The BHC Workforce Workgroup recommendations were condensed as the group moved forward, as were all of the workgroup recommendations. Recommendations from each workgroup did not make it in to the final draft. In some cases, specific recommendations were collapsed or condensed to make the recommendations more global. There has been concern that the recommendations related to peer delivered services were not included in the final draft. This cross walk shows where the recommendations of concern are in the final BHC recommendations.

Draft #1 of BHC recommendations	**Final BHC recommendations**
2d. Peer support specialist and community health workers. The Collaborative recommends increasing the use of peer support specialists (PSSs) and other community health workers (CHWs) as an evidence- based and cost-effective strategy to improving workforce shortages and improving outcomes for patients	This exact language is in the paragraph directly after recommendation #3 before the operational considerations.
Critical to success is the recommendation that PSSs and CHWs are paid a living wage.	Living wage is addressed for all behavioral health workers under the operational considerations of the recommendation #3.
2d1. Develop system standards and expectations (from by OHA) founded on evidence-based practices as well as tribal-based practices (HB 3110) and monitored for effective and appropriate use of employing peer services.	This is under operational considerations of the workforce recommendation.
2d2. Set goals for the number of peer support specialists employed within a CCO region in order to increase use, graduated over a period of years and based on regional population	This would fall to the single point of shared accountability and recommendation #3 states we must "establish a target ratio of peer support specialists to members."
2d3. Include in the OHA-CCO contract mandated language, of a guaranteed service benefit of “peer support services” to be available and offered to all individuals who are receiving behavioral health services treatment in Oregon’s system	In recommendation #1, the single point of shared accountability plans must address the requirements of the USDOJ Oregon Performance Plan (which includes the peer requirements) and peers, consumer and family members MUST be represented on the plans for each locality. Also, recommendation #3 states we must "establish a target ratio of peer support specialists to members."
2d4. Establish a standardized training model for all peer-support specialist training that includes a minimum number of supervised peer training hours/practicum, use of a mentor, and a baseline set of competencies for knowledge and skills with internship experiences before certification	**2d4-7 were condensed to read:** Improve the licensing and certification process to maximize the appropriate use of the unlicensed workforce (e.g., CRMs, CHWs and PSSs) and establish a certification or licensure program for becoming a PSS/CHW/CRM supervisor. Require ongoing training of PSSs/CHWs/CRMs in an area specific to their caseload and specialization (e.g., traumatic brain injury or adverse childhood
2d5. Recommend improvements to the licensing and certification process to maximize the appropriate use of the unlicensed workforce (e.g.	

CHWs and PSSs) and establish a certification or licensure program for becoming a PSS/CHW supervisor	experiences) as CEU prerequisites for re-certification for every cycle. Peer support specialist competency and training issues include: ○ Inconsistent initial orientation and onboarding ○ Inconsistent training programs (no "baseline" competency) ○ Inconsistent mentorship and peer training hour requirements ○ Shortage of peer supervisors; expensive to be trained as a supervisor ○ Lack of qualified peers in rural areas
2d6: Require ongoing training of PSSs / CHWs in an area specific to their caseload and specialization (e.g., traumatic brain injury or ACEs) as CEU prerequisites for re-certification for every cycle.	
2d7: Establish or utilize existing resources at the state that provides a targeted resource and prevention-focused team to offer free, consistent training in core skills (including "train the trainer" programs) and ongoing assistance to build the workforce	