Behavioral Health Career Pathways

June 2026 | Final Report

Prepared for
Lane Workforce Partnership
Lane County Health and Human Services

Prepared by
The University of Oregon
Institute for Policy Research & Engagement
School of Planning, Public Policy, and Management

UNIVERSITY OF OREGON | Institute for Policy Research and Engagement

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About the Institute for Policy Research and Engagement

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The Institute for Policy Research & Engagement (IPRE) is a research center affiliated with the School of Planning, Public Policy, and Management at the University of Oregon. It is an interdisciplinary organization that assists Oregon communities by providing planning and technical assistance to help solve local issues and improve the quality of life for Oregon residents. The role of IPRE is to link the skills, expertise, and innovation of higher education with the transportation, economic development, and environmental needs of communities and regions in the State of Oregon, thereby providing service to Oregon and learning opportunities to the students involved.

Report Purpose and Intended Use

This report was developed for Lane County Health and Human Services and Lane Workforce Partnership to support behavioral health workforce planning efforts in Lane County. The report is intended to help stakeholders better understand behavioral health career pathways, workforce bottlenecks, and barriers affecting recruitment, progression, and retention within the workforce system.

Intended Audience

The primary audience for this report includes workforce development staff, behavioral health providers, education and training partners, and local policymakers involved in behavioral health workforce planning and service delivery. Findings and recommendations may be used to inform program development, workforce coordination efforts, resource allocation, and future policy discussions.

Visual Components and Deliverables

In addition to the written report, the project includes visual career pathway materials intended to support different audiences and use cases. The behavioral health career tree is designed primarily for individuals interested in entering the behavioral health workforce, including students, career changers, and community members exploring potential career options. Its purpose is to provide an accessible, high-level overview of behavioral health roles and possible entry points into the field.

The more detailed career pathway maps are intended for workforce partners, employers, education providers, and individuals already pursuing behavioral health careers. These maps provide more specific information on credentialing requirements, supervision milestones, educational progression, and advancement opportunities across behavioral health roles.

The final deliverables are designed primarily for digital distribution as PDF documents and may be shared internally among project partners, workforce stakeholders, and community organizations. Career pathway visuals, tables, and summary graphics are included in this report to support accessibility and practical use of the report findings.

Final versions of this report will reside on the Lane County website alongside the career pathway maps.

Table of Contents

Executive Summary

This report examines behavioral health career pathways in Lane County and identifies key barriers that affect workforce entry, progression, and retention. Conducted in partnership with Lane Workforce Partnership and Lane County Health and Human Services, the project builds on prior pathway mapping efforts to better understand how individuals move through the behavioral health workforce and where system-level bottlenecks limit advancement.

The analysis finds that while multiple entry points into the behavioral health workforce exist, progression through career pathways is uneven and often constrained by structural barriers. Key challenges include limited access to training programs, complex and unclear credentialing requirements, shortages in supervision capacity, and significant financial burdens associated with education and licensure. These barriers contribute to delays in career advancement and ongoing workforce shortages, particularly in licensed and supervisory roles.

To address these challenges, this report outlines a set of recommendations focused on improving pathway accessibility, strengthening workforce support, and increasing coordination across education, workforce, and service delivery systems. These include expanding "earn while you learn" opportunities, increasing supervision capacity, improving access to clear and centralized career pathway information, and advocating for policy changes that support workforce sustainability. Together, these strategies aim to improve workforce development outcomes and support long-term capacity within Lane County's behavioral health system.

Summary

Behavioral Health workforce shortages in Lane County are driven not only by recruitment challenges, but also by barriers that slow workforce progression and reduce retention. Key findings indicate that supervision bottlenecks, complex credentialing systems, and financial pressures create significant obstacles to building a sustainable behavioral health workforce.

Why This Matters?

- Growing demand
- Expansion of crisis and treatment infrastructure
- Ongoing workforce shortages (licensed and supervisory positions)

Impact on Workforce

- Slower entry into careers
- Delayed advancement into licensed roles
- High turnover & retention challenges

Key Findings

Complex Workforce Navigation

- Multiple Certifications
- Multiple Licensing Boards
- No centralized resource

Supervision Bottlenecks

- Not enough qualified supervisors
- Delays licensure & workforce advancement

Financial Barriers

- High education costs
- Certification & Licensure fees
- Low entry-level wages

Recommendations

Create a centralized info hub

Strengthen local trainings

Increase supervision capacity

Expand "Earn While You Learn" programs

Support state policy reforms for workforce sustainability

Goal

Build a stronger, more accessible and sustainable behavioral health workforce in Lane County.

Chapter 1: Project Purpose and Methodology

The focus of this project is to better understand how individuals enter and progress within the behavioral health workforce and where structural barriers limit advancement. Behavioral health in this report refers broadly to mental health services, substance use treatment, peer support services, crisis response, and related clinical and community-based care roles.

This chapter provides background on the behavioral health workforce in Lane County, summarizes prior workforce development efforts, and explains the methods used in this project to analyze career pathways and workforce bottlenecks.

Project Overview and Scope

This project was conducted in partnership with Lane County Health and Human Services and Lane Workforce Partnership to better understand behavioral health workforce pathways and identify barriers to advancement within the system. Both organizations are involved in workforce development and service delivery, and wanted a clearer understanding into how individuals enter, progress through, and remain in the behavioral health workforce.

The project focuses on mapping career pathways across key behavioral health roles, including Peer Support Specialists (PSS), Qualified Mental Health Associates (QMHA), Certified Alcohol and Drug Counselors (CADC), and related positions. In addition to identifying entry points and progression routes, the analysis emphasizes where individuals encounter delays or barriers, particularly in relation to supervision requirements, credentialing processes, and financial constraints. By focusing on these transition points, the project aims to provide a more detailed understanding of how workforce pathways function in practice and where targeted interventions may improve advancement and retention.

This analysis was guided by the following questions:

- What are the primary entry points into the behavioral health workforce in Lane County?
- Where do bottlenecks occur along career pathways from entry-level to licensed roles?
- What barriers limit progression, including supervision availability, credentialing requirements, and financial costs?
- How do workforce conditions influence retention and long-term career advancement?

Research Methods

This analysis builds upon prior work and incorporates multiple qualitative and descriptive data sources to assess Lane County's behavioral health workforce system. The approach focuses on understanding how individuals move through career pathways and identifying structural barriers that affect progression and retention.

Document and Prior Work Review

The UO project team reviewed prior University of Oregon research reports, project scope documents, and related local workforce planning materials to identify previously documented barriers, workforce gaps, and proposed strategies. This review helped identify existing findings and avoid duplicating earlier work.

Stakeholder Engagement

The project team conducted meetings with representatives from Lane Workforce Partnership and Lane County Health and Human Services, as well as outreach to nonprofit providers and other behavioral health stakeholders. These conversations helped clarify project priorities, refine research questions, and identify emerging workforce concerns from both system-level and frontline perspectives. Insights from stakeholder engagement helped shape this report's examination of pathways and barriers.

Qualitative Data Collection

The project incorporated qualitative information gathered through stakeholder meetings and informational interviews with workforce development, public sector, and behavioral health organizations. Discussions focused on workforce entry points, credentialing requirements, supervision availability, supervision challenges, retention concerns, and career advancement barriers. These insights helped identify recurring themes and workforce system constraints. While the project included perspectives from several groups, the team was unable to secure interviews with some educational training programs and rural providers, which may limit the representation of those perspectives in the findings.

Workforce Data and Certification Review

The team reviewed state certification requirements (e.g., CADC, QMHA, PSS), licensure progression rules, and publicly available wage data to better understand credentialing

requirements and compensation trends.[1,2] The team also reviewed job postings to identify employer expectations and credential requirements. The education, credentialing, and training provider information reviewed for this analysis is summarized in Appendices A and B.

Pathway Mapping and System Analysis

The team used MIRO software to develop career pathway maps that visualize entry points, credential requirements, supervision milestones, and wage progression. The team then used these maps as analytical tools to identify structural bottlenecks and transition friction points within the workforce pipeline.

Report Organization

The remainder of this report is organized into the following chapters:

- Chapter 2: Behavioral Health Workforce Context examines statewide behavioral health workforce initiatives, local workforce conditions in Lane County, and prior workforce development efforts that informed this project.
- Chapter 3: Behavioral Health Career Pathways Overview analyzes major behavioral health career pathways, including education requirements, credentialing structures, supervision milestones, and advancement opportunities across roles.
- Chapter 4: Workforce Barriers and Key Bottlenecks identify structural barriers affecting workforce progression, including supervision limitations, credentialing challenges, retention concerns, and financial constraints.
- Chapter 5: Recommendations and Implementation Strategies presents recommendations intended to support workforce sustainability, pathway progression, and long-term behavioral health workforce capacity within Lane County.

[1] Oregon Employment Department. "Lane." QualityInfo, State of Oregon, https://www.qualityinfo.org/lane. Accessed 8 June 2026.

[2] McKinney, Kristi, Sanae El Ibrahimi, Van Burnham IV, Stephannie Sloan, Eric Martin, Christi Hildebran, and Linda May Wacker. 2025 Annual Behavioral Health Workforce Report. Mental Health and Addiction Certification Board of Oregon and Comagine Health, 2025.

Chapter 2: Behavioral Health Workforce Context

Lane County's behavioral health workforce operates within the context of high and growing demand for services, driven by the increasing need for mental health and substance use treatment. Employers across the public and nonprofit sectors report ongoing workforce shortages, particularly in licensed and supervisory roles. These shortages affect service delivery by increasing caseloads and making recruitment and retention more difficult. State and regional workforce reports have identified persistent shortages across Oregon's behavioral health workforce, particularly in rural communities and in licensed and supervisory positions. The Oregon Behavioral Health Talent Assessment, a 2025 statewide workforce analysis conducted for the Oregon Workforce and Talent Development Board, found that Lane County was among the 32 of Oregon's 36 counties that have fewer than one mental health provider per 1,000 residents, a figure that [3][4]

For context, the U.S. national average sits at approximately 3.6 providers per 1,000 residents.[5] Falling below 1 per 1,000 means the majority of Oregon counties are operating at less than one-third of the national baseline.[6] Rural and frontier communities face compounding disadvantages, including longer travel distances, higher rates of poverty and substance use, and greater difficulty attracting licensed clinicians and supervisors. These deepen the shortage beyond what county counts alone convey.

Figure 1: Projected Oregon Behavioral Health Workforce Shortages by Occupation

Occupation Category	*Projected Shortage of Positions (2034)*
Child, Family, and School Social Workers	1,140
Mental Health Counselors	840
Addiction Counselors	790
Adult Psychiatrists	430
Adapted from Oregon Behavioral Health Talent Assessment (2024).	

[4] Advocates for Human Potential, Inc. Oregon Behavioral Health Talent Assessment. Oregon Workforce and Talent Development Board, Jan. 2025, www.oregon.gov/workforceboard/data-and-reports/Documents/2025-Oregon-Behavioral-Health-Talent-Assessment-Report-final.pdf.

[5] United Health Foundation. "Mental Health Providers." America's Health Rankings, Sept. 2025, https://www.americashealthrankings.org/explore/measures/MHP. Accessed 8 June 2026.

[6] America's Health Rankings. "Mental Health Providers." America's Health Rankings, United Health Foundation, Sept. 2025, www.americashealthrankings.org/explore/measures/MHP.

Workforce challenges also affect how workers move through the behavioral health system over time. While some positions provide clearer advancement opportunities, others require complex credentialing steps, supervised clinical hours, or additional education that can be difficult to complete while working full time. Prior workforce reports and stakeholder conversations also identified burnout, supervision limitations, administrative burden, and retention challenges that can slow career advancement and reduce long-term workforce stability. Oregon workforce assessments further identified low wages, limited career development opportunities, and unclear career pathways as recurring barriers affecting both recruitment and retention within the behavioral health sector. These challenges may be especially significant in rural or underserved areas, where provider shortages and limited training opportunities can further restrict pathway progression.

Behavioral health career pathways are often shaped by formal education requirements, certification processes, and supervised clinical experience. Many positions have multiple entry points depending on credentials and experience, but progression through the workforce frequently depends on access to supervision, training programs, and licensure support. These factors can create uneven advancement opportunities, particularly for workers attempting to move from entry-level or support roles into fully licensed clinical positions. Understanding these dynamics helps identify where workforce pathways are functioning effectively and where barriers may be limiting advancement.

Statewide Workforce Development Initiatives

In response to ongoing behavioral health workforce shortages, Oregon has expanded statewide coordination and policy efforts focused on workforce development and long-term system sustainability.[7] Recent initiatives have emphasized the need to improve workforce pipelines, strengthen supervision capacity, expand training opportunities, and address barriers affecting recruitment and retention across behavioral health professions.

One example is the Oregon Behavioral Health Talent Council (BHTC), a statewide initiative focused on improving coordination between behavioral health providers, educational institutions, workforce agencies, and policymakers.[8] The council has identified workforce shortages, supervision limitations, retention challenges, and workforce accessibility as major statewide concerns. These discussions reflect growing recognition that behavioral health

[7] Oregon Behavioral Health Talent Council. Behavioral Health Talent Council Final Report. Office of Oregon Governor Tina Kotek, Feb. 2026, https://www.oregon.gov/gov/policies/Documents/W00082508_GOV_Behavioral%20Health%20Talent%20Council%20Report_2026_web.pdf. Accessed 8 June 2026.

[8] Office of Oregon Governor Tina Kotek. "Behavioral Health Talent Council." State of Oregon, https://www.oregon.gov/gov/policies/pages/behavioral-health-talent-council.aspx. Accessed 8 June 2026.

workforce shortages are shaped not only by recruitment challenges, but also by structural barriers affecting advancement and long-term workforce sustainability.

Recent legislative efforts have also increased statewide attention on behavioral health workforce and system coordination challenges. House Bill 4083, passed during Oregon's 2026 legislative short session, formed part of Oregon's broader behavioral health reform efforts and further emphasized the importance of strengthening behavioral health infrastructure, workforce capacity, and cross-system coordination.[9] Together, these initiatives reinforce the importance of understanding how workers enter, progress through, and remain within behavioral health career pathways at the local level. They also highlight the growing need for workforce planning strategies that address not only recruitment, but long-term workforce sustainability and advancement.

Lane County System Context

Lane County continues to invest in behavioral health infrastructure and service capacity through several major initiatives. These include the development of the Lane County Stabilization Center[10] and adjacent PeaceHealth Timber Springs Behavioral Health Hospital[11] as well as expansion of County-provided crisis response services. Together, these efforts reflect a broader shift toward increasing access to mental health, substance use, and crisis services within the region. As behavioral health systems expand, however, workforce availability becomes an increasingly important factor influencing implementation, service delivery, and long-term sustainability.

These developments may increase demand for licensed clinicians, supervisors, peer support specialists, and other behavioral health professionals across both public and nonprofit organizations. At the same time, Lane County's behavioral health system continues to evolve as organizations adapt to changing crisis response models and service delivery approaches. The transition of mobile crisis services in Eugene and the implementation of County-operated mobile crisis response programs illustrate how behavioral health workforce needs can shift alongside

[9] Oregon Legislative Assembly. "HB 4083: 2026 Regular Session." Oregon Legislative Information System, 2026, https://olis.oregonlegislature.gov/liz/2026R1/Measures/Overview/HB4083. Accessed 8 June 2026.

[10] Lane County Health and Human Services. "Lane Stabilization Center." Lane County, https://www.lanecountyor.gov/government/county_departments/health_and_human_services/behavioral_health/lane_stabilization_center. Accessed 8 June 2026.

[11] Lane County Health and Human Services. "Behavioral Health Campus in Lane County." Lane County, https://www.lanecountyor.gov/government/county_departments/health_and_human_services/behavioral_health/behavioral_health_campus. Accessed 8 June 2026.

broader system changes.[12] Together, these local developments reinforce the importance of understanding workforce pathways, advancement barriers, and long-term workforce sustainability within Lane County's behavioral health system.

Existing Behavioral Health Workforce Development Efforts and Prior Work

Previous workforce development efforts in Lane County have focused on strengthening the behavioral health workforce pipeline, improving understanding of behavioral health career pathways, and identifying barriers affecting recruitment and retention across the sector. This project builds on earlier research conducted through the University of Oregon's Institute for Policy Research & Engagement (IPRE), Lane Workforce Partnership, and Lane County Health & Human Services related to behavioral health workforce development and workforce sustainability in Lane County. Three reports in particular inform this report: the 2023 Lane County Behavioral Health Workforce Pipeline Models report, the 2025 Unlocking Potential: Career Pathways for Lane County's Workforce report, and the Fall 2025 Real World: Lane County Behavioral Health Workforce report.

Lane County Behavioral Health Workforce Pipeline Models (2023)

The earliest of these three projects was the Lane County Behavioral Health Workforce Pipeline Models report[13]

The report combined a literature review on national and state behavioral health workforce conditions with primary data gathered through a stakeholder workshop and a follow-up survey of local service providers, university representatives, and potential funders. From this work, the team developed a three-tiered workforce pipeline model aligned to Oregon's funding cycle. Each level layered new program activities, including supervision capacity-building, internship expansion, clinical rotation funding, and educational partnerships, onto the prior level, accompanied by cost estimates for each phase.

The report also produced one of the first quantified estimates of unmet QMHP need in Lane County, identifying approximately 133 unfilled positions, including 55 active vacancies and an additional 78 positions identified through stakeholder outreach. The team projected a total

[12] Lane County Health and Human Services. "Mobile Crisis Services of Lane County." Lane County, https://www.lanecountyor.gov/government/county_departments/health_and_human_services/behavioral_health/mobile_crisis_services_of_lane_county. Accessed 8 June 2026.

[13] Stipek, Sophie, Nafisul Huq, Briana Parra, and Aurora Dziadul. Lane County Behavioral Health Workforce Pipeline Models. University of Oregon Institute for Policy Research and Engagement, May 2023, https://www.lanecountyor.gov/UserFiles/Servers/Server_3585797/File/Government/County%20Departments/County%20Administration/Policy%20Lab/Project%20Reports/2022-2023/Lane%20County%20Behavioral%20Health%20Workforce%20Pipeline%20Models.pdf. Accessed 8 June 2026.

implementation cost of $16.13 to $16.41 million over six years, with anticipated funding from Lane County Behavioral Health, other public provider agencies, academic institutions, and potential Medicaid reimbursements. The report further recommended that Lane County take an active role in advocating for additional state funding in subsequent biennium cycles. The report framed the workforce shortage as more than a staffing issue, emphasizing supervision capacity, training pipelines, and long-term retention challenges.

Unlocking Potential: Career Pathways for Lane County's Workforce (2025)

The [14], prepared in June 2025 by IPRE for Lane Workforce Partnership, took a broader workforce development perspective. Rather than focusing on behavioral health specifically, this report examined strategic workforce opportunities for economically vulnerable populations in Lane County, particularly individuals classified as ALICE (Asset Limited, Income Constrained, Employed) and those living below the poverty line, across two high-demand sectors: healthcare and housing.[15], prepared in June 2025 by IPRE for Lane Workforce Partnership, took a broader workforce development perspective. Rather than focusing on behavioral health specifically, this report examined strategic workforce opportunities for economically vulnerable populations in Lane County, particularly individuals classified as ALICE (Asset Limited, Income Constrained, Employed) and those living below the poverty line, across two high-demand sectors: healthcare and housing.

The report developed career pathway flowcharts for eight career clusters within these sectors, including home care, nursing, emergency health services, dental, and general healthcare roles, alongside trades, construction, and maintenance and operations roles within housing. Each flowchart mapped entry-level roles, required training and certifications, wage progression, and advancement opportunities, with particular attention to which clusters most reliably moved workers above the ALICE income threshold.

The report emphasized that accessible career pathways, training opportunities, and support services are important for helping workers advance into stable careers. It noted that while many entry-level roles in healthcare and housing offer accessible points of entry for individuals with limited formal education, sustained career advancement depends on consistent access to training, certifications, and support resources that are not equally available to all residents.

The report's recommendations emphasized promoting awareness of career pathways through expanded communication channels and multilingual materials, investing in data and evaluation to support workforce planning, and partnering with Lane Community College and other educational providers to align curricula with current and projected labor market demands. Although Unlocking Potential does not address behavioral health directly, its framework for

[15] Ganey, Wren, Jasper Riogeist, and Agustín Olivares Lucero. Unlocking Potential: Career Pathways for Lane County's Workforce. University of Oregon Institute for Policy Research and Engagement, June 2025, https://www.lanecountyor.gov/government/county_departments/county_administration/general_county_administration/policy_lab/projects. Accessed 8 June 2026.

analyzing career clusters, credential progression, wage thresholds, and access to advancement informs the broader workforce development context within which the behavioral health workforce shortage exists.

Lane County Behavioral Health Workforce Pipeline Models (2025)

The most immediate foundation for this report is the Real World: Lane County Behavioral Health Career Pathways project[16], conducted in Fall 2025 by an IPRE undergraduate research team in partnership with Lane County Health & Human Services and Lane Workforce Partnership. Developed in response to ongoing behavioral health workforce shortages in Lane County and Oregon more broadly, the project was explicitly designed as Phase 1 of a two-phase initiative, with the project documented in this report serving as Phase 2. Like the 2023 report, this project framed the workforce shortage as more than a staffing issue. It emphasized workforce sustainability, training pipelines, supervision structures, and long-term retention within the context of Oregon's broader behavioral health crisis, where the state ranks near the bottom nationally for unmet behavioral health needs.

A major component of the project involved the development of behavioral health career pathway maps. These maps documented educational investments, licensure requirements, supervision expectations, and average wages across behavioral health occupations. The mapping process also helped identify several structural issues within the workforce system, including variation in licensure requirements across occupations, limited standardization of job titles relative to federal Standard Occupational Classification (SOC) codes, differences between public/nonprofit and private sector career incentives, and the role of graduate education and supervised clinical hours in determining advancement. The completed maps are intended to support both workforce planning efforts and career exploration by current and prospective behavioral health workers.

The report identified two primary barriers to recruitment and retention: burnout and compensation. Burnout was tied to heavy caseloads, traumatic work environments, administrative burden, and limited organizational support, while compensation was characterized as inadequate relative to Lane County's cost of living and the educational debt professionals incur to enter the field. The report emphasized that high turnover can create cycles in which remaining workers absorb larger caseloads, accelerating further attrition, and noted that private practice opportunities frequently draw licensed professionals away from public and nonprofit organizations due to differences in compensation and workload. To inform potential solutions, the project reviewed case studies from other states, including Nebraska's Behavioral Health Education Center (BHECN), the Hogg Foundation for Mental Health at the University of Texas at Austin, and Washington's streamlined out-of-state licensure transfer process, which contrasts with Oregon's comparatively strict regulatory environment for license reciprocity.

[16] Colson, Cat, Cam Phillips, and Sam Plager. Behavioral Health Career Pathways. Real World: Lane County Behavioral Health Workforce, University of Oregon Institute for Policy Research and Engagement, Fall 2025. https://www.lanecountyor.gov/government/county_departments/county_administration/general_county_administration/policy_lab/projects. Accessed 8 June 2026.

Relationship to the Current Project

While prior work has established a strong foundation for understanding behavioral health career pathways and workforce challenges in Lane County, the earlier research has primarily focused on documenting pathways, quantifying shortages, identifying broad barriers, and proposing initial implementation structures. Less attention has been given to how individuals move through these systems in practice over time, where advancement slows or breaks down, and how structural bottlenecks affect long-term workforce sustainability.

This project builds directly on the 2023 Lane County Behavioral Health Workforce Pipeline Models report, the Unlocking Potential career pathway research, and the Fall 2025 Real World project by focusing more specifically on workforce progression, supervision capacity, advancement barriers, and system-level bottlenecks within behavioral health career pathways. In particular, the project examines how supervision requirements, licensure progression, financial constraints, and organizational structures shape movement through the behavioral health workforce pipeline and affect retention across the public and nonprofit behavioral health system in Lane County.

Chapter 3: Behavioral Health Career Pathways Overview

This chapter explains the structure of behavioral health career pathways in Lane County in the following roles:

1. Physician Associate (PA)
2. Clinical Psychologist
3. General Physician
4. Psychiatrist
5. Certified Alcohol and Drug Counselor I (CADC I)
6. Certified Alcohol and Drug Counselor I (CADC II)
7. Certified Alcohol and Drug Counselor I (CADC III)
8. Licensed Professional Counselor
9. Licensed Marriage and Family Therapist
10. Qualified Mental health Associate I (QHMA I)
11. Qualified Mental Health Associate II (QMHA II)
12. Registered Baccalaureate Social Worker (BSW)
13. Licensed Master of Social Work (LMSW)
14. Licensed Clinical Social Worker (LCSW)

Each position includes a brief description of their responsibilities and provides context and information for the educational and licensure process. Each position is grouped by similar work settings and educational requirements.

Descriptions of each occupation were collected through different certification organizations within the state of Oregon. These descriptions were codified through OARs and ORS produced by the State Legislature and the Mental Health & Addiction Board of Oregon (MHACBO). Professions that require federal or national certification cite the national standard. salary information was collected from the Oregon Employment Department - Workforce and Economic Research Division.[17] The team used data specific to Lane County to calculate median salaries for each position. The team then visualized each career cluster as a career pathway map to further define the education requirements and show the training and education path.

[17] Oregon Employment Department. "Lane." QualityInfo, State of Oregon, https://www.qualityinfo.org/lane. Accessed 8 June 2026.

Clinical Services

Clinical Services are behavioral health professionals who work in a clinical setting. These behavioral health professionals are often providing care for higher needs mental health issues for patients as well as providing medical services like prescriptions, evaluations, and diagnoses. Professionals in these settings often require medical or clinical training to prepare for these roles and are often practitioners or in supervisory positions.

Physician Associate (PA)

Position Overview

Physician assistants are medical clinicians who work alongside physicians to help improve patient care and well-being. Physician assistants are trained in general medicine and will help those suffering from general mental disorders in the behavioral health field. PAs provide medicine to patients to improve well-being while working alongside general physicians in clinical settings.

PAs can obtain additional medical certification to pursue specialized fields such as behavioral health and psychiatry. PAs specialized in these behavioral health fields are assigned to focus on providing supplemental care under the supervision of physicians and medical professionals. PAs are often in charge of tracking a patient's wellbeing, providing psychiatric evaluation and medication diagnostics for patients after prescriptions, and interdisciplinary work alongside other mental health professionals.[18]

The median annual salary for physician assistants is $145,172 in the State of Oregon.[19]

Education Requirements *(Oregon.gov)*

- Completion of a 4-year bachelor's degree
- Complete a master's degree specific to Physician (3-years)
- 2,000 supervised hours of clinical rotation

Clinical Psychologist

Position Overview

A psychologist is a person who is currently licensed to practice psychology by the Oregon Board of Psychology. Psychologists are professionals working with patients who have severe mental health illnesses and work in clinical settings. Psychologists are responsible for diagnosing,

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[18] *"Psychiatric PA: A Guide."* American College of Psychiatrists and Educators (ACPE), 2024, www.acpe.org/psychiatric-physician-assistant/

[19] Oregon Employment Department. "Lane." QualityInfo, State of Oregon, https://www.qualityinfo.org/lane. Accessed 8 June 2026.

treating, and developing treatment plans for patients with severe mental health issues. Clinical psychologists can work in higher levels such as leadership and supervisor roles in clinics, hospitals, and private practice. Clinical Psychologist makes an annual salary of $119,120 in Lane County.[17]

Education Requirements *(OAR 858-010-0010)*

- Completion of a 4-year bachelor's degree
- A doctoral program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) as of the date the degree was conferred or a program accredited by the Psychological Clinical Science Accreditation System (PCSAS)
- Complete a minimum of three academic years of full-time graduate study
- One continuous year in-residence at the institution from which the degree is granted and completed with a dissertation
- Complete an original dissertation or equivalent
- Passed the Examination for Professional Practice in Psychology (EPPP)
- Obtain 1500 hours of residency as postdoctoral work
- Passed the Oregon Jurisprudence Exam

General Physician

A general physician is a doctor who provides general care to patients. General physicians often do general diagnoses, physical assessments, and offer preventative care solutions to improve patients' overall health. In behavioral health settings, general physicians can provide general prescriptions for mental health conditions such as general anxiety and depression disorders. General physicians have a median annual salary of $288,375 in Lane County.[17]

Education Requirements *(ORS 677.100)*

- Completion of a 4-year bachelor's degree
- Passing the Medical College Admission Test (MCAT) test
- Completion of medical school (4-5 years) and residency for general physicians (3-years)
- Obtaining Licensure of the state they practice in to continue practicing and must renew their license every two years in the State of Oregon

Psychiatrist

Position Overview

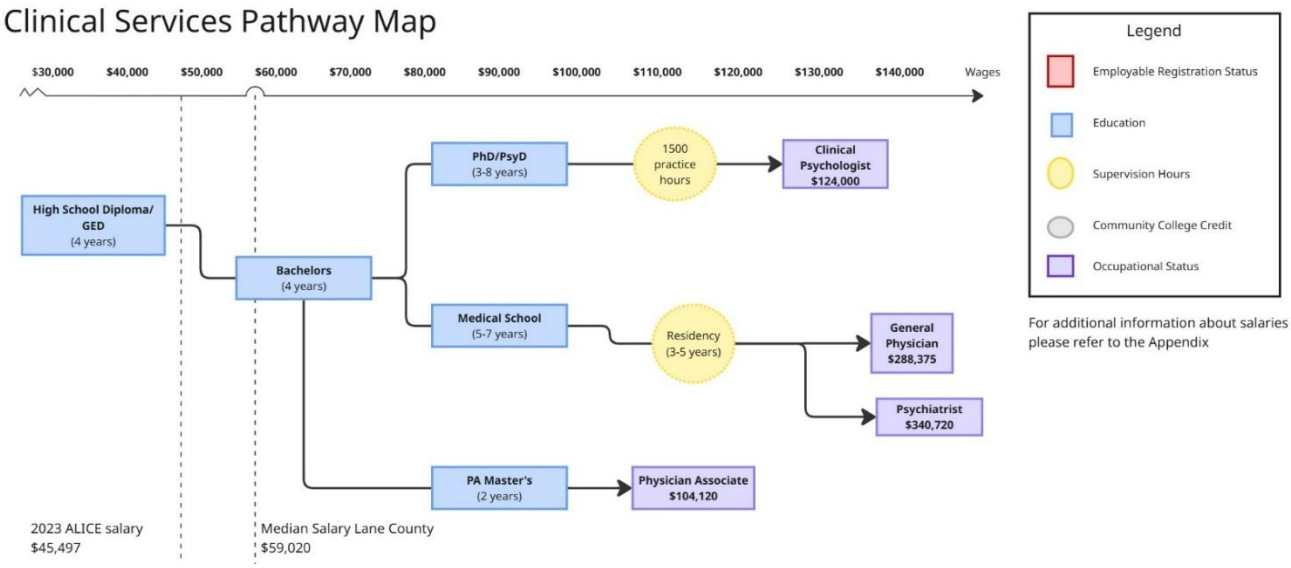
A psychiatrist is a physician licensed by the Oregon Medical Board and who has completed an approved residency training program in psychiatry. Psychiatrists are medical doctors (M.D. or D.O.) specializing in the diagnosis and treatment of mental illness. Following medical school at an accredited university, the psychiatrist completes a residency program in preparation for

diagnosing and treating patients with symptoms of mental health illnesses. Psychiatrists make a median annual salary of $340,720 in Lane County.[17] Education requirements to become a psychiatrist can range from 12-16 years due to rigorous education requirements and licensure.

Education Requirements *(ABPN)*

- Complete a 4-year bachelor's degree
- Passing the Medical College Admission Test (MCAT) test
- Completion of medical school
- Completion of additional certifications for qualifying psychiatry
- Passing scores of the United States Medical Licensing Examination (USMLE) to attend residency
- Completion of psychiatric residency (4-years)
- Find certification on The American Board of Psychiatry and Neurology (ABPN) to achieve certification to practice

Figure 2: Clinical Services Career Pathways



Addiction Counseling

Addiction counselors and workers are mental health professionals who specialize in addiction, substance abuse, and gambling counseling. Professionals in addiction counseling work in a variety of settings such as nonprofits, clinics, rehabilitation centers, and within the government. Professionals in this field range from a variety of roles and educational requirements from certification programs to masters' level education.

Peer Support Specialist (PSS)

Position Overview

Peer recovery support specialists are mental health professionals that provide mental health services to individuals. PSSs are professionals assisting individuals with behavioral issues and promoting improved outcomes throughout the treatment process. This work is mainly focused on improving retention of treatment plans by providing guidance, support, resources, and structure for patients' treatment plans. PSSs are required to have similar life experiences to be qualified for the position to allow for closer connection and understanding of the treatment plans to provide a stronger understanding of the treatment process as a patient.

PSSs must work under the supervision of a mental health professional supervisor that will provide oversight to peer counseling and keep track of PSS records of clients and client progress. *"Similar Life"* experience is experiences defined as persons who have gone through similar recovery processes or similar experiences with the mental condition or trauma. This will allow many peer support specialists to find specializations (child & Family, substance abuse, and disabilities, etc.). Peer Support Specialists are BH workers who are categorized as Community Health Workers (CHW). Community Health Workers are frontline public health workers[20]are trusted member of and/or has a close understanding of the community served.[21]

Education Requirements *(Oregon Health Authority)*

- Having "*similar life*" experiences to be considered for these roles
- Completion of training program that will take 40 to 80 hours to complete
    - This program is a full 2 work weeks and is often trained by community stakeholders and non-profit organizations
- Additional certification is required for specialization (i.e. Family support specialist, substance abuse specialist, etc.)

Certified Alcohol and Drug Counselor I (CADC I)

Position Overview

CADC I are substance abuse professionals who assist clients in identifying, maximizing, and relating their strengths to appropriate social, educational (academic and vocational), and occupational goals. At this level, CADC I professionals are working at an entry level proficiency. CADC I will be leading individual, group, and family counseling sessions to help patients further understand their addiction and provide improved plans for changes. This certification is for addressing specific addiction and specializing in providing treatment plans and working towards

[21] Oregon Health Authority. *Traditional Health Worker: Community Health Worker (CHW).* Oregon.gov, n.d., https://www.oregon.gov/oha/EI/Pages/THW-CHW.aspx

making positive outcomes for patients after counseling sessions. These sessions must be under supervision and have guidance by higher certified substance abuse professionals. This profession often works in multiple behavioral health settings such as clinics, hospitals, rehabilitation centers, and private practice. CADC I have a median salary of roughly $58,000 annually in Lane County.[17]

Education Requirements *(MHACBO Certification)*

- A high school diploma or a GED
- Complete CADC-Registrant (CADC-R) status and 1000 supervised hours
- CADC I certification does not require an associate degree, but it is preferred
- 150 education hours
    - all education hours must be accredited or approved by a recognized/approved accreditation body
- 1000 Supervised Experience Hours in the Addiction Counselor Competencies
- Passing grade on the IC&RC ADC National Certification Exam

Certified Alcohol and Drug Counselor II (CADC II)

Position Overview

CADC II are mental health professionals who help treat people with substance abuse disorders. CADC II can provide additional counseling as well as work at a supervisory role at a substance abuse clinic. CADC II professionals can provide clinical evaluations, referrals to support services, and documenting treatment plans for patients. CADC II requires a baccalaureate level of education which gives professionals further training for treating patients with HIV/AIDS risk assessment and reduction. CADC II are qualified advocates for critical health education for high-risk populations, cultural competency, and co-existing disorders and dual diagnosis. CADC II professionals are provided with additional autonomy in their professional roles compared to CADC I who require more work supervision.

CADC II has a median salary of $67,300 annually in Lane County.[17]

Education Requirements *(MHACBO)*

- A 4-year bachelor's degree or equivalent hours of education
- A minimum of 300 Alcohol & Drug Specialty Education Hours
- 4000 supervised experience hours in the Addiction Counselor Competencies
- Passing NCAC II National Certification Exam. (This exam will provide CADC I certification which will be required for certification of CADC II.)
- Completion of the Written Jurisprudence Ethics Exam

Certified Alcohol and Drug Counselor III (CADC III)

Position Overview

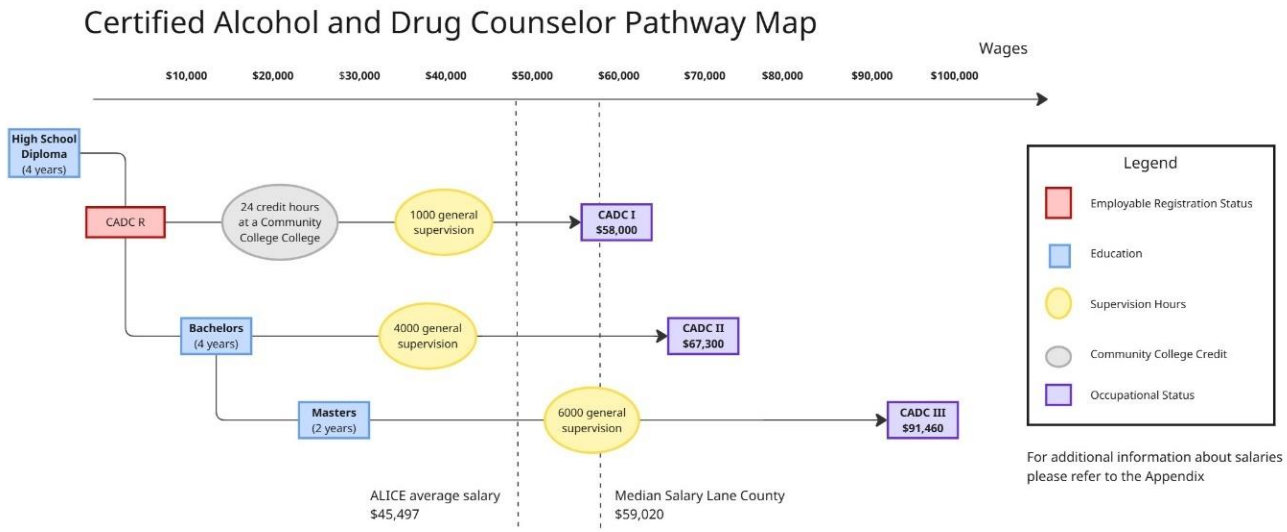
CADC III are the highest-level certified alcohol and drug counselors. CADC III are mental health professionals focusing on substance abuse and providing treatment and recovery programs. CADC III can be mental health recovery therapists or recovery supervisors.

CADC III make a median salary of $94,460 annually in Lane County.[17]

Education Requirements *(MHACBO)*

- A master's degree or higher in substance use disorders/addiction and/or related counseling subjects (social work, mental health counseling, marriage & family, psychology, medical doctor) from a regionally accredited institution of higher learning
- A minimum of 300 Alcohol & Drug Education Hours
- 6,000 Supervised Experience Hours in the Addiction Counselor Competencies
- Passing scores on the MAC National Certification Exam
- Passing the Written Jurisprudence Ethics Exam is completed

Figure 3: CADC Career Pathways



Counselors

Counselors are general mental health professionals who provide counseling, therapy, and mental health evaluations for patients. These roles often require higher education and certification through supervised training hours in a workplace setting. Counselors can specialize and gain additional training if they want to specialize in a specific behavioral health field.

Licensed Professional Counselor (LPC)

Position Overview

LPCs are mental health professionals who provide assessments, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of mental health counseling or other psychotherapeutic principles.[22] LPCs are one of the more common forms of mental health professionals due to the licensure allowing a wide range of treatment programs for anxiety, depression, trauma, relationship issues, and addiction. LPCs work with patients on personal growth and behavioral change at the individual level.

LPCs are qualified to work at multiple levels and can provide supervision in organizations that are certified to provide supervisory hours.[23] LPCs make a median annual salary of $62,920 in Lane County.[17]

Education Requirements *(OAR 833-030-0021)*

- Obtain a 4-year bachelor's degree in a psychological or social studies field
- Graduate from a master's or Doctorate degree program
- Complete an additional 3 years defined as 36 months of supervised clinical counseling experience
- 1900 supervised direct client contact hours of counseling, up to one year of full-time supervised clinical experience
- Up to one year of full-time supervised clinical experience and 400 hours of supervised direct client contact completed during the clinical portion of a qualifying graduate degree

Licensed Marriage and Family Counseling (LMFT)

Position Overview

Licensed Marriage and family therapists (LMFTs) are mental health professionals trained in psychotherapy and family systems and licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples, and family systems. LMFTs make a median annual salary of $97,679 in Lane County.[17]

Education Requirements *(OAR 833-040-0011)*

- Complete a 4-year bachelor's degree
- A masters or doctorate degree in marriage and family counseling

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[22] General Practice." *Board of Licensed Professional Counselors and Therapists : General Practice : State of Oregon*, Board of Licensed Professional Counselors and Therapists, www.oregon.gov/oblpct/Pages/Practice.aspx. Accessed 10 Apr. 2026

[23] Oregon Board of Licensed Professional Counselors and Therapists. *Become a Supervisor.* State of Oregon, n.d., https://www.oregon.gov/oblpct/Pages/Supervisor.aspx.

- At least three years (36 months) of qualified supervised clinical counseling experience to qualify for licensure
- Supervised clinical experience must have consisted of no less than 1,900 supervised direct client contact hours of therapy with at least 750 of those hours working with couples and families in the same session
- The supervised clinical therapy must have included any combination of the following:
    - A post-graduate degree supervised experience completed in Oregon
    - post-graduate degree supervised experience completed in another jurisdiction pursuant to the jurisdiction's laws and rules
    - experience completed while a registered associate with the Board, or up to one year of full-time supervised clinical experience
    - 400 hours of supervised direct client contact completed during the clinical portion of the qualifying graduate degree program

Qualified Mental Health Associate I (QMHA I)

Position Overview

QMHA are mental health professionals who demonstrate the competency necessary to communicate effectively, comprehend mental health assessment, and provide treatment. A QMHA I provide psychosocial skills development, implement interventions as assigned on an individual plan of care, and provide behavior management and case management duties. QMHA I are responsible for monitoring treatment and home wellness of patients during their clinical plans and maintain records of progress achieved by patients. QMHA I have a median annual salary of $56,000 in Lane County.[17]

Education Requirements *(MHACBO)*

- Obtain a 4-year bachelor's degree or work experience that is equivalent to a bachelor's education. Applicants who do not possess a bachelor's degree must present a combination of at least three years of relevant education and experience
- verification of 1,000 supervised experience hours
- Candidates begin as a QHMA-Registrant (QMHA-R) while they obtain their 1,000 supervision hours
- Passed the QMHA I competency exam
- QMHA I professionals must be recertified every 2 years

Qualified Mental Health Associate II (QHMA II)

Position Overview

QMHA II are a more advanced level of QMHA I. This leads to further training for advanced practice, case management, care coordination, and jurisprudence regulatory compliance and ethics. QMHA II must:

- Demonstrate the competency necessary to communicate effectively, understand mental health assessment, treatment and service terminology and apply these concepts
- Provide psychosocial skills development
- Implement interventions as assigned on an individual plan of care
- Provide behavior management and case management duties[24]

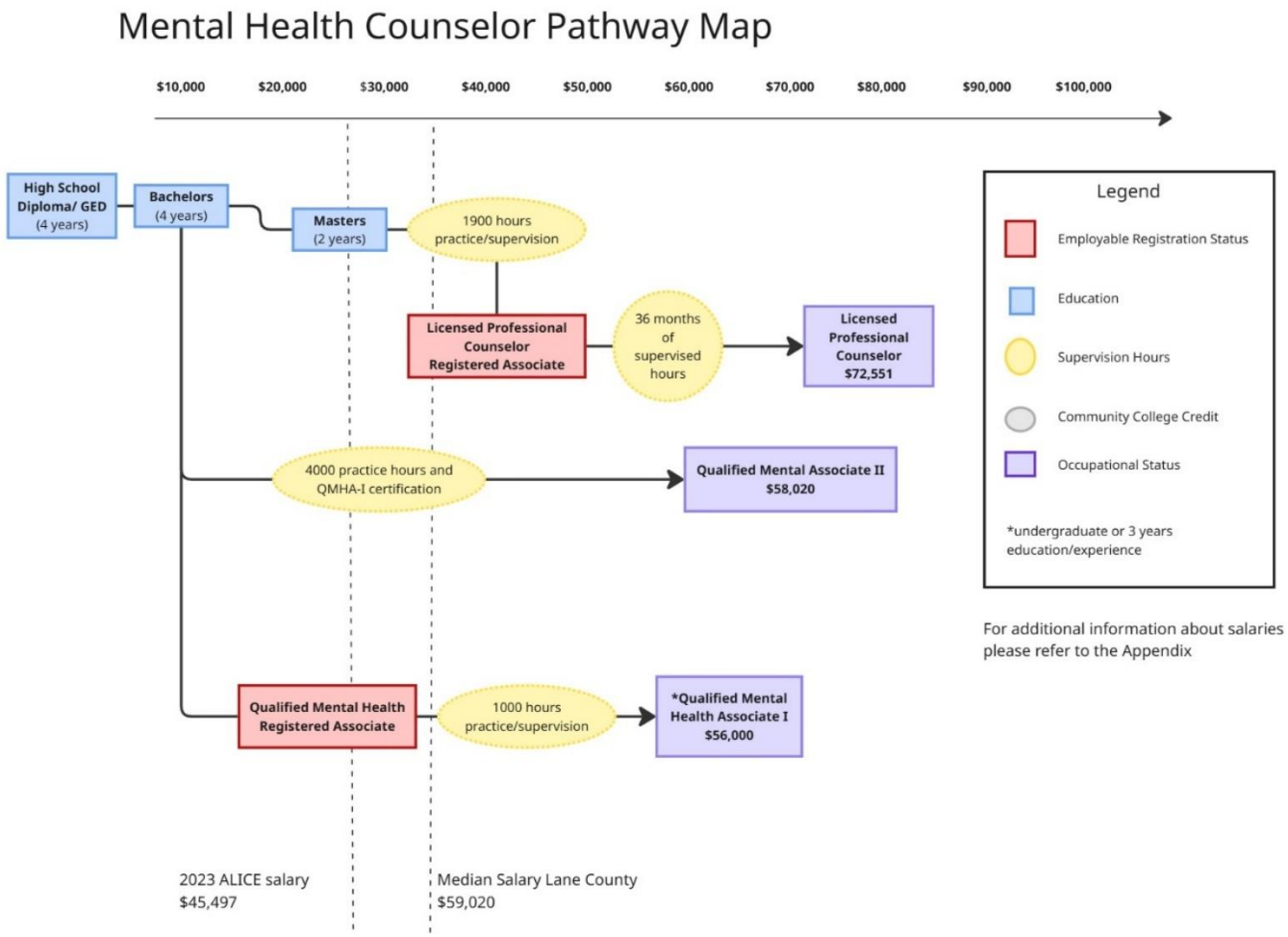
QHMA II are certified through the Mental Health and Addiction Certification Board of Oregon (MHACBO). QMHA II have a medial annual salary of $58,020 in Lane County.[17]

Education requirements *(MHACBO)*

- Completion of a 4-year bachelor's degree
- Complete certification as a QHMA I certification
- Complete a minimum of 4,000 supervised experience hours in the QMHA Competencies.
- Successfully pass the QMHA-II competency exam
    - QMHA II must recertify 2 years

[24] Oregon Secretary of State. *Oregon Administrative Rule: OAR 291-124-1030 — Qualified Mental Health Associate and Qualified Mental Health Professional Standards.* Oregon Secretary of State, n.d., https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=40958.

Figure 4: Counselor Career Pathways



Social Work

Social workers are behavioral health professionals who help patients and the community address social and personal challenges. Social workers help patients with psychological issues and outside factors such as interpersonal relationships or financial stressors. Social workers are often the bridge between other programs and behavioral health providing patients with a network of support and community outreach.

Registered Baccalaureate Social Worker (BSW)

Position Overview

A registered baccalaureate social worker is a behavioral health worker who meets with clients and prepares wellness programs to improve their emotional and social needs. BSWs coordinate assistance between healthcare facilities and government entities to ensure clients are obtaining quality treatment and access to necessary resources. BSWs are required to work under a social work manager who will evaluate their work and provide guidance for BSW to complete their work and provide proper documentation.

Education Requirements *(OAR 877-015-0108)*

- Completion of a 4-year bachelor's degree or equivalent
- Achieving a score of 90 percent on the examination on the Oregon BLSW statutes
- Must be "fit" to practice in the State of Oregon
    - Provide excellent character and good standing with Social Work Licensing board
    - Complete a background check of any questionable actions and succeed a fitness determination

Licensed Master Social Worker (LMSW)

Position Overview

Social work is a profession in which trained professionals are devoted to helping vulnerable people and communities work through challenges they face in everyday life. LMSW are often responsible for patients to have counseling and behavioral health treatment as well as connecting patients to outside resources to improve quality of life. Social workers can help promote patients to receive MSW have a median annual salary of $67,681 in the state of Oregon.

Education Requirements *(OAR 877-015-0108)*

- Completion of a 4-year bachelor's degree
- Completion of a Master of Social Work degree
- Social workers in the State of Oregon are required to complete a complete a Master of Social Work degree

- Completion of the Master of Social Work licensure examination with a 90% on the examination

Licensed Clinical Social Worker (LCSW)

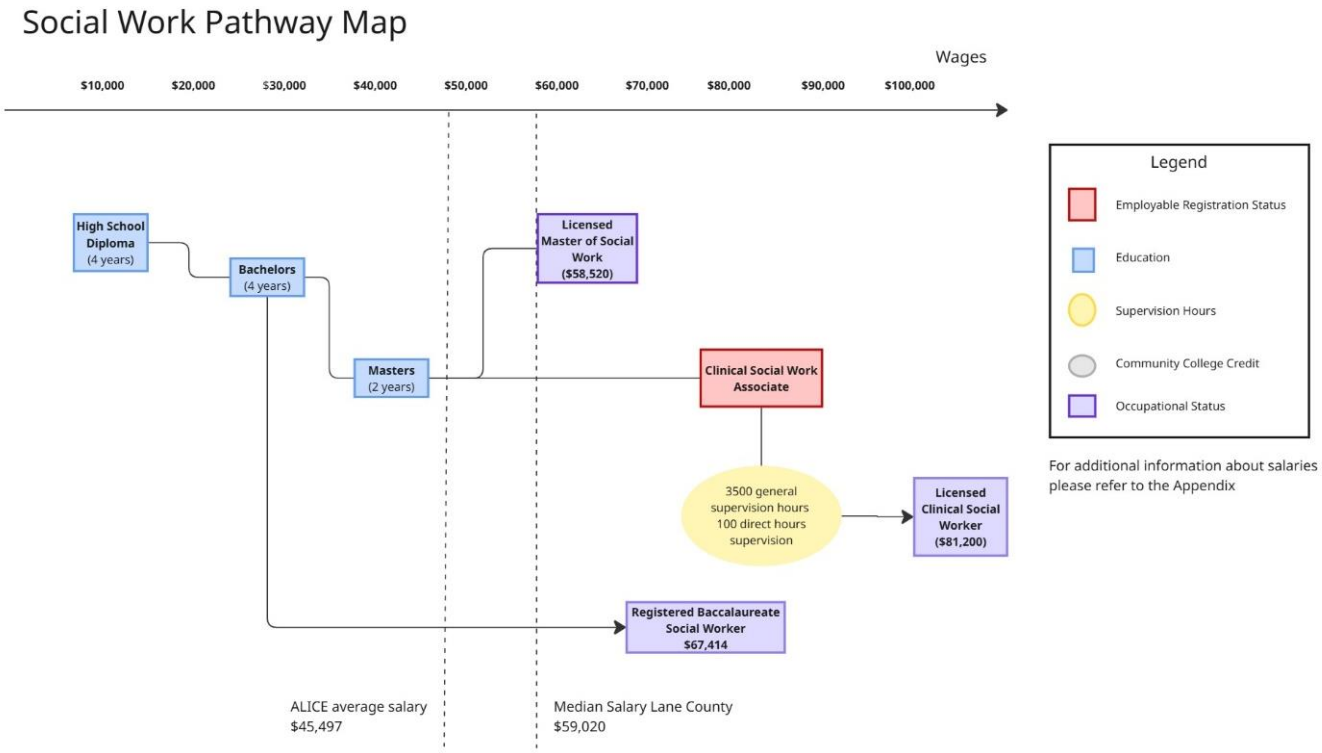
Position Overview

Clinical social work is a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Individual, group, and family therapy are common treatment modalities. Social workers who provide these services are required to be licensed or certified at the clinical level in their state of practice. LCSWs offer services in a variety of settings including private practice, hospitals, community mental health, primary care, and agencies. LCSWs can provide treatment and supervision hours for their role in overseeing patients and providing training programs. LCSWs have a median salary of $81,200 annually in Lane County.[17]

Education Requirements *(OAR 877-020-0008)*

- Completion of a 4-year bachelor's degree
- Complete a master's degree in social work
- Score a passing grade on the Licensed Master Social Worker Exam
- Become a licensed social worker (LSW) in the State of Oregon
- LCSW must complete a total of 3500 post-MSW clinical hours completed under supervision
    - 2000 out of the 3500 hours being direct client hours
    - a total of 100 supervision hours
    - A minimum of 50 individual hours
    - A minimum of 24 months of supervised experience
- Passing the Association of Social Work Boards (ASWB) clinical exam

Figure 5: Social Work Career Pathways



Chapter 4: Workforce Barriers and Key Bottlenecks

This chapter identifies major challenges within the behavioral health workforce pipeline and highlights critical points where workers are lost or delayed along career pathways in Lane County. The previous chapter outlined the structure of behavioral health careers and the progression requirements associated with different roles. This chapter focuses more specifically on the barriers that affect workforce entry advancement and long-term retention in practice.

Findings from prior workforce reports, stakeholder conversations, pathway mapping activities and reviews of certification and licensure requirements suggest that many workforce challenges are interconnected with multiple overlapping barriers related to education, supervision, financial costs and credentialling requirements. The barriers discussed in this section provide insights on how three factors together contribute to delays in workforce progression, reduced workforce retention, and continued shortages across behavioral health occupations in Lane County.

Across Interviews, pathway mapping and prior workforce assessments, three major issues emerged consistently:

1. Supervision and licensure bottlenecks that delay workforce progression
2. Fragmented workforce navigation and credentialing systems that make pathways difficult to understand and
3. Financial and retention pressures that reduce long-term workforce sustainability.

These three issues create a behavioral health workforce system where advancement is often slow, costly, and difficult to navigate.

Supervision and Licensure Bottlenecks

Behavioral health careers require navigating multiple layers of certification, licensure and education which are often:

- Lengthy and sequential (e.g., from degree to certification and supervised hours and then to licensure)
- Not clearly explained or standardized across roles

Oregon's behavioral health system is shaped by a complex regulatory and licensure system[25]. This introduces additional barriers such as:

- Strict licensure requirements and processes
- Administration burden in tracking and reporting supervision hours
- Limited licensure reciprocity across states

These factors slow workforce entry, make it difficult for both in-state and out-of-state professionals to relocate into Oregon, and add uncertainty and delays to career progression.

Supervised clinical hours are a required step for many behavioral health roles, but the system for obtaining supervision is a major structural constraint. Interviews and state-level insights show that there is a mismatch between the number of trainees and available supervisors[26]. Supervisors often face significant barriers including:

- High administrative burden (tracking, reporting, compliance)
- Legal and professional liability for supervisees
- Large, combined caseloads (their own clients and supervisees)
- Limited financial incentives for supervision compared to direct clinical service

Even with state funding initiatives, these underlying conditions mean:

- Fewer professionals are willing to take on supervision roles
- Supervision capacity does not expand to meet demand

As a result, supervision has become a critical barrier that slows workforce progression and delays licensure. For supervisors, taking on trainees often means adding significant responsibilities to an already demanding workload. In addition to managing their own caseloads, supervisors are responsible for overseeing trainees' work, providing guidance and ensuring compliance with professional standards[27]. This added burden increases pressure on existing staff and limits the number of professionals willing or able to serve as supervisors. This constrains the pipeline of new behavioral health providers. Informational interviews with stakeholders and professionals from both county and state agencies also highlighted that many [28] positions now require higher credentials than in the past (e.g., master's degrees becoming standard).

Employers often require full certification at the time of hire rather than allowing candidates to complete requirements while employed. This creates a structural barrier where entry into the

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[25] Oregon Health Authority. *Oregon Faces Challenges in Addressing Gaps in the Behavioral Health Crisis System.* Oregon Health Authority, 2025, https://sos.oregon.gov/audits/Documents/2025-14.pdf

[26] Josh Porter et al., *Stabilizing Oregon's Public Behavioral Health System,* 2025, https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/HB%202235%20Workgroup%20Report_January%202025_Final.pdf.

[27] Interview with staff at Oregon Health Authority, April 10, 2026

workforce is delayed. The pool of eligible candidates is also significantly reduced, and individuals may abandon the pathway before completion. Additionally, confusion around certification bodies and requirements (e.g. The Mental Health and Addiction Certification Board of Oregon - MHABCO processes) further complicates navigation and creates uncertainty for both applicants and employers[29].

Even when individuals are interested in entering the field, access to required training is limited. Review of behavioral health training programs in Lane County and Oregon identified limited availability of workforce development training programs, especially entry-level roles such as Peer Support Specialists (PSS). Many training programs are geographically centralized in urban areas. It makes access difficult for rural candidates. In addition, behavioral health careers often require specialized training tracks (e.g., mental health, youth services, or substance use treatment). This creates additional steps, costs, and delays before individuals can enter the workforce.

These barriers disproportionately affect individuals in the ALICE (Asset Limited, Income Constrained, Employed) population who may already face financial constraints, limited transportation options, inflexible work schedules, or caregiving responsibilities. Although many individuals are interested in pursuing behavioral health careers, the time and financial resources required to complete training and certification can make entry into the field difficult or unattainable.

As a result, a disconnect emerges between workforce interest and workforce entry. Potential workers exist, but many are unable to complete the training and certification requirements necessary to become qualified applicants. This reduces the pipeline of behavioral health professionals and contributes to ongoing workforce shortages across the system.

Fragmented Workforce Navigation & Credentialing Systems

Structural and system-level barriers in Lane County's behavioral health workforce are not isolated issues. They reflect a misaligned system where education, certification, hiring, and workforce support are not well coordinated. That makes it difficult for individuals to enter, navigate, and remain in the field. The behavioral health workforce system is fragmented and difficult to navigate. Coordination across stakeholders, including education providers, licensing boards and employers, is limited. Each stakeholder operates with its own requirements, timelines, and expectations, but there is no unified structure to coordinate these efforts.

According to an interview with a hiring manager from Lane County, the behavioral health hiring process can be difficult for applicants to navigate due to the complexity of job requirements and credentialing expectations. Many behavioral health positions require specific certifications, licensure, or specialized training that may not be immediately clear to prospective applicants. As

[29] Interview with staff at Lane County Health and Human Services, March 3, 2026

a result, some individuals apply to positions without fully understanding the qualifications required and only become aware of these requirements after receiving feedback during the hiring process. This lack of clear and accessible information about behavioral health career pathways, certification processes, and licensure requirements can[30] pursuing careers in the field[31].

A key challenge identified by Lane County staff is the absence of standardized job titles across organizations and systems within Lane County. As a result, job seekers often struggle to understand how different positions relate to one another and what qualifications are needed for each role. Information about careers, certifications, and licensure is separated across multiple agencies, websites, and institutions. This makes it difficult for applicants to locate and interpret. Currently, there is no centralized, user-friendly resource that outlines behavioral health career pathways and entry requirements in a clear and comprehensive manner.

This fragmentation creates barriers for prospective workers who must often rely on informal networks, personal connections, or trial-and-error to navigate the system. As a result, entering the behavioral health workforce can be confusing, limiting access to potential candidates and creating additional workforce challenges for employers.

Financial and Retention Pressures

The pathway into behavioral health careers involves significant financial cost at multiple stages. These costs include:

- Tuition and educational expenses for required degrees, which can range from approximately $80,000 to $100,000 in total for graduate programs, while medical school often exceeds $100,000
- Fees associated with certification, licensure, examinations and continuing education requirements
- Unpaid or low-paid training periods such as internships, practicum experiences and supervised clinical hours required for licensure

At the same time, entry-level and public sector wages often remain relatively low. Many individuals enter the workforce carrying high student debt while earning modest salaries that mostly do not cover the costs of education and training. This creates a structural imbalance where the cost of entering the field is high, but the financial return, especially early on, is limited. For many prospective workers, especially those without substantial financial support, these barriers reduce the feasibility of entering or staying in the behavioral health profession.

[31] Interview with Staff at Lane County Human Resources, April 7, 2026

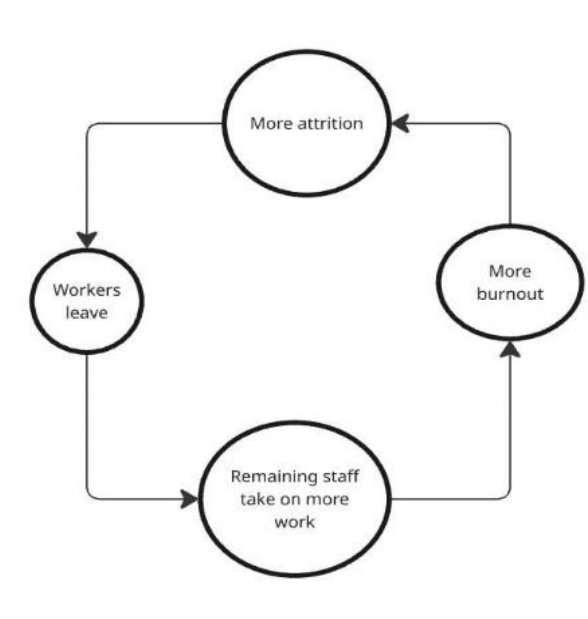
Compensation and Retention Challenge

Compensation is an additional challenge for recruitment and retention within the behavioral health workforce. Public and nonprofit organizations typically offer lower wages than private sector employers despite workers carry significant student debt. This makes it difficult to attract and retain qualified professionals and further contributes to financial strain.

As a result, nonprofit organizations often serve as important training grounds for early-career professionals but struggle to retain staff over the long term. Employees frequently leave for higher-paying opportunities in private organizations or other sectors once they gain experience and licensure. This pattern contributes to workforce instability and staffing shortages.

In addition, high turnover is made worse by burnout among behavioral health professionals. Stakeholders identified heavy caseloads, frequent exposure to trauma, administrative burdens, and limited organizational support as major causes of burnout. These conditions create a cycle in which workers leave their positions, increasing workloads for remaining staff, and contributing to further attrition.

Burnout creates a cycle shown below.



Chapter 5: Recommendations and Implementation Strategies

Based on the analysis of workforce barriers and bottlenecks, the following recommendations are proposed to improve behavioral health workforce pathways in Lane County. These recommendations are primarily intended for Lane Workforce Partnership, Lane County Health and Human Services, behavioral health providers, educational institutions, and other workforce development partners involved in workforce planning and service delivery.

The following recommendations are designed to be practical and scalable, allowing local partners to build upon existing workforce initiatives, and advocate for systemic level changes while addressing key barriers identified throughout this project. Further information regarding policy and program models can be found in Appendix D.

Local Level Recommendations

The local level recommendations focus on improving workforce navigation, expanding training and supervision capacity, strengthening workforce retention, and enhancing coordination across organizations within Lane County. While implementation will require collaboration among multiple stakeholders, Lane Workforce Partnership is well positioned to serve as a coordinating entity by facilitating partnerships, supporting workforce data collection, and connecting employers, educational institutions and workforce development organizations.

Local Recommendation 1: Conduct Ongoing Workforce Gap and Capacity Assessment

A recurring theme throughout stakeholder interviews and prior workforce assessments was the need for more comprehensive local workforce data. Although statewide reports have identified significant behavioral health workforce shortages in Oregon, less information is available regarding local provider capacity, supervision availability, vacancy rates, turnover trends and workforce progression barriers within Lane County.

Lane Workforce Partnership and local partners should support ongoing workforce monitoring efforts by collecting and analyzing data related to workforce supply and demand, supervision capacity, retention trends and workforce vacancies. Additional research could include employee surveys, employer interviews, and workforce data dashboards to better understand current workforce conditions and emergency needs.

Conducting further assessments would support evidence-based decision-making, allow stakeholders to identify priority workforce gaps and inform future workforce development investments.

Local Recommendation 2: Develop a Centralized Behavioral Health Workforce Resource Hub

Stakeholders consistently describe the behavioral health workforce system in Lane County as fragmented and difficult to navigate. To improve workforce accessibility, Lane County partners could develop a centralized behavioral health workforce resource hub. This platform could provide career pathway maps, certification and licensure guidance, workforce data dashboards, training opportunities, job announcements, and links to relevant workforce resources. An existing model such as "My Colorado Journey" website may provide a useful example for implementation (see Appendix D).

Lane County could adopt the Colorado model in exploring the development of a centralized behavioral workforce information hub (a "one-stop" navigation system for behavioral health careers). The possible components include certification/licensure guides, supervision hour information, local education/training programs, internship and jobs opportunities, scholarship and funding resources, employer partnerships, career ladder visualizations and mentorship resources. Similar approaches like the Colorado model may address barriers identified in Lane County, particularly confusion surrounding licensure, supervision requirements and workforce entry pathways.

A centralized resource hub would improve transparency, reduce confusion surrounding workforce entry and advancement and support more informed career decision-making.

Local Recommendation 3: Establish a Behavioral Health Workforce Coordinator Position

A common challenge identified throughout this project was the lack of a centralized contact point responsible for coordinating behavioral health workforce development efforts across the organizations. Establishing a Behavioral Health Workforce Coordinator position could strengthen system coordination, improve workforce planning efforts, and increase accessibility of workforce resources across Lane County. The responsibilities of the coordinator could include:

- Maintaining workforce information resources
- Updating information on the resource hub website
- Coordinating workforce partnerships
- Tracking workforce gaps
- Supporting pathway navigation
- Improving communication between organizations

Local Recommendation 4: Increase Access to Local Behavioral Health Training Opportunities

Limited access to training opportunities within Lane County is one of the major barriers affecting workforce entry and career progression. Stakeholders noted that certification programs, specialized training and supervision opportunities are not always readily accessible to prospective workers, especially to ALICE population balancing employment and family responsibilities.

To better understand local training needs, Lane Workforce Partnership and its partners could work with existing training providers to access program availability, enrollment limitations, wait times and barriers to participation. Additional collaboration with Lane Community College, local universities, behavioral health organizations and workforce agencies could identify opportunities to expand certification programs including Peer Support Specialist (PSS), Qualified Mental Health Associate (QMHA), and other entry-level behavioral health training pathways. Strengthening coordination between educational institutions and workforce partners may also ensure that training programs align with current workforce needs and employer expectations. Expanding local training access has the potential to increase workforce participation, reduce barriers to career advancement, and strengthen the long-term behavioral health workforce pipeline within Lane County.

State Level Recommendations

As the behavioral health workforce crisis spans jurisdictions, state governments play a critical role in driving systemic change. The following recommendations are intended for state legislators, agency leaders, workforce development boards, and behavioral health advocacy organizations. Implementation may involve legislative action, regulatory updates, or targeted grant funding, and should be pursued in collaboration with providers, employers, training institutions, and individuals with lived experience.

State Recommendation 1: Expand "Earn While You Learn" Opportunities

Increase access to paid internships, apprenticeships, and on-the-job training programs that allow individuals to complete education and certification requirements while earning income. These programs can reduce financial barriers and support workforce entry and retention.

State Recommendation 2: Increase Supervision Capacity by Supporting Incentives and Partnerships

Expand access to supervised clinical hours by providing incentives for qualified professionals to serve as supervisors. This may include financial compensation, reduced administrative burden, or

organizational support structures. Increasing supervision availability would directly address a major bottleneck in career progression.

State Recommendation 3: Advocate for State-Level Policy and Funding Changes

Support state-level efforts to increase reimbursement rates and expand funding for behavioral health workforce development[32]. Higher reimbursement rates can improve wages, support organizational sustainability, and enable expanded training and supervision opportunities.

One potential implementation option focuses on the stabilization center. Focusing on a smaller sector, the county is more likely to receive funding and grants. The state could fund housing stipends for those working in behavioral health at the hospital or provide loan repayment options.

[32] "Nearly Every State Raised Medicaid Mental Health Rates. Now What?" *Health Affairs Forefront*, 4 May 2026, .

Recommendation Summary

For each recommendation we identified a set of strategies to guide areas of action. Shaded strategies are priorities for the region.

Strategic Priority	Strategy
Local	**Centralized Behavioral Health Website**
	Develop and maintain a user-friendly, multilingual website featuring career pathways, licensing guides, training programs, job opportunities, workforce incentives, data dashboards, and partner resources.
	Hire a Behavioral Health Coordinator
	Core responsibilities: maintain the workforce hub and data tracking; coordinate partnerships and outreach; and support career navigation, training communication, and recruitment efforts.
	Further Research
	ongoing workforce monitoring efforts by collecting and analyzing data related to workforce supply and demand, supervision capacity, retention trends, and workforce vacancies. Additional research could include employee surveys, employer interviews, and workforce data dashboards to better understand current workforce conditions and research could include employee surveys, employer interviews, and workforce data dashboards to understand current workforce conditions and emergency needs better.
State	**Advocate for Increased Reimbursement Rates**
	Higher reimbursement rates can improve wages, support organizational sustainability, and enable expanded training and supervision opportunities.
	Advocate for Increased Non-Monetary Benefits
	Increase access to loan repayment options, housing stipends, or alternative work options such as work from home.
	Advocate for "Earn While You Learn" Opportunities
	Increase access to paid internships, apprenticeships, and on-the-job training programs that allow individuals to complete education and certification requirements while earning income.

Stabilization Center	**Grants**
	Utilize the Stabilization Center as a opportunity to test pilot incentives for behavioral health providers. Earning funding will be easier on a smaller scale.
	Partner with Higher Education
	Partner with Higher Education in Lane County to provide training opportunities for those interested in entering the sector.

Implementation and Next Steps

Implementation of these recommendations will require coordination across multiple stakeholders, including Lane County Health and Human Services, Lane Workforce Partnership, education providers, and state agencies.

At the state level, efforts should focus on policy changes related to reimbursement rates, workforce funding, and support for training and supervision programs.

At the county and local level, stakeholders can prioritize development of centralized career pathway resources, expansion of training and internship programs, and creation of incentives to improve retention and supervision capacity.

Short-term actions may include convening stakeholders, identifying funding opportunities, and piloting targeted workforce programs. Longer-term efforts should focus on system-level coordination and sustained investment in workforce development strategies.

Appendix A: Education Programs

Community Colleges[33]

Community Colleges	County	ZIP	Area of Study (CIP Code)17
1. Blue Mountain Community College (BMCC)	Umatilla County Morrow County Baker County	97838 97801 97862 97818 97814	
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)

[33] Higher Education Coordinating Commission. *2025 Oregon Behavioral Health Talent Assessment Report.* State of Oregon, 2025,https://www.oregon.gov/highered/strategy-research/Documents/Reports/2025-Oregon-Behavioral-Health-T….

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) • 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) • 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)
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 (45.110)

Public Universities

Public Universities (4-year)	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)	Certificate (CIP Code)
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)	• School Counseling (13.1101) • Human Development and Family Sciences (19.0701) • Psychology (42.2799)	• Clinical Science (42.2801) • Community Health Worker (training program) (51.1504)

			• Psychology (42.0101) • Sociology (45.1101)	• Sociology (45.1101)	
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	• Health Promotion: Community Health (51.2208) • Social Work (44.0701) • Psychology (42.2813) • Sociology (45.1101)	• Applied Behavior Analysis (42.2814) • Infant/Toddler Mental Health (51.1510)
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)

Private Schools

Authorized Private Colleges and Universities	County	ZIP	Undergraduate (CIP Code)	Graduate (CIP Code)
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)	

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)	
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)	

Authorized Independent Colleges and Universities Exempt from Regulation

Authorized Independent Colleges and Universities Exempt from Regulation	**County**	**ZIP**	**Undergraduate (CIP Code)**	**Graduate (CIP Code)**	**Certificate (CIP Code)**
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)

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)	• Eating Disorders (51.1508) • Ecotherapies (42.2803) • Specialization in Addictions (51.1501)

				• School Psychology (42.2805)	
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)	
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 (45.1)		

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)	
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)	

14. Willamette University	Multnomah County Marion County	97301	• Pre-Health (51.0000) • Psychology (42.0101) • Sociology (45.1101)		

Appendix B: Career Titles, Credentials, and Training Providers

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
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

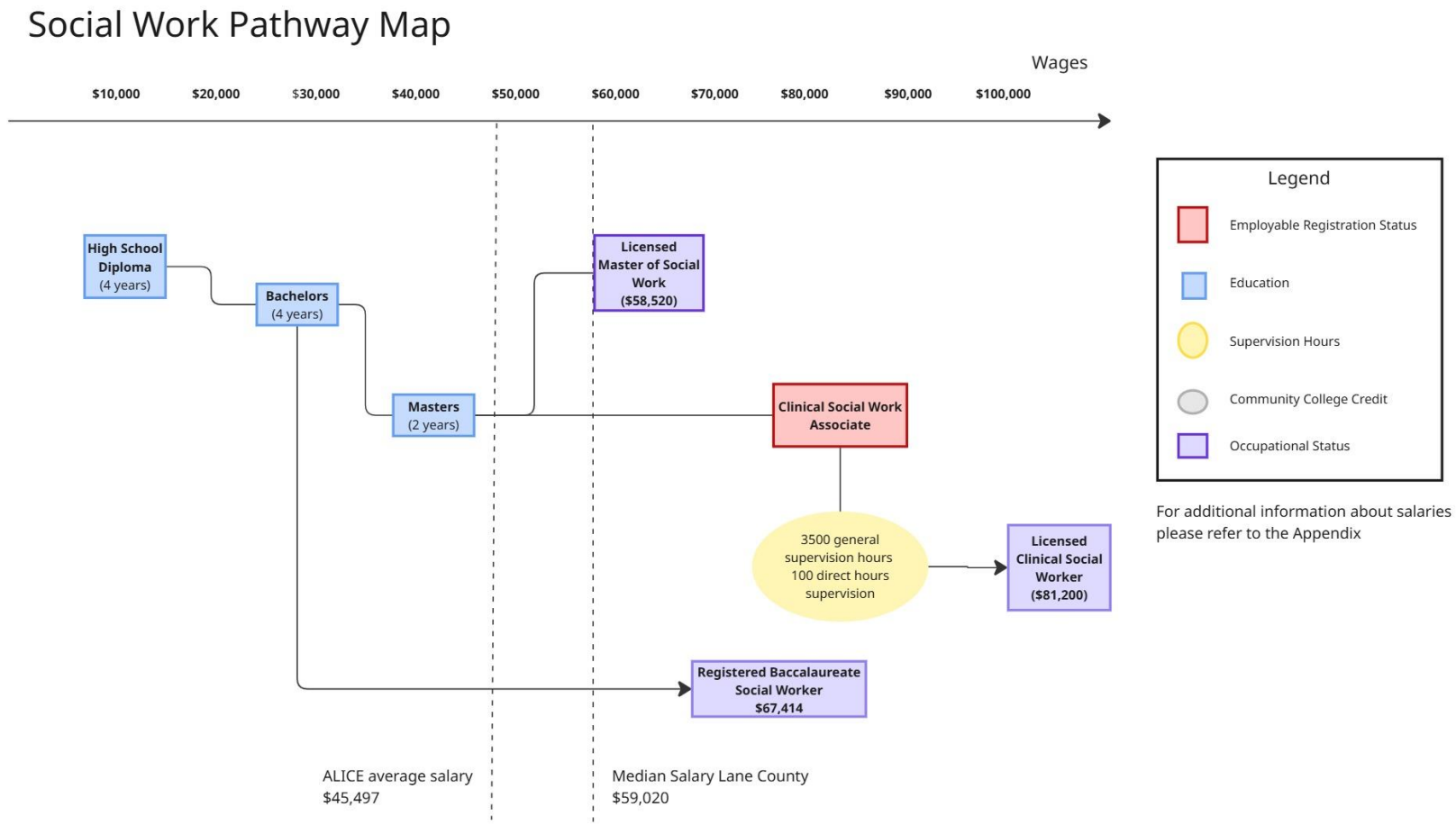
15. School Counselor	M.A./M.S./M.Ed.	Portland State University Whitworth University Bushnell University Lewis & Clark University
16. Social Worker	M.S.W.	Portland State University George Fox University Pacific University Walla Walla University
17. School Psychologist	M.S.	University of Oregon
18. Applied 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
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
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

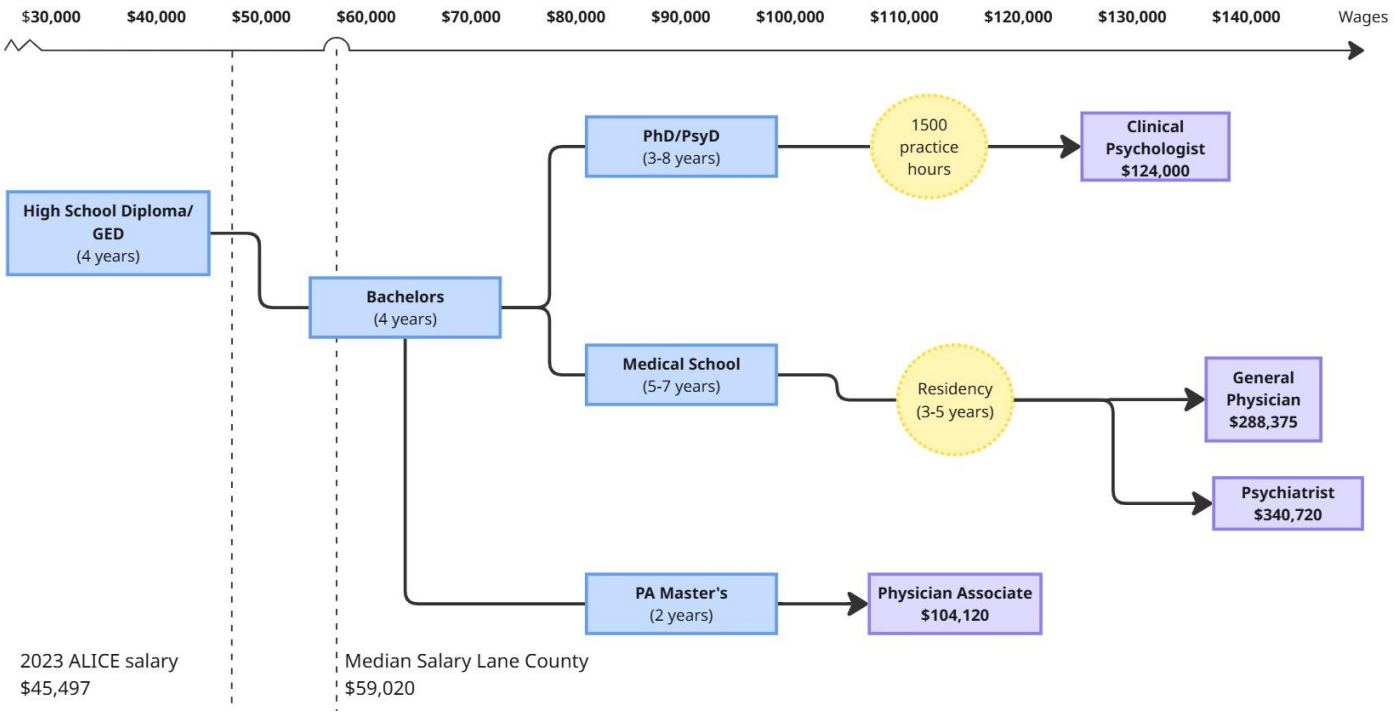
33. Medical Assistant	Certificate	Blue Mountain CC Central Oregon CC Chemeketa CC Clackamas CC Clatsop CC Columbia Gorge CC Linn-Benton CC Mt. Hood CC Oregon Coast CC Rogue CC Southwestern Oregon CC Tillamook Bay CC Treasure Valley CC Umpqua CC
34. Medical Assisting	A.A.S.	Chemeketa CC Treasure Valley 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

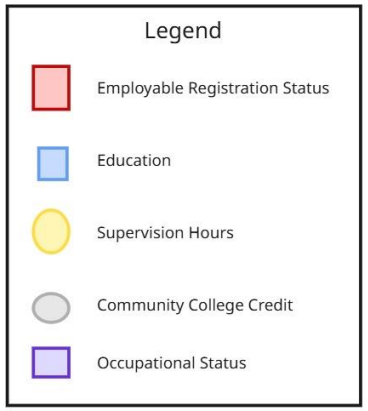
Appendix C: Career Pathway Maps



For additional information about salaries please refer to the Appendix

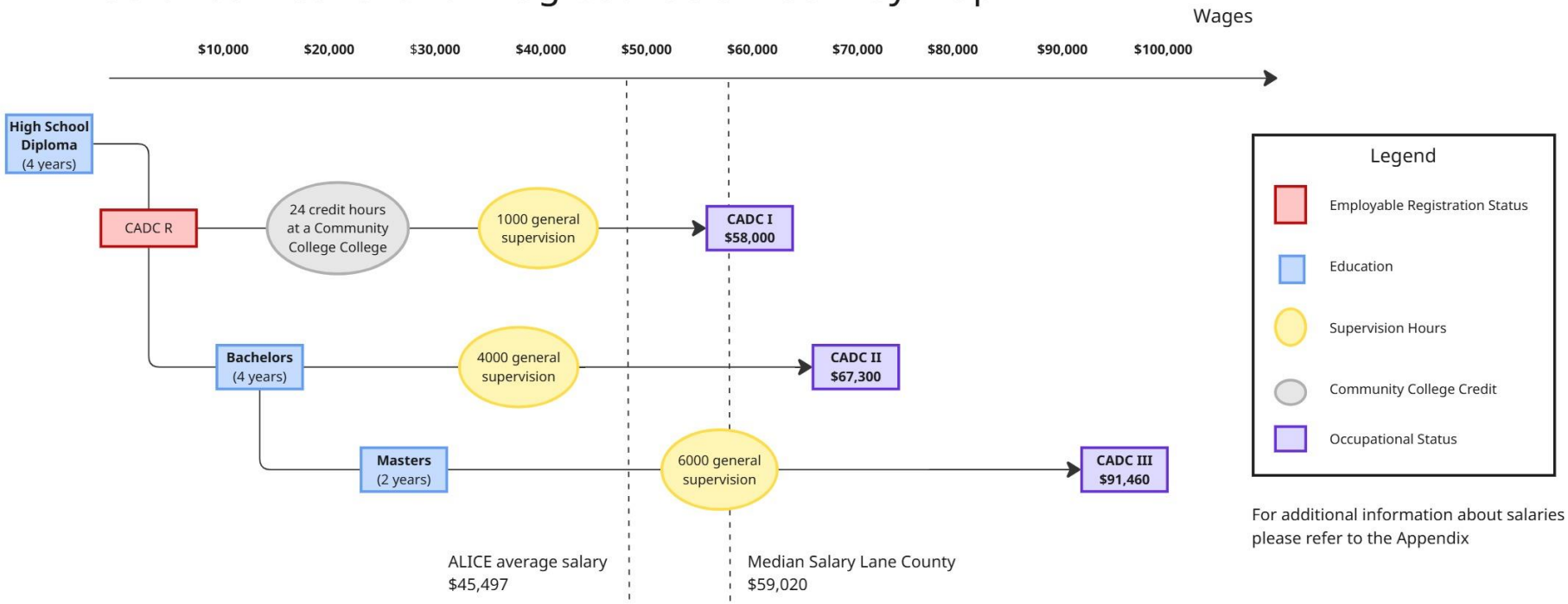
Clinical Services Pathway Map





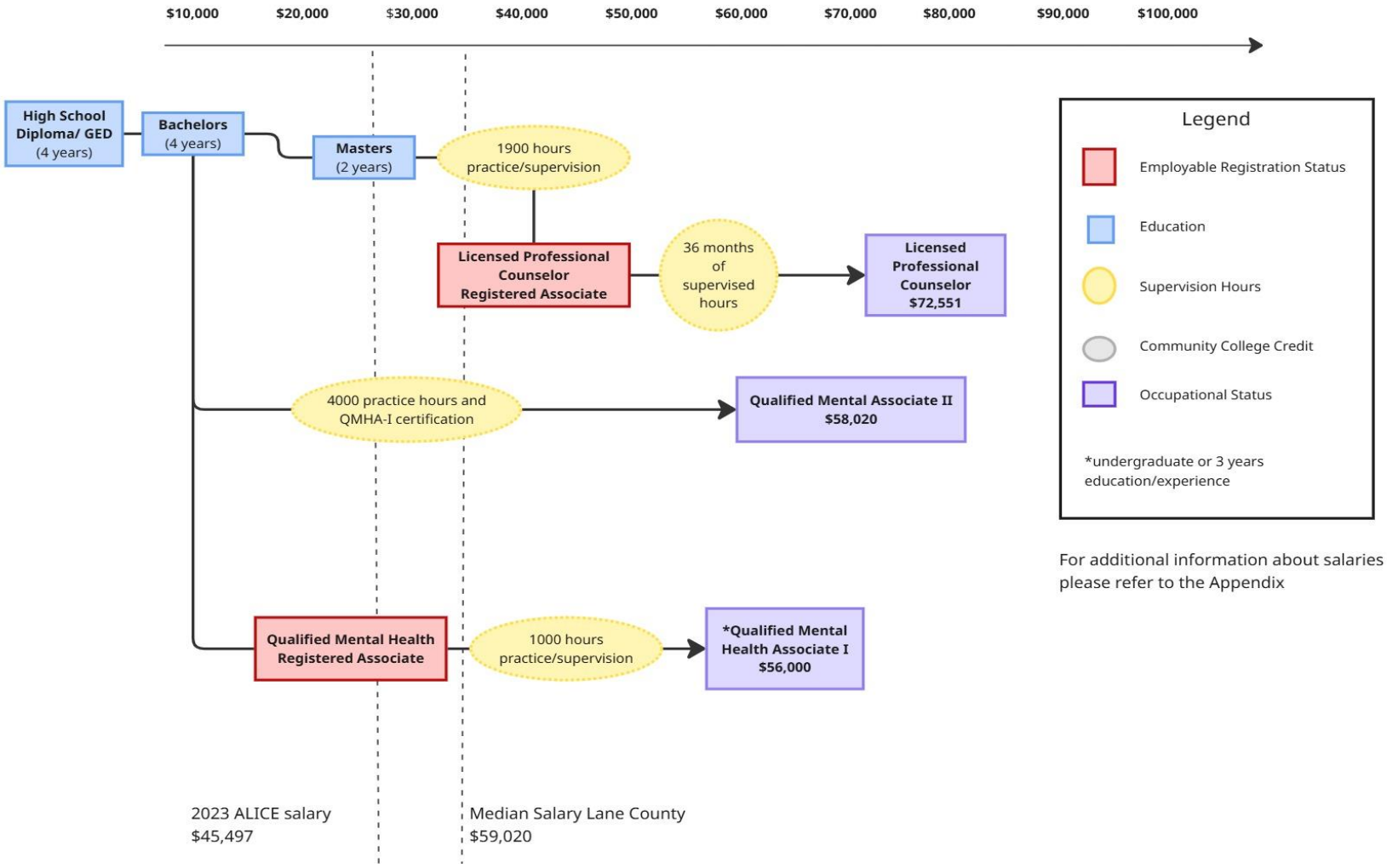
For additional information about salaries please refer to the Appendix

Certified Alcohol and Drug Counselor Pathway Map



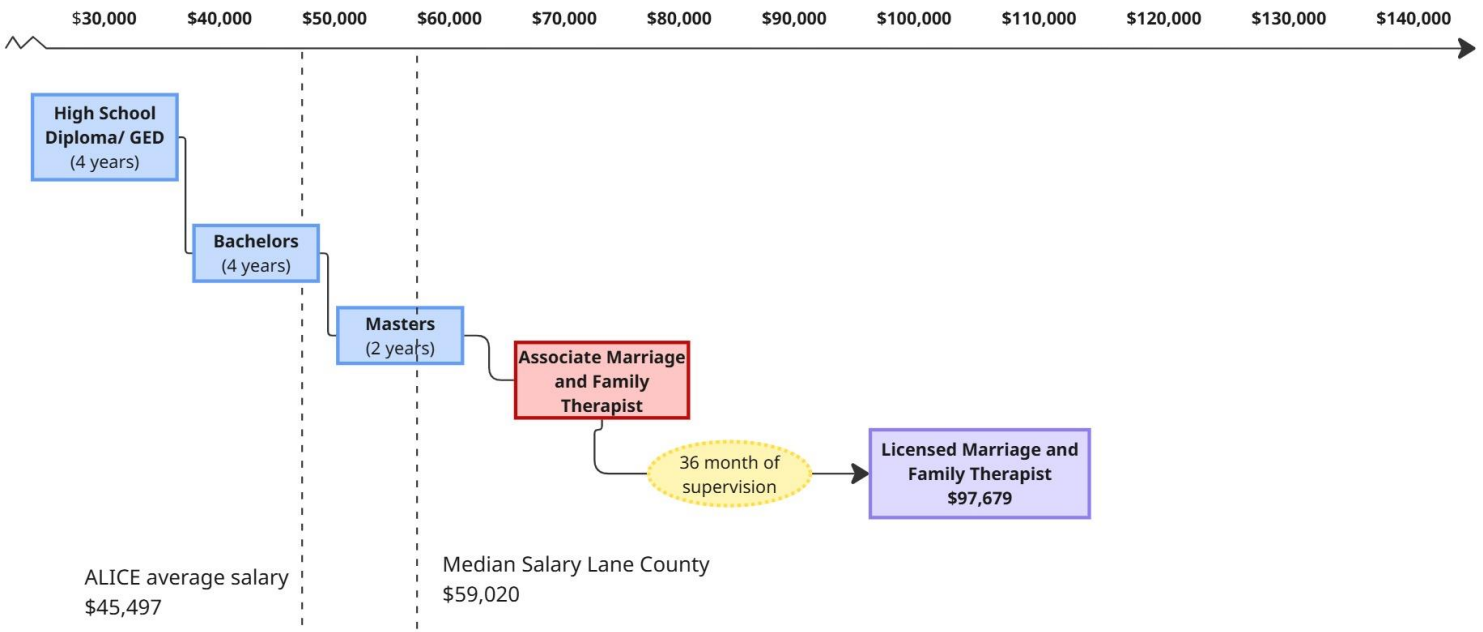
For additional information about salaries please refer to the Appendix

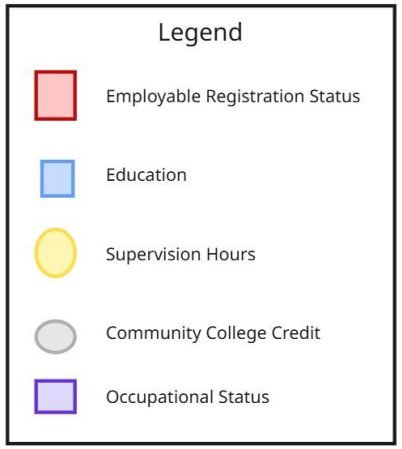
Mental Health Counselor Pathway Map



For additional information about salaries please refer to the Appendix

Marriage and Family Therapist Pathway Map





For additional information about salaries please refer to the Appendix

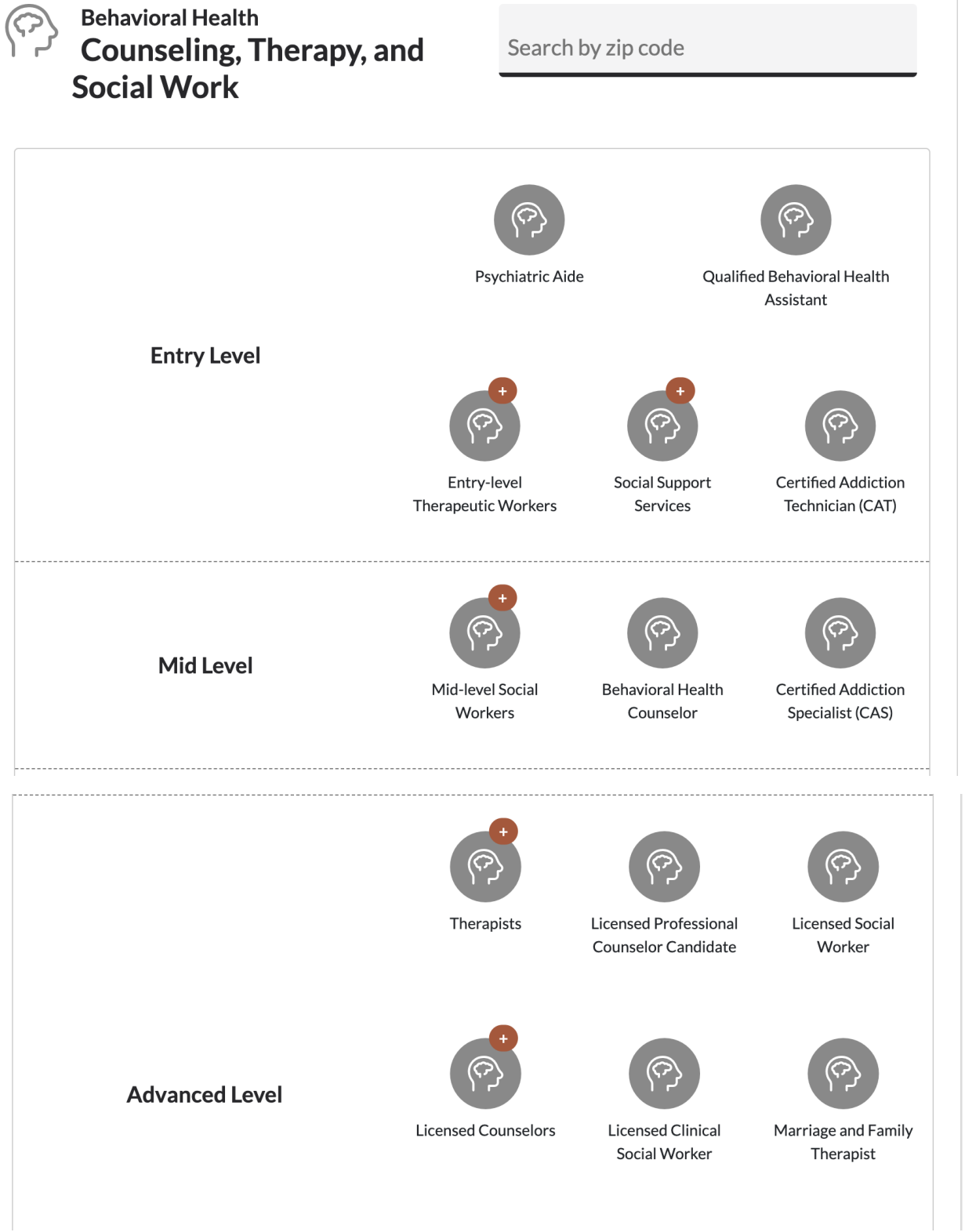
Appendix D: Policy and Program Options/Models

The purpose of this section is to present workforce development strategies and models that address identified challenges. The behavioral health workforce issues identified in Lane County reflect broader structural issues affecting workforce development systems nationwide. In response, states, counties, and nonprofit organizations have implemented various workforce development models. These are designed to improve recruitment, reduce barriers to entry, and increase retention. No single strategy heals the workforce shortages, but they aim to by combining coordinated training pathways, increasing financial support, and enhancing supervision infrastructure.

Centralized Career Pathway Information Hub (Colorado Model)

Colorado created a centralized online behavior health career pathway platform through "My Colorado Journey". The platform visually maps behavioral health careers from entry-level to advanced licensure positions. It provides career regression pathways, salary information, education/training requirements, credential information, program search tools, and employer/career navigation resources. The model was designed to reduce fragmentation and improve workforce navigation.

Figure 6: Colorado Behavioral Health Career Pathway Platform



(The above figure is the screen shot from My Colorado Journey website which shows behavioral health career navigation tools and pathway visualizations. Source: My Colorado Journey)

This Colorado model may provide a useful reference for Lane County if stakeholders decide to develop a centralized behavioral health workforce website. The model addresses several barriers identified in Lane County, including unclear career pathways, difficulty understanding licensure requirements, fragmented information across agencies and institutions, limited awareness of entry-level opportunities and challenges navigating supervision and credentialing systems. The key strength of this model is that it has a "visual career ladder" which makes pathways easier to understand.

Providing clear information about progression from entry-level to advanced roles through a centralized information hub similar to this model may help individuals better understand long-term career opportunities and support workforce retention efforts. Centralized information and program/job search tools according to the zip codes reduce system fragmentation and improve access to education and training programs. Since the information for salary and career data are accessible to the public, it helps recruitment and career planning for students, workers and professionals who want to change their careers.

Earn While You Learn Models

Financial barriers are consistently cited as one of the most significant obstacles to entering and remaining in behavioral health careers. Graduate education costs, unpaid internships and supervision hours, and low wages create structural barriers that disproportionately affect lower income, first generation, and non-traditional students.

Earn While You Learn workforce models seek to reduce barriers by mandating or subsidizing paid employment with training and education. There may be increased worker retention by connecting workers with employers. This program model also increases workforce diversity and equity, which is a goal agreed upon by the state of Oregon. This model is particularly important in rural communities where educational and economic barriers are more prominent.

Health Care Apprenticeship Consortium (HCAC)

HCAC is a multi-union and multi-employer in Washington State registered Joint Apprenticeship Training Committee, sponsored by the SEIU Healthcare 1199NW Muli-Employer Training and Education Fund[34]. Its vision is to build a statewide healthcare educational pathway through multiple apprenticeship opportunities that promote accessibility, retention, and stability within the healthcare workforce.

HCAC operates three behavioral health apprenticeship tracks directly relevant to workforce pipeline challenges like those described in Lane County:

Behavioral Health Technician: Apprentices receive their Nursing Assistant certification and are trained to assist clinics, treatment centers, and hospitals. The program involves 298 hours of

[34] "Behavioral Health Apprenticeships." *Health Care Apprenticeship Consortium*, healthcareapprenticeship.org/bh-apprenticeships/. Accessed 8 June 2026.

classroom and lab sessions, 2,000 hours of work experience, and passing the Washington State Peer Specialist certification exam.

Peer Support Specialist: Apprentices bring their own lived experience of resilience to benefit clients dealing with substance use and other behavioral health disorders. The program involves 290 hours of classroom and lab sessions, 2,000 hours of work experience, and passing the Washington State Peer Specialist certification exam.

Substance Use Disorder Professional: Apprentices are trained to conduct assessments, counsel individuals and groups, and assist with case management. The program involves 560 classroom and lab sessions and 4,000 hours of work experience, ending with the NCAC I certification exam.

These pathways use an "earn while you learn model"; apprentices work full time while gaining kills, earn college credit through educational partners, and sign a two-year post graduation service commitment agreement.

Supervision Support and Capacity Models

The shortage of qualified supervisors is one of the most significant bottlenecks within behavioral health career pathways. Many workers complete educational requirements but are unable to progress because they cannot secure the supervised clinical hours required for licensure. A common reason is the cost of supervision hours. Supervision costs differ across agencies. Common approaches include supervision stipends, reduced caseloads for supervisors, increased administrative support, and shared supervision models across organizations.

Some workforce agencies use regional supervision partnerships where multiple smaller organizations pool supervision resources. Massachusetts[35] offers a model for regional supervision collaboration through its Healthcare/Behavioral Health HUB Grants, administered by Commonwealth Corporation. Funded through the Workforce Competitiveness Trust Fund and active through 2026, the program brings together regional MassHire Workforce Boards, local employers, and education and training providers to address persistent behavioral health workforce shortages statewide. Rather than placing the burden of workforce development on individual organizations, the hub model pools resources across regional partnerships to deliver training, credentialing, career advancement, and employment services. This is especially relevant for rural communities and nonprofit providers with poor supervision capacity.

[35] "Healthcare/Behavioral Health HUB Grants." *Commonwealth Corporation*, commcorp.org/program/healthcare-and-behavioral-health-hubs/. Accessed 8 June 2026.