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TINA KOTEK

Reducing Administrative Burdens for Behavioral Health Workers: LC 216

What is the Behavioral Health Talent Council?



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- Governor Kotek commissioned the Higher Education Coordinating Commission (HECC) to create a comprehensive assessment on challenges in the behavioral health workforce, centralizing years of fragmented research and important work in one place.
- Last May, Governor Kotek established the **Behavioral Health Talent Council** to formulate strategies to address Oregon’s behavioral health workforce crisis as outlined in the HECC Behavioral Health Talent Assessment.
- **BHTC Leadership**
 - **Chair:** First Lady Aimee Kotek Wilson
 - **Vice-Chair:** Julie Ibrahim, CEO of New Narrative
 - **Vice-Chair:** Eli Kinsley, Director of Operations, Bridgeway Community Health
 - **Vice-Chair:** Alice Gates, Associate Professor of Public Health, OHSU-PSU
- **BHTC Membership**
 - 11 Providers
 - 5 Educators
 - 5 Agency Directors

What is the Behavioral Health Talent Council?



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- The Talent Council focused on specific aspects of the behavioral health workforce crisis.
 - Recruitment and Retention
 - Licensing and Credentialing
 - Education and Training
- The Council and its members have crafted action plans to implement recommendations of the Behavioral Health Talent Assessment, which will be incorporated into the Council's final report submitted to the Governor at the end of January.
- In addition to implementation, the Legislative Concept outlines statutory changes to consider during the upcoming legislative session that the BHTC's work identified to help overcome barriers to overcoming the workforce crisis.

2026 Legislation



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– LC 216

- Streamline Credentialing for Behavioral Health Workers
- Reduce Administrative Burden to Give Workers More Time to Care for Patients
- Expand Licensing Boards' Ability to Serve Licensees and Protect Consumers
- Implement Cross-License Supervision to Expand Access to Clinical Supervision

Streamline Credentialing for Behavioral Health Workers



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- The current credentialing process is unwieldy and duplicative, leading to some providers being unable to bill for their services while they wait weeks or months to be approved by multiple payers to bill for services.
- This keeps qualified professionals from serving patients who are waiting for care and requires providers to pay workers who are not yet able to provide care.
- LC 216 requires the Oregon Health Authority (OHA) to adopt a centralized credentialing process for behavioral health workers and require CCOs to accept credentialing through this process.
- Multiple other states have already adopted existing national centralized credentialing systems; this will not require the creation of a new system.

Reduce Administrative Burden to Give Workers More Time to Care for Patients



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- Behavioral health workers report that increasing administrative requirements – including duplicative reporting – take time away from patient care and contribute to burnout among staff.
- LC 216 adds the reduction of administrative burden on providers to OHA's core mission.
- It requires OHA to work with providers to identify unnecessary reporting requirements and other administrative burdens, and to report to the Legislature and the Governor every two years on efforts that have been made to reduce those burdens.



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Expand Licensing Boards' Ability to Serve Licensees and Protect Consumers

- In 2017, the Legislature moved the Board of Psychology (BOP) and the Board of Licensed Professional Counselors and Therapists (BLPCT) under the umbrella of the Mental Health Regulatory Agency (MHRA).
- All three agencies have made significant progress during the past three years in improving licensing times and customer service outcomes. The consolidation of the BOP and the BLPCT has proven to be highly successful, with both BOP and BLPCT regularly reporting wait times of 1-2 days for application processing.
- LC 216 moves the Board of Licensed Social Workers (BLSW) under the umbrella of the MHRA, aiming to further improve efficiency, customer service and access to resources for all the boards without increasing costs.

Implement Cross-License Supervision to Expand Access to Clinical Supervision



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- The Behavioral Health Talent Assessment identified a lack of access to clinical supervision as a barrier to workforce development.
- Prospective masters-level licensees need supervised hours to attain their license, but a lack of qualified supervisors has created a bottleneck, particularly for smaller and more rural providers.
- LC 216 requires MHRA and BLSW to make rules allowing for masters-level licensees to be supervised by any fully qualified behavioral health supervisor, rather than requiring that supervisor to have the same license as the supervisee.
- This is already the rule for licensees under the BLPCT.