

Oregon Behavioral Health Workforce Pipeline Assessment: Policy Brief

October 2022

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Acknowledgments

- **Key informants participating in the interviews.** This report would not have been possible without all the people who were willing to offer their input through interviews conducted January to June 2022.
- **Health Care Workforce Committee** for guidance, review, and support on early versions of the report
- **Latino Emotional Health Collaborative, Oregon Council on Behavioral Health, and Oregon Workforce Partnership** for providing feedback on early versions of the report
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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 text box for more information. Additionally, creating pipeline and pathway programs is a long-term investment, and the severity of the behavioral workforce shortage requires innovative approaches to ensure every interested person finds a career in the field.

KEY TAKEAWAYS FROM THE PIPELINE ASSESSMENT

The scan revealed a rich foundation of promising workforce models ready for further development. The findings may be used by OHA, other state agencies, and interested parties to strengthen workforce development in behavioral health careers that promote efforts to:

- Create pipelines and pathways to meet community needs
- Influence collaboration and partnerships
- Develop asset and competency-based strategies drawing on lived experiences
- Make system investments to address gaps in areas such as education and credentialing
- Facilitate family and community-centered, culturally specific care

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. OHA conducted a [literature review and 27 key informant interviews](#) from January to June 2022 to gather

information. The scan consists of two documents. This 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 areas in need of further development. The companion document, *Oregon Behavioral Health Workforce Pipeline Assessment: Models and Resources*, summarizes information gathered from the key informant interviews on model programs and other investments.

OHA presented the draft report 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 include less representation from rural areas, Oregon's Nine Federally Recognized Tribes, education providers, and culturally specific practitioners impacted by workforce inequities.

Context Setting: Creating a Culturally Specific Behavioral Health Workforce

Information on the urgency to build a strong behavioral health workforce pipeline, the increasing diversity of Oregon's youth, the leaky pipeline's impact, and culturally appropriate practices provide context for the report.

Behavioral Health Workforce Analysis

The Farley Health Policy Center conducted a [2019 study](#) that assessed the behavioral health workforce and categorized into three groupings: **certified providers** include various trainees, baccalaureate and master's level counselors, addiction specialists, Traditional Health Workers, and community support personnel; **licensed providers** administer psychotherapy-based services for behavioral health conditions; **licensed prescribers** provide prescription-based treatment for behavioral health conditions. Latino, Latina, or Latinx providers are the most underrepresented racial/ethnic group among all provider categories.

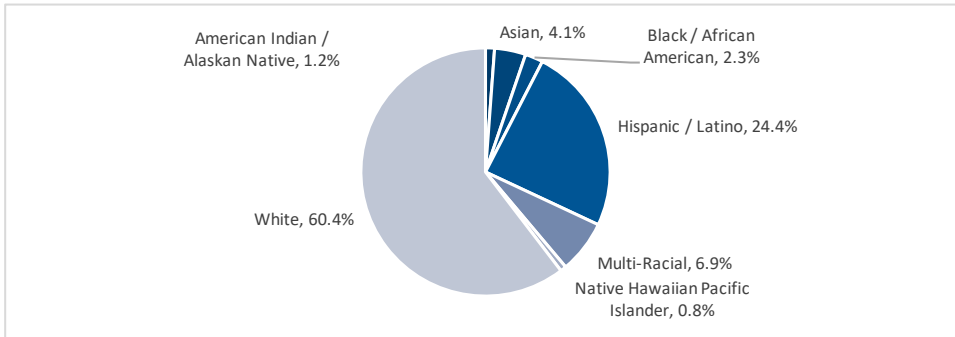
Behavioral Health Wage Study

The Center on Health System Effectiveness at Oregon Health & Science University completed a [2022 Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature](#), concluding that improving provider recruitment and retention depends on **creating clearer pathways for salary increases and advancement** into leadership or administrative positions. Oregon's **federal shortage designation areas** indicate that areas with the highest need for full-time behavioral health practitioners include rural eastern Oregon and Lincoln, Klamath, and Lake Counties, and areas with sizable low-income, unhoused, and seasonal/migrant worker populations.

Oregon's Public-School Students Are More Diverse

Oregon's students are more diverse than state residents; **four in 10 students are people of color**, compared to 25 percent of all Oregonians (Figure 1).

Figure 1. Proportion of Oregon Public School Students by Race/Ethnicity



Source: Oregon Department of Education, Student Report Card 2020-21.

Latino, Latina, or Latinx youth represent one-quarter of students in Oregon.

Leaky Pipeline Prevents Workforce Equity

The health care sector places high value on academic education and earning credentials with value in the labor market, which provide a path to economic security, upward mobility, and well-being. Figure 2 illustrates breaks where people slip through or chose not to start.

Figure 2. Workforce Pipeline Progression and Loss Points



Source: Jobs for the Future.

Entry and loss points occur across the pipeline, restricting education attainment and economic opportunity for people experiencing inequities. In 2019, the Higher Education Coordinating Commission identified disparities among Black; Latino, Latina, or Latinx; and Tribal students in high school graduation and postsecondary program completion rates.

Licensing Barriers

While licensing is meant to provide safety and protection, rigid standards may prevent workers from accessing employment and advancing in their careers. According to the literature, immigrants, people with criminal convictions, and military spouses are among groups with greater issues in obtaining licenses. Students completing some college coursework or with lived experiences possess knowledge and skills that can be applied in a behavioral health role.

Education Challenges

The scan indicated that some issues exist in building education pipelines, in addition to incurring student debt. First, there is only one human services-focused high school career pathway program in Oregon. Second, training programs do not always offer college credit, which is linked to career advancement. Colleges face barriers in granting credit for prior learning and approving non-traditional pathways, based on strict accrediting standards and rigid certification and licensing board requirements. Third, attracting and retaining faculty with clinical experience is a challenge due to low pay.

Practicum and Internship Issues

While internship opportunities help students integrate classroom knowledge with onsite learning and receive clinical supervision, the environmental scan research indicates few culturally specific practice sites are options. Many organizations have limited infrastructure and billable providers to support students in training, which can result in lost productivity and reimbursement.

Towards a New, Less Stigmatizing Approach

Oregon's behavioral health workforce must evolve to meet people of color's needs, according to a [2022 OHA study from Coalition of Communities of Color](#). The study found that people of color receive care at higher rates from family and community-centered sources, such as religious figures, traditional healers, and community organizations and clinics, which may not be resourced by Western forms of care. The study noted that an insufficient number of multicultural and bilingual practitioners contribute to low utilization rates, particularly in rural areas. **Culturally responsive care builds on community strengths embedded in each culture's practices to improve health**; one example is the [OHA Tribal Behavioral Health Strategic Plan](#) that highlights integrating and consulting with Tribal providers, honoring Tribal-based practices, and ensuring enough funding to provide effective services.

Pipeline and Career Pathway Models and Resources

The key informant interviews provided information on four categories of behavioral health workforce pipeline programs designed increase diversity and address severe workforce shortages:

- **Create career pathways in middle and high schools** that provide students with behavioral health career exposure and mentorship;
- **Strengthen mental health supports in schools** to organize and align school-based prevention and intervention efforts and systems;
- **Develop earn-and-learn, competency-based programs** that allow workers to learn skills, earn wages, and advance in their careers; and

- **Increase use of mid-level providers** to accelerate worker readiness for employment in high-demand occupations.

In addition, investments that could contribute to building the behavioral health workforce were reviewed as part of this environmental scan. These models and resources are presented in [this companion document](#).

Areas in Need of Development

The interviews identified five areas requiring pipeline and career pathways development to support a culturally responsive behavioral health workforce: (1) faster certification for mid-level providers; (2) strong student pipelines; (3) career pathways for workers; (4) braided funding to support pipeline and career pathway initiatives; and (5) investments outside of pipeline and workforce development to address systems gaps.

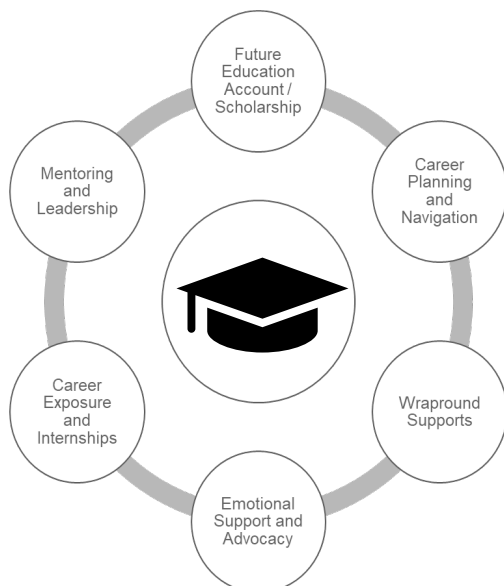
Provide Faster Certification for Mid-Level Providers

Investing in high-demand, mid-level providers from diverse communities would increase supply to provide more immediate relief to behavioral health workforce. **OHA is investigating the process and potential changes to facilitating more rapid Qualified Mental Health Associate certification.** Key informants reported that many individuals with a Human Services associate degree decide to pursue further education, advance in their behavioral health careers, and achieve upward mobility.

Build and Enhance Student Workforce Pipelines

Creating a robust pipeline of K-12 and post-secondary students requires cross-sector commitments, investment, and resources (Figure 3).

Figure 3. Behavioral Health Student Pipeline Components



Several pipeline models provide career exposure, mentorship, and leadership opportunities for students. Providing upfront support through scholarships or future education accounts removes critical financial barriers. Wraparound supports such as housing and childcare are included in the **Behavioral Health Workforce Initiative** incentives package.

First-generation college students may require emotional advocacy that faculty and staff could offer, and culturally responsive career mentors may provide navigation and support, such as connecting to study groups and cultivating leadership skills.

Develop Career Pathways for People in the Workforce

Supporting workers to pursue a path to a professional wage job or interested in entering the behavioral health field may boost recruitment and retention (Figure 4). **An assets-based workforce development approach focuses on positive strengths; workers are valued for bringing their cultural/lived experiences to the job, which can serve as building blocks for career advancement** and may be complemented by classroom education.

Figure 4. Behavioral Health Career Pathway Components



Granting credit for prior learning and experience are an integral part of workforce approaches such as Registered Apprenticeship, but education, accreditation, and licensing barriers to expanding their use should be addressed. A combination of short-term trainings to obtain credentials, continuing education hours, and on-the-job experience should provide enough

evidence that workers have knowledge in the behavioral health field to obtain credit for prior learning in college education.

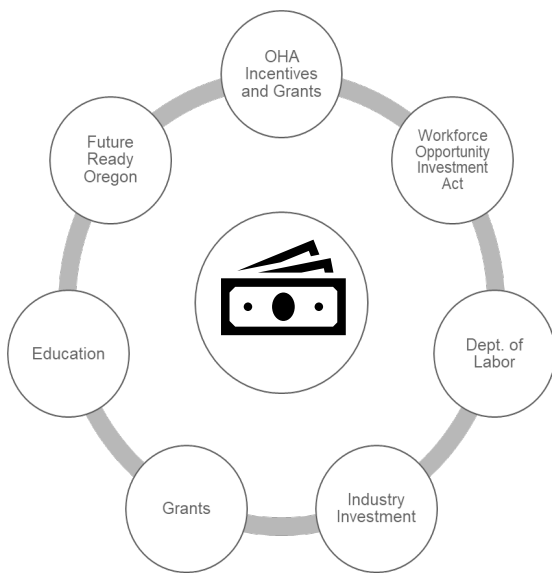
Supervisors should provide coaching and resources for workers to have updated knowledge. In addition, supervisors require support on gaining new skills and emotional needs to decrease burnout and compassion fatigue.

Key informants noted a need to have intentional shifts towards reshaping schools and workplaces to stop the "leak" that occurs when diverse people must navigate the harm and trauma caused by microaggressions and racism experienced within those settings.

Braid Funding to Create the Future Workforce

Many **successful pipeline models have an intermediary organization that bring together partners and secure different funding sources to support collaboration to achieve share workforce objectives** (Figure 5).

Figure 5. Future Behavioral Health Workforce Funding



Funding streams include OHA grants and incentives, federal Workforce Opportunity Investment Act funds, federal and state departments of education industry investments, and public and private grants. In 2022, the Oregon Legislature passed **Future Ready Oregon**, a \$200 million investment in the state's workforce system, that

advances opportunities for communities experiencing inequities to enter professional wage jobs in high-demand sectors such as behavioral health.

Make Other System Investments to Address Gaps

Key informants provided information on additional areas where support would help the workforce to provide culturally responsive care:

- **Develop anti-racist, culturally relevant and specific curriculum and behavioral health education programs** across the continuum of care (e.g., counseling, psychology, and children's and adult's behavioral health).
- **Offer financial support to culturally specific organizations to participate in clinical counseling education programs** that would provide resources to host and mentor students.
- **Assess and improve process to obtain licenses.** Oregon boards require a higher number of licensure hours compared to other states. Oregon could investigate and apply models to achieve a balance between the process and ensuring a provider has the knowledge and skills to practice.
- **Assess licensing requirements and barriers.** Agencies recruit out-of-state diverse professionals, who must restart the process to obtain an Oregon license. Oregon should examine joining the interstate compact for licensure portability or adopting reciprocal licensing agreements.

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. This environmental scan summarizes promising practices and describes several noteworthy efforts underway, which may be replicated and scaled to grow and strengthen a diverse behavioral health workforce statewide.



HEALTH POLICY AND ANALYTICS

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