HEALTHY MINDS POLICY INITIATIVE

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Maximizing the impact of Oklahoma's non-licensed behavioral health workforce

How allied mental health professionals can solve workforce challenges and extend clinicians' reach

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1 | Introduction

Allied mental health professionals are an essential part of Oklahoma's behavioral health workforce. These workers often directly support patients with mental health and substance use conditions — connecting people to social services and other supports, de-escalating conflict, and helping them develop coping skills.

As Healthy Minds reported in its 2023 analysis of workforce needs, Oklahoma has significant shortages of licensed behavioral health providers, such as psychologists, social workers, and psychiatrists. Allied mental health professionals — such as peer recovery support specialists, behavioral health case managers, and others — can play an important role in expanding the reach of licensed providers and meeting the state's rapidly growing behavioral health needs.

When allied mental health professionals can work at their full potential — when their responsibilities reflect what they are uniquely trained to do — they play a role in improving patients' outcomes and make it possible for licensed clinicians to work more effectively too.

For example, psychiatric technicians are frontline workers who deliver a large share of direct patient care in inpatient and outpatient settings.[1] Case managers' work has been shown to improve patients' engagement in services and can reduce hospital use.[2] And evidence shows peer support offers benefits for patients' recovery and can improve clinical outcomes as a cost-effective complement to behavioral health care provided by a licensed clinician.[3]

But low wages and restrictive certification requirements can make it difficult for communities to recruit and retain these types of workers, and drifting responsibilities often do not reflect their training and expertise. In this report, we offer ways Oklahoma can improve pathways for people to start and grow in allied mental health careers as a way to improve the state's treatment capacity and address workforce shortages.

Key takeaways

- Allied mental health professionals play key roles in Oklahoma's behavioral health workforce, complementing and extending the work of licensed clinicians. Evidence has shown improved patient outcomes thanks to the work of peers and case managers, for example. But Oklahoma lacks enough of these types of workers, and their responsibilities often don't fully leverage their training and expertise.
- Despite the importance of allied mental health professionals in the workforce, these roles often do not pay well. Addressing low wages will require raising reimbursement rates for the services peers, case managers, and other allied mental health roles provide.
- Oklahoma needs clearly defined educational and career pathways for allied mental health workers — both for those who want to advance into a licensed role and for those who want to grow their skills in an allied mental health role.

- Certification requirements limit the types of employers that peer recovery support specialists and behavioral health case managers can work for. Removing these restrictions would allow workers greater career mobility — and bring valuable experience and skills to a wider variety of behavioral health settings.
- Oklahoma will soon have a certification program for community health workers. As the state develops this program, Oklahoma should 1) tie certification requirements to criteria for Medicaid reimbursement and 2) consider creating a mental health track to support and prepare community health workers who want to work in behavioral health settings.

A note on terminology:

In this report, we use the term "allied mental health professionals" to include non-licensed behavioral health workers such as:

- Peer recovery support specialists
- Behavioral health case managers
- School-based behavioral health aides
- Mental health or psychiatric technicians
- Community health workers

Sometimes these types of roles are called behavioral health paraprofessionals. In our research, we found that "allied mental health professional" is preferred by some people in these roles. These roles may require certification (though not all do) and have varying education and training requirements. In general, they do not require employees to hold state-issued licenses, which professionals like social workers, psychiatrists, psychologists, and counselors must have.

2 | Overview of allied mental health roles

These tables summarize minimum requirements and the scope of practice for each role based on our review of state certification requirements, state standards and criteria, job postings, and interviews with stakeholders.

Note that this report does not include numbers or estimates of how many allied mental health professionals work in Oklahoma. For positions that require certification, we were unable to obtain data on the number of individuals who have been certified or who have updated their state certification. Still, we see ongoing demand for these positions, evident from job listings across Oklahoma.

See "Role-specific strategies to improve recruitment and retention" **on page 14** for additional details and an analysis of challenges specific to each role.

Scope and requirements for allied mental health roles

Table 1: Behavioral health case manager I

Scope	Advocate for, monitor progress of, and provide support for individuals with mental illness and substance use conditions. When appropriate, make links and referrals to support services.
Education and experience	High school diploma (or equivalent) and 6 months of direct experience working with people with serious mental illness or substance use conditions
Training	Completes two-day training through Oklahoma Department of Mental Health and Substance Abuse Services.
Exam	Behavioral Case Management exam through Oklahoma CareerTech for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Supervision	Works under a certified behavioral health case manager while obtaining experience
State certification	Yes

Table 2: Behavioral health case manager II

Scope	In addition to the level I scope described above, level II behavioral health case managers provide curriculum-based rehabilitation services and skill development to support independent living in the community and to improve quality of life.
Education and experience	Must meet one of the following: • High school diploma (or equivalent) and 36 months of behavioral health experience • 60 college credit hours and 12 months of behavioral health experience • Bachelor's or master's degree and 6 months of behavioral health experience • Bachelor's or master's degree in a behavioral health field • Registered Nurse with behavioral health experience
Training	Complete two-day training
Exam	Behavioral Case Management exam through Oklahoma CareerTech for ODMHSAS
Supervision	Works under a certified behavioral health case manager while obtaining experience
State certification	Yes

Table 3: Community health worker

Scope	Provide vital links between health systems and communities. Support individuals and families through wellness checks, care coordination, system navigation, and health education.
Education and experience	High school diploma (or equivalent)
Training	For Medicaid reimbursement, must complete the National Council on CHW Core Consensus (C3) Standards' competency-based modules; or have 2,000 hours of paid, volunteer, or lived experience. Oklahoma State University offers training for all 11 C3 community health worker core skills through a collaboration with University of Oklahoma Health Science Center and Langston University. The Oklahoma Public Health Training Center also supports community health worker training and continuing education.
Exam	None
Supervision	Works under the direct supervision of a licensed health professional or experienced community health worker
State certification	Pending through the Oklahoma Community Health Worker Act

Table 4: Mental health/psychiatric technician

Scope	Provide care to individuals with intellectual or developmental disabilities, mental illness, and/or substance use conditions.
Education and experience	No specific requirements; based on employer preference
Training	On-the-job training. Optional mental health technician certification is available through the American Medical Certification Association
Exam	Exam: None required in Oklahoma
Supervision	Works under the direct supervision of a behavioral health professional
State certification	No

Table 5: Peer recovery support specialist

Scope	Support the recovery of individuals living with mental illness and substance use conditions while sharing their own lived experiences.
Education and experience	Lived experience of mental health or substance use condition, plus internship of at least 6 months with an ODMHSAS-contracted provider/ agency after submitting application
Training	Completes 40 hours of training
Exam	Peer recovery support specialist exam through ODMHSAS
Supervision	Reports to a supervisor who has completed ODMHSAS-approved training in peer recovery support specialist supervision
State certification	Yes

Table 6: School-based behavioral health aide

Scope	Work with multidisciplinary teams to provide behavioral management support for students and their families. Help students with social interactions, coping skills, and stress management.
Education and experience	60 hours of college credit or equivalent experience.
Training	Completes five-day behavioral health aide training, two-day behavioral health case manager I training and Wellness Recovery Action Plan training
Exam	Oklahoma CareerTech Exam (for behavioral health case manager certification)
Supervision	Must be supervised by someone with a bachelor's degree and a minimum of two years of case management or care coordination experience. Service plans are overseen and approved by licensed behavioral health professionals or licensure candidates.
State certification	Yes

3 | Considerations for recruitment and retention

Despite their importance to Oklahoma's behavioral health workforce, allied mental health roles often do not pay well — and in some cases, wages for these roles fall well below cost-of-living benchmarks.

Available salary data show that these positions typically pay between $28,000 and $44,000 per year. For example, average reported wages include $28,226 for mental health technicians, $31,938 for consumer recovery specialists, $36,980 for peer recovery support specialists, and $43,803 for case managers.

The average two-bedroom rental unit in Oklahoma costs $1,611 per month, or $19,330 per year. To remain within the federal affordability guideline of spending no more than 30% of income on housing, an individual would need an annual income of approximately $64,400, or about $31 per hour to afford this. Most allied mental health salaries fall short of this threshold.

Household living expense estimates show similar gaps. A single adult in Oklahoma requires about $42,000 annually to meet typical expenses, including housing, food, transportation, and medical costs. A single adult with one child requires approximately $74,000, while a two-adult household with two children (one adult working) requires about $79,000.

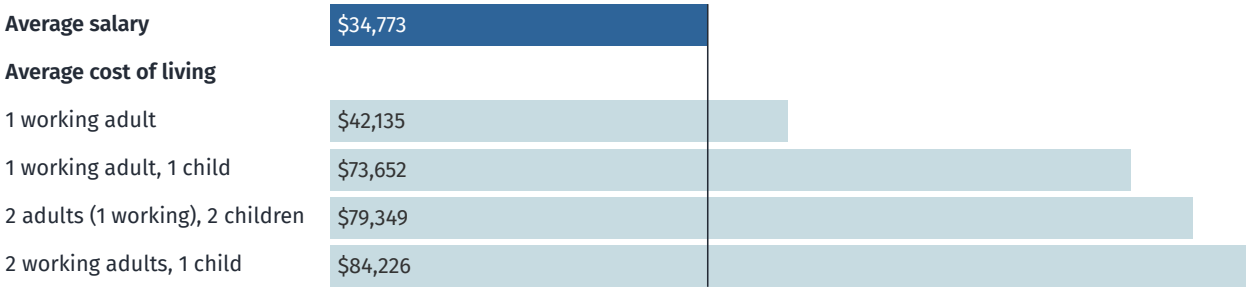
Table 7: Average salaries for allied mental health professional positions

Title	Average salary
Behavioral Health Aide	$38,133.33
Behavioral Health Case Manager	$43,803.00
Community Engagement Specialist	$39,520.00
Consumer Recovery Specialist	$31,937.70
Crisis Support Specialist	$37,440.00
Mental Health Technician	$28,225.91
Peer Recovery Support Specialist	$36,980.00
Average	**$34,773.16**

Source: Healthy Minds' review of job listings from Red Rock, Family and Children's Services, CREOKS, and the State of Oklahoma

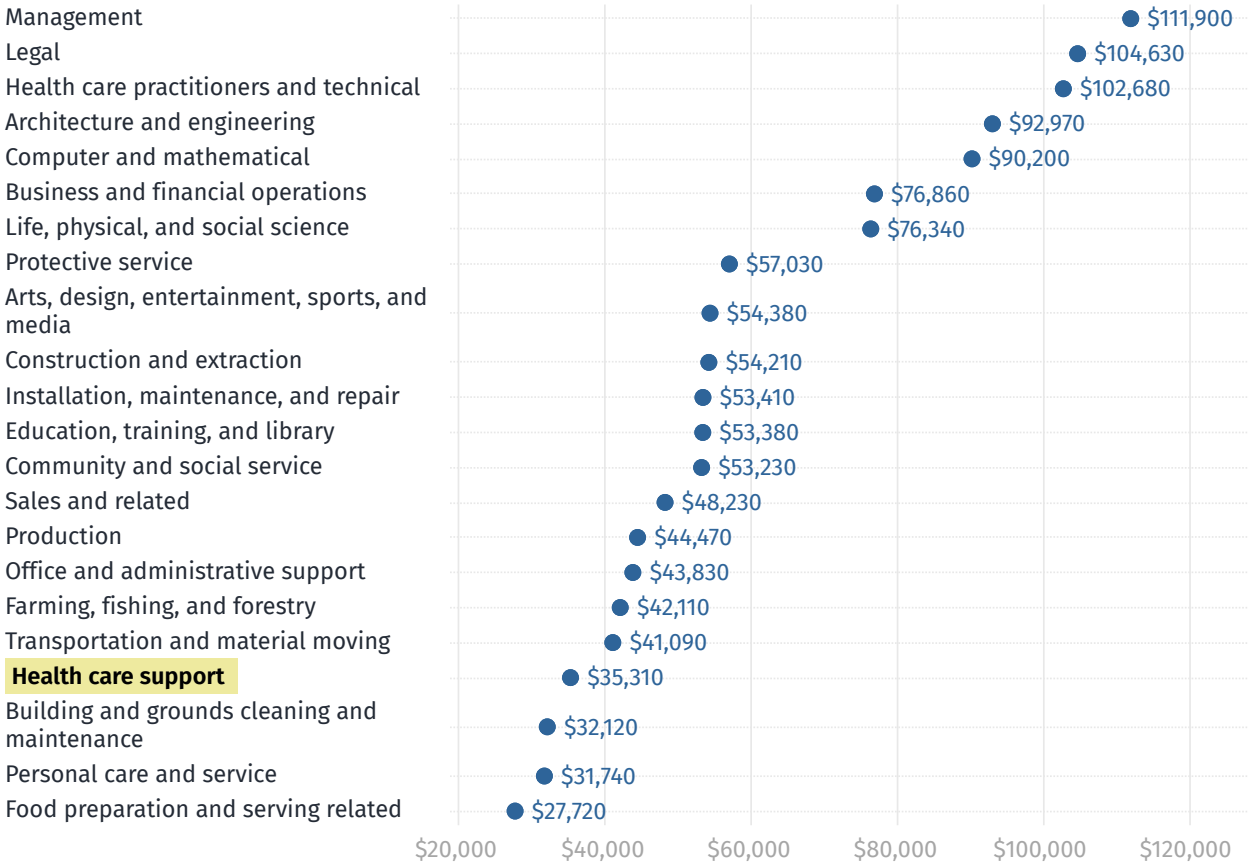
These patterns reflect broader trends in Oklahoma's labor market. Health care support occupations in the state earn an average of $35,310 annually, less than most other occupational categories.

Figure 1: The average salary for an allied mental health professional position is less than the cost of living for even a single working adult in Oklahoma



Sources: Average salary is from a review of job listings from Red Rock, Family and Children's Services, CREOKS, and the State of Oklahoma | Required annual income is from MIT Living Wage Calculator

Figure 3: Health care support professionals in Oklahoma earn less than other occupations on average, but are on par with incomes among high school graduates



Source: Living wage data from the Living Wage Institute

Without competitive pay, people may leave the behavioral health field — or never enter it in the first place — which contributes to Oklahoma's workforce shortages. Raising the salaries of allied mental health professionals may improve recruitment and retention of these important positions.

However, employers are limited in addressing allied mental health professionals' salaries because of low reimbursement rates for the services they offer.

To improve pay for these workers — and in recognition of their importance in the workforce — the state should improve reimbursement rates for services provided by case managers, peers, and other allied mental health professionals.

Employers can also explore billing strategies to improve reimbursement for services provided by allied mental health professionals. For example, working in the Collaborative Care Model, an evidence-based model for integrated behavioral health care, can support hiring and retention of behavioral health case managers by using those specific billing codes.

Another strategy is to develop billing codes to account for the role of peers in helping stabilize people in crisis. This strategy, implemented by some other states (e.g., Michigan, Minnesota, New Mexico, and Virginia),[4] could improve salaries for peer recovery support specialists and expand the capacity of communities to respond to behavioral health crises.

In addition to offering more competitive pay, employers and other stakeholders recognized how training in trauma-informed care and promoting self-care and boundary-setting practices could help people in a variety of allied mental health roles.

Peers' own experience with recovery is a strength, but it may also present challenges working in a triggering environment. Often, peers are entering the workforce for the first time, and they may need extra guidance to navigate an organization's culture.

> "It's not just about pay, it's about culture. Peers must feel valued for the critical role they are playing in the recovery process."

Stakeholders also recognized demanding caseloads for behavioral health case managers and community health workers as a retention challenge.

Strong community ties have helped retention among community health workers at the Chickasaw Nation, where many workers remain in their roles until retirement. Stakeholders attributed this to both cultural alignment and formal programs that recognize long tenures of service.

Similarly, employers who had high retention of peer recovery support specialists have dedicated staff who supervise peers and hold regular check-ins about challenges peers may face.

4 | Promoting pathways for career growth

Some allied mental health roles are entry-level positions, but they can be a springboard into a long-term behavioral health career. Employers and educators can support people in early-career roles with training that helps them advance and by offering examples of pathways for advancement. roles with training that helps them advance and by offering examples of pathways for advancement.

For example, a person could enter the behavioral health workforce as a mental health/psychiatric technician straight out of high school. With some additional training and experience, they could pursue certification as a behavioral health case manager I or as a community health worker.

From here, they may realize they have an interest in working with young people and choose to further their education and training to become a school-based behavioral health aide and later a school social worker or licensed provider. In doing so, they increase their earnings and help address crucial behavioral health workforce shortages.

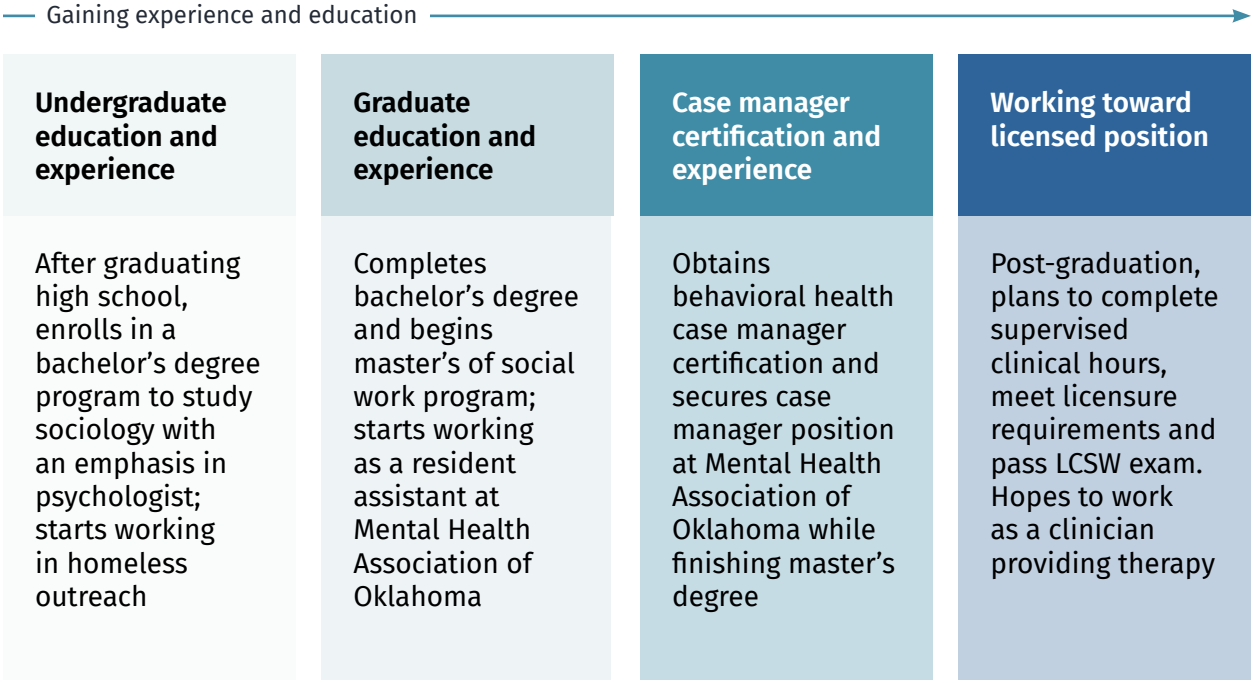
Table 8: Behavioral health career pathways starting with allied mental health roles

More experience and education required →

Entry level allied mental health role	Intermediate allied mental health roles	Advanced allied mental health roles	Clinical roles and supervisor opportunities	Licensed professional roles
• Mental health/ psychiatric technician	• Peer recovery support specialist • Behavioral health case manager I • Community health worker	• School-based behavioral aide • Behavioral health case manager II • Behavioral health case manager III • Behavioral health case manager IV	• Social worker • Program director • Program manager • Administrator	• Licensed clinical social worker • Licensed professional counselor • Licensed marriage and family therapist • Licensed alcohol and drug counselor • Psychologist • Psychiatrist
Education and experience				
High school or equivalent	Additional training and certification	Some college, certification, and increasing levels of professional experience	6 years of college	6+ years of college

An example of the career path taken by one of the individuals we interviewed is presented below. It highlights how they upskilled with increasing education and experience to a behavioral health case manager II position while obtaining their master's degree in social work. Their goal is to become licensed as a clinical social worker to provide therapy.

Figure 2: Example of a path from allied mental health to pursuing licensure



Employers can also offer opportunities for allied mental health workers to build their skills without additional formal education. One health provider we interviewed has started a career ladder training program for mental health technicians to prepare them for working with more complex patients. The organization also supports technicians who want to go through additional schooling or training by offering accommodating schedules, and the organization hires from within for many roles, allowing mental health technicians to advance.

Similarly, Parkside Psychiatric Hospital in Tulsa offers support for mental health and psychiatric technicians who want to gain national certification through the American Medical Certification Association. Supported by a grant, Parkside offers study guides, practice exams, and on-site computer labs to help mental health/psychiatric technicians work toward certification. Employees who achieve certification get a pay raise and a one-time bonus as an incentive.

Innovations like these don't require big financial commitments from employers but can be motivating for employees and improve retention in the behavioral health workforce.

5 | Enhancing educational opportunities

Oklahoma needs more opportunities for people to quickly gain experience in the behavioral health field through allied mental health roles — and make progress toward career goals at the same time.

Like programs that exist in the physical health realm, Oklahoma's behavioral health systems would also benefit from fast-track educational programs for allied mental health professionals with significant work experience who want to earn a higher degree or work toward a licensed role.

The state would also benefit from more partnerships between community colleges and high schools to allow students with an interest in behavioral health to start earning credit and gaining experience in the field early.

Further, many students in Oklahoma graduate with bachelor's degrees in psychology but do not go on to pursue work in the behavioral health field. Engaging these students with meaningful opportunities to explore behavioral health careers — such as through an allied mental health role — could help them gain experience and fill workforce gaps.

Spotlight on new Oklahoma City Community College degree program

Aiming to prepare students to enter behavioral health fields and meet Oklahoma's workforce needs, Oklahoma City Community College (OCCC) launched a new Associate of Applied Science in behavioral health sciences degree program in August 2025, the only such program in the state. In addition to graduating with an associate degree, students also complete the program with state certification as a behavioral health case manager I.

Through the program, students get experience in behavioral health settings — and their associate degree credit can be applied toward a bachelor's or master's degree in the future.

Students start getting experience in the field during their first semester, and they have a mentor both on campus and at their practicum site. All faculty, staff, and students involved in the program are trained in Mental Health First Aid.

About 70 students were enrolled in the program's first cohort, which began in fall 2025.

OCCC also offers dual-credit and concurrent enrollment partnerships for high school students who want to earn college credit, so students could begin working toward a behavioral health-focused associate degree before they even graduate high school.

6 | Role-specific strategies to improve recruitment and retention

Behavioral health case managers

Role landscape

A behavioral health case manager links and refers individuals living with a mental health or substance use condition to support services aiding in their recovery. They also serve as advocates by helping individuals navigate the criminal justice system, setting up appointments with primary care providers, coordinating with family members, managing housing and utilities, and preparing individuals for discharge from treatment. For individuals in crisis, behavioral health case managers also work to locate available inpatient beds and maintain continuity of care when possible.

Case managers' work, including as part of Assertive Community Treatment teams, has been shown to reduce hospitalization, improve patients' engagement with services, and support housing and social stability for people with serious-mental illness.[5, 6]

One behavioral health case manager shared that they are most often focused on meeting clients' most basic needs as a mediator and resource broker, rather than on skill-building or provision of more advanced support, because the need is so great.

Growing state capacity for training and recruitment

Oklahoma has only one trainer for behavioral health case manager certification, which stakeholders reported as a barrier — it can take two to three months for an opening to become available in certification classes.

Because school-based behavioral health aides also must have behavioral health case manager certifications, this is a barrier for people and employers seeking those roles.

ODMHSAS trains about 200 people a month, in addition to providing support and ongoing technical assistance for employers of behavioral health case managers.

Adding another trainer for behavioral health case manager certification would allow the state to better meet demand for classes.

Expanding opportunities for employment

Currently, behavioral health case managers must work for state-sanctioned providers in order to retain their certification, which can limit their career mobility.

Fire departments, courts, and other city and county employers have interest in hiring behavioral health case managers, but they would have to forgo their certification to take these jobs.

> "Case management is an entryway into anything larger in the behavioral health field. Everyone should do this work ... to know the barriers and what clients run into."

Employers and policymakers could also explore using new billing codes to support sustainable hiring and retention of behavioral health case managers — this could include codes for the Collaborative Care Model or behavioral health rehabilitation.

Addressing confusion over advanced roles

ODMHSAS only certifies and recognizes behavioral health case managers at levels I and II, but some other employers hire behavioral health case managers at levels III and IV, often based on higher levels of experience or education.

This can limit career mobility and disincentivize advancing in the role; someone hired as a behavioral health case manager III at a non-state provider could only be hired at a level II in a state-contracted role.

Formalizing standards and requirements for behavioral health case managers at levels III and IV would allow more employers to recognize employees' tenure and experience.

Community health workers

Role landscape

Community health workers have provided vital links between Oklahoma's health systems and communities for decades. They support individuals and families across generations by providing wellness checks, medication management, help with activities of daily living, transportation, and coordination of medical and social services. They help families navigate the health care system and housing programs, and deliver culturally informed health education. School-based community health workers support hygiene, sexual education, and life-skills programs. Together, these roles form a comprehensive support system across different ages and settings.

Community health workers are a vital and strained resource, with caseloads of up to 85 individuals or families. In tribal nations, these workers have long served elders through home visits and outreach, even predating the establishment of tribal hospitals.

Among 40 community health workers at one employer we surveyed:

- 53% serve rural clients
- 90% work in outpatient settings
- 5% work in the community
- 5% work in school settings

Building Oklahoma's certification program to succeed

Soon, Oklahoma will offer a voluntary certification program for community health workers through the Oklahoma State Department of Health, an important step that both signifies credibility for the role and allows workers to retain mobility throughout their careers.

Oklahoma should tie its certification requirements for community health workers to requirements for Medicaid reimbursement eligibility. To be eligible for Medicaid reimbursement, community health workers must either have completed a training from the National Council on CHW Core Consensus Standards (C3) or have 2,000 hours of experience.[7] The C3 standards were created to standardize the roles and skills of community health workers.

By tying Oklahoma's standards for certification to the C3 standards training, Oklahoma would avoid confusion and ensure that all certified community health workers can be reimbursed for the services they provide — which in turn can allow for higher pay for these roles.

Planning ahead for a mental health certification track

As the state builds its certification program, it should consider adding a mental health track for community health workers who want additional training in mental health topics or who primarily work in behavioral health settings.

Foundational content areas for this track could include:

- Trauma-informed approaches of interaction
- Person-centered skills and techniques that support productive interpersonal dialogue
- Emotional regulation skills to influence peaceful working contexts
- Ethical standards related to serving mental health populations including bias awareness

- Problem-solving facilitation through the application of Motivational Interviewing
- Flexibility and adaptability skills to influence a safe working environment
- Best practice de-escalation techniques
- Communication clarity and basic psycho-educational approaches
- Team-based approaches to avoid burnout among community health workers
- Self-care solutions tailored to stressors within mental health population contexts

Mental health/psychiatric technicians

Role landscape

Mental health/psychiatric technicians often help with daily operations in psychiatric hospitals, residential facilities, forensic units, and mental health units at behavioral health facilities, but can also work in outpatient settings. They often serve as the "eyes and ears" of nursing staff, ensuring patient safety and providing therapeutic support.

Psychiatric technicians deliver most day-to-day direct care, monitoring medication assistance, facilitating group skills, and ensuring safety.[8] Techs' typical duties include monitoring vital signs, de-escalating conflicts, assisting with hygiene, and providing therapeutic activities. In some facilities, lead technicians supervise units and support staff. Budget constraints sometimes mean mental health/psychiatric technicians are asked to do housekeeping tasks as well.

Mental health/psychiatric technicians serve broad geographic areas. Since most mental health facilities are located in urban areas of the state, some mental health/psychiatric technicians commute from rural areas where behavioral health jobs are scarce.

Funding and billing restrictions limit how many mental health/psychiatric technicians facilities can hire. Larger facilities, especially Certified Community Behavioral Health Clinics (CCBHCs), can offer higher salaries and benefits, making it hard for smaller facilities to compete. Expanding patient capacity without parallel workforce investments risks worsening mental health/psychiatric technician shortages.

Growing pipelines for mental health technician roles

As new behavioral health facilities open across Oklahoma, demand for mental health technicians will only increase. Today, many of these positions go unfilled, particularly in rural areas and for part-time or on-call positions. The Oklahoma Employment Security Commission, using U.S. Bureau of Labor Statistics data, has projected there will be 120 openings for psychiatric technicians each year between 2022 and 2032 in Oklahoma.[9]

To meet the demands of expanding patient capacity, Oklahoma should develop partnerships that link community colleges or allied health training programs with employers to quickly prepare high school graduates for employment. Coupled with clear pathways for technicians to advance in a behavioral health career, this can help develop the pipeline of qualified candidates for mental health tech roles.

> "Mental health technicians are considered the backbone of inpatient care."

Offering pathways for career advancement

Employers have identified several strategies to retain existing technicians in the workforce, including flexible scheduling, tuition reimbursement, and internal promotion opportunities. Facilities have also experimented with alternative schedules, such as those that guarantee overtime or reduce the need for employees to obtain a second job to support themselves and their families.

Pathways for internal advancement — especially those that don't require additional formal education — are an important retention strategy. At Parkside Psychiatric Hospital, technicians can receive a pay increase and a bonus as an incentive for passing a national certification exam through the American Medical Certification Association. Parkside offers in-house training, study guides, and other support to help prepare workers for the test.

Additionally, the Behavioral Health Center at Porter Health Village offers training on how to serve clients with more complex behavioral health needs. Technicians are assigned a preceptor and work in a unit under supervision, and then independently as their skills progress. Porter Health Village also works to hire from within to advance technicians to other roles — for example, one technician now works as an outpatient coordinator.

Peer recovery support specialists

Role landscape

Peer recovery support specialists support individuals in their recovery from mental illness and substance use conditions. Peers work in a variety of behavioral health care settings, including inpatient, outpatient, residential, crisis response, and violence prevention programs.

As part of their role, peer recovery support specialists help clients with safety planning and coping skills, facilitate therapeutic groups, and advocate for clients throughout the treatment process. Peers are also often among the first to respond to someone in crisis, either in an office setting or out in the community.

Evidence shows the value of peer support: peers' work can improve patients' personal recovery outcomes, like hope, empowerment, and self-determination, and has also been shown to produce modest clinical improvements.[10] Peers also often work on mobile crisis and co-responder teams, which are associated with fewer arrests and emergency room visits.[11, 12]

For Healthy Minds' 2023 Greatest needs of Oklahoma's behavioral health workforce study, ODMHSAS reported there was high demand for peer certification training and a perception of high turnover for peer jobs at ODMHSAS-contracted provider organizations. Now, stakeholders interviewed for this report said the waitlist for certification training has shortened, and ODMHSAS reports training about 50 peers per month. Still, stakeholders said the state lacks enough peer recovery support specialists in rural Oklahoma.

Oklahoma's peer training and certification

- ODMHSAS reported 1,632 peer recovery support specialists were certified in the state in fiscal year 2023
- In 2025, ODMHSAS reports training between 1,100 and 1,800 peers a year

Removing limitations for employment opportunities

Currently, certified peer recovery support specialists in Oklahoma must work for certain state-sanctioned employers — the state, an ODMHSAS-contracted provider, the VA, or a tribal organization.

This limits the types and number of employers that can employ peers. For example, peer recovery support specialists would be valuable assets to fire departments' crisis response teams. But since these are not among the state-sanctioned employers, it's unlikely a peer would forgo certification to take these jobs.

Oklahoma policymakers should replace the requirement for peers to work for state-sanctioned providers with a requirement that peers have a clinical supervisor, which would broaden their career opportunities — and bring their recovery skills and experience to more settings — while still ensuring adequate oversight.

> "It's more than having them doing front desk or sweeping the floor. A surge of peers were certified in the last few years. People are starting to really value peers."

Addressing role drift

Both employers and peers cited "role drift" as a retention challenge.[13] Often, peer recovery support specialists are assigned administrative or clerical duties — like answering phones or providing transportation — rather than the recovery-oriented work they are trained for.

One peer recovery support specialist we interviewed said 85 to 90% of their job is devoted to clerical duties that should be the responsibility of a behavioral health case manager. High caseloads and limited capacity for behavioral health case managers contribute to this challenge and highlight the need for increased training capacity for case managers.

Employers said they still view peer recovery support specialists as a newer role and are still learning how best to leverage peers' lived experience and skillsets to meet clients' needs.

Recovery services — what peers are uniquely equipped to provide — should be a core part of their roles to improve recruitment and retention.

> "Role drift... it's really easy for an agency to transition a peer into an admin or clinician role. We have trained leadership at agencies on how to avoid that... making sure once (peers) enter the workforce, they are doing what they were trained to do."

School-based behavioral health aides

Role landscape

School-based behavioral health aides support children and youth in schools by focusing on emotional regulation, coping skills, and crisis response. Aides provide "push-in" support, which means helping kids inside the classroom (as opposed to pulling students out of the classroom for services one-on-one or in small groups). School-based behavioral health aides observe and identify triggers for students and work with them to redirect behaviors or, if needed, engage in safety planning. They work directly with teachers and families to communicate behaviors and challenges a student might face, and they can link students to higher levels of care when appropriate.

Among 104 school-based behavioral health aides at one employer we surveyed, **72% serve rural clients**

Addressing a shortage of school-based behavioral health aides

School-based behavioral health aides were until recently an entry-level position. In 2024, ODMHSAS began requiring these positions to have behavioral health case manager I certification, which requires at least 6 months of work experience.

Employers have since found it more difficult to find qualified candidates for the role and said what counts as previous work experience is applied inconsistently. Oklahoma could consider standardizing what satisfies that requirement.

Because of the new requirement, the backlog for behavioral health case manager training also affects school-based behavioral health aides. Adding another state trainer would benefit both roles.

School-based behavioral health aides and their employers would benefit from improved reimbursement rates for the services they offer. Aides who work for Certified Community Behavioral Health Clinics (CCBHCs) often are paid better than at non-CCBHC employers, because CCBHCs benefit from bundled reimbursement rates that include school-based services as part of a per client rate. Non-CCBHC employers struggle with low fee-for-service reimbursement rates for services school-based behavioral health aides provide, and they often lose out on qualified candidates who to go CCBHCs for higher pay.

Employers did not report difficulties with retaining school-based behavioral health aides, though they did recognize that many advance out of the role as they advance their education. Among the employers we surveyed who employed school-based behavioral health aides, the attrition rate for 2025 was 19% for compared to 67% across all position types employed (i.e., mental health technician, community health worker, peer recovery support specialist, intake coordinator, outpatient technician, and school-based behavioral health aides).

> "[School-based behavioral health aides] support teachers and staff just as much as they support students."

> "[School-based behavioral health aides] can go down the road to the CCBHC and make $5,000 to $10,000 more per year."

7 | Conclusion

Allied mental health professionals play an increasingly vital role in Oklahoma's behavioral health landscape, extending the reach of the state's overstretched licensed clinicians.

As new mental health facilities are expected to come online soon across the state, Oklahoma must have the frontline workforce to support expanded treatment capacity.

Construction is underway on Tulsa's Oklahoma Psychiatric Care Center, which will replace the 56-bed Tulsa Center for Behavioral Health with a new 106-bed psychiatric hospital.[14] In central Oklahoma, state officials recently purchased a former hospital site and aim to house nearly 200 psychiatric beds there.[15] A new behavioral health center for youth is expected to open in Oklahoma City in late 2026 with 72 inpatient beds.[16] Oklahoma County is building a new jail that will include a connected Behavioral Care Center.[17] And despite its recent expansion, the Oklahoma Forensic Center in Vinita is struggling to hire enough staff.[18]

Raising pay for these workers by securing meaningful reimbursement rates, along with creating and promoting opportunities for career advancement — both informally through training and through formal education programs — will be critical for growing and retaining the allied mental health workforce.

Policymakers, state agencies, educational institutions, and employers will each have a role to play in strengthening Oklahoma's allied mental health workforce:

Recommendations for policymakers and state agencies:

- Address low wages for allied mental health professionals by raising reimbursement rates for services provided by these workers
- As part of developing Oklahoma's community health worker certification program, invest early in crafting a mental health track for certifying community health workers, and tie certification requirements to standards for Medicaid reimbursement
- Allow peers and case managers to work for cities and counties — not just state-sanctioned or affiliated providers — while retaining their certification

Recommendations for educational institutions:

- Develop fast-track programs for allied mental health professionals with significant work experience to work toward higher degrees or licensed roles
- Promote dual-credit and concurrent enrollment programs that allow high school students to gain college credit and experience in the behavioral health field

Recommendations for employers:

- Advocate for improved reimbursement rates for services provided by allied mental health professionals as a means of improving salaries for these workers
- Offer opportunities for employees to advance their skills and careers through trainings, certification, and mentorship
- Develop internal advancement strategies and incentives to recognize achievements (without requiring additional formal education)
- Prevent employee burnout and improve retention by managing caseloads, offering trauma-informed trainings, and promoting self-care and boundary-setting practices

8 | Methods, data sources, and limitations

The process of developing this report included an environmental scan of educational programs, training requirements, and policies related to allied health and behavioral health support professionals; an employer survey; and key informant interviews with Oklahoma employers, state experts, and various allied health and behavioral health support professionals. Key informant interviews were conducted between June 2025 and August 2025. The team analyzed the data to identify key themes and strategies to strengthen Oklahoma's workforce pipeline of allied behavioral health workers.

We requested data on allied mental health professionals from employers we interviewed as part of this report. Responses were anonymous, and not all employers responded to the data request. Responses were collected for the following professions: mental health technician, community health worker, peer recovery support specialist, intake coordinator, outpatient technician, and school-based behavioral health aide positions.

Because surveys for only seven position types were returned, few opportunities for findings were presented. However, data across professions did show a modest pattern in the area of **staffing turnover.** Respondents reported a total of 54 new positions hired during 2025 while reporting that 36 persons in those same professions left their jobs — a 66.7% attrition rate.

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- The Chickasaw Nation, Mental Health Services
- Oklahoma City Community College
- Choctaw Nation of Oklahoma
- Oklahoma Department of Mental Health and Substance Abuse Services
- CREOKS
- Oklahoma State Department of Health
- Family and Children's Services
- Parkside Hospital
- Mental Health Association of Oklahoma
- GRAND Mental Health
- Behavioral Health Center at Porter Health Village

The data in this project provide a useful summary of the allied mental health workforce in Oklahoma, but they have limitations. The perspectives of the individuals we interviewed may not represent the full context of information pertaining to allied mental health professionals in Oklahoma.

Reliable federal wage data are only available for two occupations, so for other roles we rely on secondary sources and job postings, which may not reflect actual pay across the state. Job postings, in particular, provide a snapshot of advertised wages but may not reflect actual pay, variation across employers, or long-term trends. In addition, cost-of-living and rent estimates are based on statewide averages and standard household compositions and spending patterns, which may not fully capture the diversity of household circumstances or geographic variation in affordability. The analysis highlights broad patterns — such as gaps between wages, cost of living, and housing affordability — rather than precise income adequacy for every worker, household, or occupation type.

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