportunities to join throughout high school. The Woodburn School District previously hosted Small Schools, and selected the Wellness Business and Sports School, which provided instruction in medical terminology, health occupations, and human anatomy, as the location for *On Track*. The district has now transitioned to offer one comprehensive high school, where student access to *On Track* is greater.

*On Track OHSU!* is currently exploring the possibility of expanding to serve another Portland-area high school and feeder middle school. In addition, *On Track OHSU!* partners with external evaluators to understand program impact and the long-term relationship with students, which the program expects to be a critical component to success.

### **Nurturing Future Behavioral Health Professionals in Eastern Oregon**

Northeast Oregon Area Health Education Center (NEOAHEC) has developed health care pipeline and career pathway programs in eastern Oregon since 1991. NEOAHEC was the first center founded in the Oregon Area Health Education Center network at OHSU. NEOAHEC has three programs focused on behavioral health workforce development.

First, NEOAHEC partnered with Greater Oregon Behavioral Health, Inc. and Eastern Oregon Coordinated Care Organization (CCO) to increase the Psychiatric Mental Health Nurse Practitioner workforce in the region, with OHSU School of Nursing providing the nursing education. Students were recruited from the local community and provided scholarships through the Healthy Workforce Training Opportunity Grant Program ([HOWTO](#)), grants, and state incentive and scholarship programs.

Second, NEOAHEC's MedQuest program, a one-week health care careers exploration summer camp serving high school students, includes a module exploring behavioral health careers. Due to the COVID-19 pandemic, MedQuest shifted to an online model in 2020, which allowed students statewide the ability to attend. MedQuest has been successful in recruiting first-generation college students and developing relationships with school districts, businesses, and health care and education leaders.

**Area Health Education Centers** were developed by Congress in 1971 to develop and enhance education and training network nationwide and in Oregon, in communities, academic settings, and community-based organizations.

Third, NEOAHEC has developed a partnership with Eastern Oregon University to provide an online course for high school students interested in health careers that includes behavioral health content. Building on a NEOAHEC curriculum, the program provides dual college credit at 18 high schools in Baker, Umatilla, Union and Morrow Counties. The program includes career exposure. Both high school programs continue student support through a long-term mentorship program.

Some of the challenges noted were that MedQuest is expensive to run as an in-person program, with a plan to expand to a hybrid model statewide and reach more diverse students. Finding career shadowing opportunities for high school students, particularly when practices are experiencing staffing challenges and lost productivity, is an ongoing effort.

### **Creating Community Leaders: Creekside Community High School**

Creekside Community High School, an alternative high school in the Tigard-Tualatin School District, established the state's first career pathway in human services – Community Leadership. The school uses career and technical education to teach students real-life skills and build a supportive social-emotional learning environment.

The program encourages students to become entrepreneurs, project managers, community organizers, activists, and change-makers. Teachers



design lessons to pair hands-on activities with practical skills emphasizing

**Career and technical education** focuses on student learning of technical skills, professional practices, and academic knowledge required for success in professional wage, high demand careers.

collaboration. The program begins with an introductory class to talk about emotions and includes courses on peer counseling and leading groups. The district is working with Portland Community College to provide dual college credit for selected classes.

This year, the school is partnering with area elementary schools so that high school students may provide targeted social-emotional support to younger students through a capstone experience. This experience will allow them support student well-being, while receiving career exposure to launch them into post-secondary education and potential pathways in behavioral health.

The school noted working with youth and families who experience racism and other forms of exclusion, which has an impact on students' self-efficacy and willingness to engage in systems such as secondary and post-secondary education. As a result, schools should support positive identity development and ensure similar plans are infused into workforce programs.

## Strengthen Mental Health Supports in School-Based Settings

Oregon communities have identified youth mental health as a high priority need, particularly in school settings. This section provides information on two efforts to bolster the school mental health workforce: Oregon Department of Education (ODE) Strengthening Mental Health in Education Initiative and OHA School-Based Health Centers.

### Creating a Strengths-Based, Trauma-Informed School Mental Health Workforce

ODE developed and adopted an Integrated Model of Mental Health to organize and align school-based mental health prevention and intervention efforts and systems. As part of this effort, ODE is partnering with OHA, early education providers, local partners, Nine Federally Recognized Tribes of Oregon, students, families, and community organizations to develop integrated systems models for districts of varying sizes to build family friendly, health and mental health systems that provide students, families, and school staff access to culturally responsive behavioral health resources.

The Strengthening Mental Health in Education Initiative is designed to strengthen mental health literacy across the state, provide opportunities for school staff and community partners to receive additional credentialed professional learning, and increase locally-grown workforce capacity for the Community Care Project. This demonstration project aims to address workforce gaps to improve student and families' access to mental health and

substance use services and supports, address social determinants of health, like housing and food insecurity, and reduce health inequities.

The Community Care Project leverages resources from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Project AWARE grant, Elementary and Secondary School Emergency Relief funds, and state Student Investment Account dollars. ODE is co-designing a school-embedded Community Care Specialist workforce with school district, community, and higher education to improve student, family and staff access to school, community mental health, and health resources in local systems of care.

**The Oregon Department of Education's Integrated Model of Mental Health** creates an equity-centered, school-based mental health workforce, because schools are a key access point for youth and their families to receive mental health and substance use services and supports.

Community Care Specialists are school-based staff specializing in mental health promotion, emotional support, and systems navigation for students and families. These staff strengthen student and family well-being, starting in preschool and beyond, in two ways. First, they provide peer-to-peer emotional support to caregivers and access to primary prevention resources. Second, they serve as liaisons between students and their families, and mental health and social determinants of health resources and providers.

ODE and its partners are co-developing the Community Care Specialist model in four school districts (Hillsboro, South Lane, Phoenix-Talent, and Lake County) representing racially and geographically diverse urban, rural, and frontier Oregon communities. In addition, this team is creating a Community Care Specialist credential and professional development resources and pathways; this will include instruction on child development and mental health consultation, systems navigation, and will potentially allow Medicaid billing to expand the program beyond the demonstration phase.

The ODE Strengthening Mental Health in Education Initiative also includes a mental health literacy component, which provides education and ongoing support to strengthen mental infrastructure in the classroom and broader school community. Instruction is provided via Oregon Classroom WISE, a suite of resources developed by SAMHSA and the Mental Health Technology Transfer Center and ODE. The content covers important topics such as how to build safe, healthy relationships, best practices for supporting children and adolescents experiencing life challenges and distress, and skills for handling challenging behaviors. It also includes learning pathways curated for educators, school staff and administrators, students, families, and community-

based organizations that serve youth and caregivers. This approach aims to improve universal access to culturally and linguistically responsive services and family peer support for school staff, leaders, families, and students.

ODE is partnering with the University of Oregon on a comprehensive, 5-year evaluation and implementation effort of each component of the Initiative to ensure that outcomes meet school communities' intended needs, and to assure continuous quality improvement, scalability, and sustainability.

## Embedding Behavioral Health Staff in Oregon Schools and School-Based Health Centers

Oregon has 81 state-certified School-Based Health Centers (SBHCs). SBHCs

**Oregon School-Based Health Centers** are medical clinics located on school grounds that offer a full range of physical, behavioral, and preventive health services to students and sometimes the broader community.

provide a variety of behavioral health-related services, including prevention messaging, comprehensive physical assessments, mental health screening, assessment, counseling, alcohol and other drug screening, and substance use disorder treatment referrals.

During the 2021-23 biennium, OHA administered \$6.8 million in Mental Health Expansion Grants to increase behavioral health capacity in 68 certified SBHCs supporting 54 positions: counselors, mental health therapists, skills trainers, and case managers.

Additionally, OHA invested \$2 million of COVID-19 recovery funds to increase capacity for long-term recovery in Oregon schools by expanding capacity within 20 culturally specific community-based organizations to provide behavioral health or social-emotional support in schools. Direct grants funded therapists, mentors, resource and engagement specialists, and additional community capacity to provide mental health support, mentoring, peer support groups, health education, and training in intervention will be provided.

## Develop and Retain Local Workforce through Earn-and-Learn, Competency-Based Preparation

Behavioral health career pathways are often a good fit for competency-based workforce efforts because of high demand, the emphasis on lived experience, and an imperative to use culturally specific curriculum tailored to the needs of diverse learners. This section reviews workforce approaches that allow workers to learn new skills, earn a wage, and advance in their careers.

### United We Heal: Behavioral Health Registered Apprenticeship

United We Heal created a Registered Apprenticeship behavioral health pathways program through a labor-management training trust. The trust includes the union Oregon AFSCME and employer partners Cascadia Health

and Clatsop Behavioral Health Care in Multnomah, Washington, Clackamas, and Clatsop Counties.

United We Heal started a state Registered Apprenticeship in Fall 2021 that recruits people of color to become Qualified Mental Health Associate (QMHA) certified. The program allows workers to earn a wage while completing their studies and advance in their careers, and it allows providers to deliver culturally specific care meeting client needs. United We Heal aligned QMHA certification with a Mental Health & Addiction Certification Board of Oregon (MHACBO) non-degree pathway that requires three years of education and work experience, and a supervisor competency assessment. Eastern Gateway Community College delivers the asynchronous classroom component. Apprentices receive clinical supervision from a QMHA mentor to achieve the competencies.

**Registered Apprenticeship** is a workforce development model of educational instruction paired with on-the-job learning, allowing workers to gain new skills, increase their wages, advance in their careers, and earn an industry-recognized credential.

United We Heal incorporated other culturally responsive components into the Registered Apprenticeship: equity-focused recruitment to reach diverse participants and those with lived experience in recovery, and stipends for mentorship. The program offers wraparound services addressing program completion barriers: housing stipends, childcare, and lost work hours.

United We Heal will introduce two other levels to build out the career pathway. First, the program is creating a Certified Alcohol and Drug Counselor I (CADC I) Registered Apprenticeship as an advancement opportunity for Peer Support Specialists. The program received a [Future Ready Oregon grant](#), with plans to expand statewide with several workforce boards. Second, the program will support bachelor's employees to complete a master's degree and become a Qualified Mental Health Professional (QMHP).

Challenges in expanding the model include finding Oregon-based education providers that provide remote asynchronous coursework. In addition, there is low awareness on using the MHACBO non-degree pathway because navigating the process is complex. Lastly, colleges and universities encounter barriers in offering credit for prior learning, which could allow workers with an associate degree to move more quickly to become QMHP-certified.

### **Workforce Board Career Pathway Partnership in Northwest Oregon and Willamette Valley**

Northwest Oregon Works started a career pathway program to address behavioral workforce shortages funded by [HOWTO](#) using a Registered Apprenticeship approach. Northwest Oregon Works is the workforce board

serving counties in the northwest coastal region. The program used a robust recruitment process resulting in one-half of participants identifying as people of color and Tribal members with strong LGBTQIA2S+ participation.

The program includes three levels of education and credentialing along with career coaching, support, and job placement. Grant funds support training, upskilling, and mentorship costs.

- Level 1: Short-term training (e.g., Peer Support Specialists, Community Health Worker, Patient Navigator)
- Level 2: Associate or bachelor's degree (e.g., CADC I, Mental Health Case Managers, QMHA)
- Level 3: Master's degree (e.g., QMHP, licensure track graduates)

While Level 1 has open spots, Level 2 is at capacity. Level 3 has a wait list; participants receive a partial scholarship and compensation.

Northwest Oregon Works and Willamette Workforce Partnership partnered to

**Oregon's workforce development system** is funded by the Workforce Innovation and Opportunity Act (WIOA), which authorizes local business-led workforce development boards. Oregon has a statewide workforce board and nine regional workforce boards that partner with local leaders to develop strategies to prepare and match the skills of workers with the business demands.

create a CADC 1 state Registered Apprenticeship. Willamette Workforce Partnership is the workforce investment board serving Linn, Marion, Polk, and Yamhill Counties. The workforce boards received State Apprenticeship Expansion funding to operate the Registered Apprenticeship and developed this approach to align resources due to overlapping service areas.

Program staff noted that word of mouth is an especially effective technique in recruiting in rural areas, where behavioral health shortages are pronounced. One challenge noted is the lack of available childcare that prevents some participants from entering or completing the course of study.

### Workforce Board Developing and Retaining Local Workforce in Central Oregon

East Cascades Works established the Central Oregon Behavioral Health Consortium funded by [HOWTO](#) to create a local pipeline for behavioral health careers in Crook, Deschutes, and Jefferson Counties. East Cascade Works is the workforce investment board serving a 10-county area in central Oregon.

East Cascades Works convened primary care, specialty mental health, and co-occurring mental health and substance use organizations to address workforce shortages in rural areas and for people of color. After conducting

research, East Cascade Works created a regional training hub to help providers obtain quality clinical supervision and continuing education.

The consortium provides stipends to participants and hires staff to provide clinical supervision to practice sites lacking this resource. Oregon State University, Portland State University, and Central Oregon Community College provide curriculum and education. PacificSource Community Solutions Central Oregon participates and funds trainings. The consortium provides preparation to:

**East Cascade Works** conducted a national review of workforce models to address issues impacting the behavioral health workforce in central Oregon: education and training, low pay, and social isolation and burnout, while improving quality, accountability, retention, and equity.

- Graduates working on a credential (e.g., Alcohol and Drug Counselor and Professional Counselor Interns, Clinical Social Work Associates)
- Licensed providers (e.g., Licensed Professional Counselors, Clinical Psychologists, Licensed Clinical Social Workers)

The consortium reported a need to better align licensing boards and current workforce needs so that more eligible behavioral health professionals can become licensed, and to incentivize professionals to work in rural and frontier areas. Having more regional consortiums providing training, which exist in other states, would improve the quality and availability of current options.

### **Culturally Specific Tribal Behavioral Health Aide Career Pathway**

Northwest Portland Area Indian Health Board (NPAIHB) implemented a career pathway program to prepare Tribal members in Oregon to become Behavioral Health Aides. NPAIHB is a non-profit agency serving the federally recognized Tribes of Oregon, Washington, and Idaho. The program builds on Alaska's Behavioral Health Aide model that promotes wellness in Native individuals, families and communities. This occupation has education and experience requirements such as a Chemical Dependency Counselor and Mental Health Counselor, and emphasizes community and cultural alignment.

The program has two levels: Behavioral Health Aide 1 and Behavioral Health Aide 2 which is a federally Registered Apprenticeship. Each level takes one year to complete didactic hours combined with clinical supervision. NPAIHB and its partners are working to create a Behavioral Health Aide 3 credential. Two colleges provide Behavioral Health Aide training. Northwest Indian College in Lummi Nation has a distance learning program for an Associate in Arts Transfer degree, and Heritage University in Yakama Nation offers an in-person certificate program.

**Northwest Portland Area Indian Health Board** designed the Behavioral Health Aide program to provide Tribal members with low barrier entry to earn certification and begin a career pathway grounded in their communities and traditions.

NPAIHB has been working with OHA to have services provided by a Behavioral Health Aide receive Medicaid reimbursement. OHA will need to amend the state's Medicaid program's State Plan Amendment to include the Behavioral Health Aide occupation for this change to occur.

Creating the program has been a heavy lift because of strict accreditation standards education institutions must meet. NPAIHB is seeking additional ways to support Tribal students to pursue culturally specific careers.

## Increase Mid-Level Behavioral Health Providers

The behavioral workforce crisis launched planning on accelerating worker readiness in high-demand occupations; one such partnership is described below.

### Lane County QHMA Certification Workgroup

Lane Community Health Council convened a workgroup in 2021 to determine whether an associate degree could meet QMHA certification requirements and address the behavioral health workforce crisis. The workgroup included the local community mental health plan, community college, CCO, and behavioral health providers.

QMHA's are in high demand, especially in residential settings, but there are limited education programs to specifically prepare this workforce. OHA rule requires QMHA's to have either a bachelor's degree or three years of relevant work, education, training, or experience to become certified. Community colleges in Oregon offer associate degree programs in Human Services that could prepare QMHA's more rapidly but do not correspond with OHA rule requirements. Concerns about changing the QMHA certification requirements include providing the appropriate level of education to ensure quality care.

As the QMHA certifying body, MHACBO developed a [Mental Health Associate competency guide](#) aligned with certification exam requirements that summarizes core competencies from national research and expert panels in primary care and behavioral health. The workgroup used the MHACBO guide to examine Lane Community College's Human Services associate degree program, concluding the program teaches many QMHA competencies. In

**The Lane County QMHA Workgroup** examined the QMHA certification process and proposed an associate degree paired with work-based learning to accelerate preparation and deployment into the workforce.

addition, the workgroup concluded that a student may learn the remaining competencies through a behavioral health internship providing hands-on experience. OHA is investigating this route to achieving QMHA certification.

## Partial List of Other Behavioral Health Workforce Investments

Other major initiatives underway to grow and diversify the behavioral health workforce across Oregon are highlighted below.

### Ballmer Institute for Children’s Behavioral Health

In March 2022, the University of Oregon announced the creation of the Ballmer Institute for Children’s Behavioral Health in Portland. The Institute was founded to develop a workforce specializing in promoting the behavioral health and wellness of children and adolescents in Oregon. The Institute will offer bachelor’s degrees and certificates to graduate about 200 professionals each year. The Institute will provide internship sites for students to gain real-world experience and increase workforce capacity. The Institute’s first behavioral health specialist cohort will receive these experiences in Portland Public Schools with future plans to expand to school districts across the state.

### Oregon Health & Science University 30-30-30 Initiative

The Oregon Legislature allocated \$45 million in March 2022 for the [OHSU 30-30-30 plan](#) to address health care workforce shortages statewide, including behavioral health. This investment prioritizes increasing the number and diversity of OHSU graduates by 30 percent by 2030 to better match the state’s racial/ethnic population. This investment includes three ways to increase behavioral health providers: (1) expand class sizes to increase graduates (e.g., clinical psychologists, psychiatrists, psychiatric mental health nurse practitioners); (2) expand pipeline and pathway programs (e.g., [NEOAHEC MedQuest](#), [On Track OHSU!](#)); and (3) create a \$50 million OHSU Opportunity Fund to provide tuition assistance and loan repayment.

### Federal and State-Funded Workforce Incentives in Oregon

OHA facilitates incentives and technical assistance for clinicians, organizations, and education and programs to expand behavioral health workforce diversity and cultural responsiveness, in addition to BHWi:

- **Federal shortage designations and provider incentives.** OHA contributes to designating behavioral health provider shortage areas using federal guidelines. Federal programs such as National Health Service Corps use these designations to award scholarships and loan repayment to students and providers practicing at qualifying sites.
- **HOWTO** is an OHSU and OHA partnership that awards grants to community-based health workforce development programs statewide.



Several projects focus on creating a culturally responsive behavioral health workforce. More information is available on [the webpage](#).

Other recent resources could expand the behavioral health workforce are:

- **Future Ready Oregon** is a \$200 million investment from the Governor’s Racial Justice Council passed by the Oregon Legislature in March 2022. The Higher Education Coordinating Commission administers this funding to advance career pathway opportunities for priority populations in high growth sectors, including behavioral health.
- **Federal student mental health resources and funding** will be increased to address the youth mental health crisis that the COVID-19 pandemic worsened. These new resources will include behavioral health workforce supports as summarized in this [fact sheet](#).

### Financial Aid and Fellowships

Financial aid supports students in post-secondary education in behavioral health careers through grants, loans, scholarships, fellowships, work-study jobs, or other sources. Some aid provides funding to diverse practitioners, such as the SAMHSA Minority Fellowship Program. SAMSHA works with seven professional associations to administer the program annually for 200 master’s and doctoral students nationwide, offering scholarships, tuition assistance, professional development, and other resources.

## Conclusion

Oregon’s changing demographics require a culturally and linguistically responsive workforce with skills, competencies, and life experiences to address the state’s behavioral health crisis. These models in the environmental scan summarize promising practices and describes several noteworthy efforts underway, which may be replicated and scaled to grow and strengthen a diverse behavioral health workforce statewide.

# Appendix A. Guiding Questions from Health Care Workforce Committee Equity Framework

**How do Oregon's health care workforce development efforts advance opportunities for communities experiencing health inequities?**

1. Who are the racial/ethnic communities and communities that are experiencing health inequities? What is the potential impact of the resource allocation to these communities?
2. Do the PCO programs ignore or worsen existing health inequities or produce unintended consequences? What is the impact of intentionally recognizing the health inequity and making investments to improve it?
3. How have we intentionally involved community representatives affected by the resource allocation? How do we validate our assessment in questions 1 and 2? How do we align and leverage public and private resources to maximize impact?
4. How should we modify or enhance strategies to ensure recipient and community needs are met?
5. How are we collecting REALD and SOGI data (race/ethnicity, language, and disability and sexual orientation and gender identity data) in PCO awards and matching recipient demographics with communities served?
6. How are we resourcing and/or influencing system partners to ensure programs optimize equity?

## Appendix B. List of Documents Reviewed

[African American Behavioral Health Center of Excellence: Disparities in Access and Utilization of Mental Health and Substance Use Services Among Blacks and African Americans. 2022.](#)

[Center for Health Systems Effectiveness Research at OHSU: Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature. 2022.](#)

[Coalition of Communities of Color: Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon. 2022.](#)

[Eugene S. Farley Jr. Health Policy Center: Analysis of Oregon's Behavioral Health Workforce. 2019.](#)

[Eugene S. Farley Jr. Health Policy Center: Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce. 2019.](#)

[Higher Education Coordinating Commission: Issue Brief: Racial/Ethnic Equity Postsecondary Education & Training. 2019.](#)

[Oregon Commission on Hispanic Affairs: Crisis de Nuestro Bienestar. A Report on Latino Mental Health in Oregon. 2020.](#)

[Oregon Health Authority: Health Care Workforce Committee Equity Framework. 2021.](#)

[Oregon Health Authority: Oregon's Health Care Workforce. 2021.](#)

[Oregon Health Authority: The Diversity of Oregon's Licensed Health Care Workforce. 2021.](#)

[Oregon Workforce and Talent Development Board: 2020-2022 Strategic Plan. 2020.](#)

[U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis: State Level Projections of Supply and Demand for Behavioral Health Occupations 2016-2030. 2018.](#)

[U.S Department of Treasury Office of Economic Policy, Council of Economic Advisers and Department of Labor Occupational Licensing: A Framework for Policy Makers. 2015. The White House. Washington DC.](#)

# Appendix C. List of Key Informants Interviewed

## Registered Apprenticeship

- Abby Bandurraga, Oregon Apprenticeship and Training Division (Statewide)

## Behavioral Health Provider Association

- Heather Jeffries, Oregon Council for Behavioral Health (Statewide)

## Higher Education (Social Work, Counseling, Traditional Health Workers, Peer Support Specialists, etc.)

- Mary Peterson, George Fox University (Metro)
- Patrick Blaine, Phil Martinez, Christina Salter, and Susan Shipp, Lane Community College (Willamette Valley)
- Alexia de Leon, Lewis & Clark College (Metro)
- Karen Green, Mt. Hood Community College (Metro/Central)
- Eric Wiser, OHSU Area Health Education Centers (Statewide)
- Maria Lynn Kessler, Oregon Institute of Technology (Metro/Southern)
- Thomas Field, Oregon State University (Willamette Valley)
- Jason Johnson and Beth Molenkamp, Portland Community College (Metro)
- Sarah Bradley and Julie Kates, Portland State University (Metro)
- Alicia Ibaraki, Western Oregon University (Willamette Valley)

## Labor

- Joe Baessler and Andy Friedman, Oregon AFSCME and United We Heal Training Trust (Metro, Coast)

## K-12 System

- Jo Linden and Russ Romas, Creekside Community High School, Tigard-Tualatin School District (Metro)
- Meredith Lair, Northeast Oregon Area Health Education Center (Eastern)
- David Robinson and Susan Shugerman, OHSU On Track! (Statewide)
- B. Grace Bullock and Art Witkowski, Oregon Department of Education (Statewide)

## Oral Health

- Manu Chaudhry, Capitol Dental Care (Statewide)

## **STEM Hubs**

- Melissa Dubois, STEM Partnership (Metro/Willamette Valley)

## **Tribal Health Organization**

- Carrie Sampson Samuels, Northwest Portland Area Indian Health Board (Statewide)

## **Workforce Boards**

- Adam Dickey and Heather Ficht, East Cascades Works (Central)
- Heather DeSaart, Jake McClelland, and Adrienne Peters, Northwest Oregon Works (Coast)
- Jim Fong and Ida Saito, Rogue Workforce Partnership (Southern)
- Kyle Stevens, Southwestern Oregon Workforce Investment Board (Coast)
- Ami Maceira-McSparin, Willamette Workforce Partnership (Willamette Valley)
- Jesse Aronson and Sabrina Van Artsdalen, Worksystems, Inc. (Metro)

## Appendix D. Interview Questions

1. Could you describe workforce efforts to develop a behavioral health workforce pipeline and career pathways for culturally specific/responsive professionals, in order to meet the changing needs of our state?
2. What is your role in these efforts, and do they target individuals from diverse backgrounds? Which behavioral health occupations are included?
3. How do you coordinate with other agencies or entities for these efforts?
4. Are there any successes, challenges and/or lessons learned with the efforts described above?
5. What types of support would help these BH workforce efforts?
6. Do you have any examples of behavioral health career pathways/career maps?
7. If money was not a barrier, is there anything you would like to implement that would address the behavioral health workforce shortage and build a diverse behavioral health workforce pipeline that supports eliminating health inequities?



HEALTH POLICY AND ANALYTICS

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