



Strategic Planning Document

*--Currently being revised for period 2025-2030;
updated plan expected June 2025--*

2018-2024

Rev 12/2024

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Introduction

How to Use This Document

The value of a strategic plan is not the creation of a point in time document. The value of strategic planning is in operationalizing the ongoing practice of strategic planning, and in honing the organizational skills, processes and practices that are needed to achieve strategic outcomes, as well as to monitor and maximize organizational effectiveness and efficiency. For this reason, to operationalize strategic planning, the OBPT has developed processes to include strategic planning and progress review into every regularly scheduled public meeting of the Board.

The ongoing process includes:

- A standing agenda item on strategic planning.
- Public review of strategic initiatives map, and progress to date.
- Board discussion on progress, current environmental scan for external or internal changes that would impact strategic initiatives, prioritization and timing, as well as to identify external resources or speakers to bring to future meetings.
- Documentation of changes in minutes and other documents.

In that context, the purpose of this document is to provide a foundation. To provide information about the Board itself, to create a record of the Board's strategic planning methodology, and to articulate the context and scope of the Board's current strategic initiatives.

This document is intended to provide the foundation for the ongoing strategic planning process, so in between major updates to the document, it should be used in conjunction with those meetings and minutes, and any other materials, to view the most current status on progress to plan.

After the end of the planning horizon, the Board will update and publish a new strategic planning document as part of that year's community strategic planning meeting.

The next major update is expected in May 2025 for the period 2025-2030.

OBPT | Purpose, Mission, Vision & Values

Purpose

The Board's purpose is public protection and to establish professional standards of practice which assure that physical therapists and physical therapist assistants are properly educated, hold valid/current licenses, practice within their scope of practice and continue to receive ongoing training throughout their careers.

Mission

To protect the public health, safety and welfare for **all** Oregonians by maintaining standards for quality care, professional skill and competence through the effective regulation of the practice of physical therapy.

Vision

Positive Patient Outcomes Achieved.

Values

Oregon state government has adopted four organizational values stretching across all departments, boards and commissions to support the provision of quality programs and outcomes via a committed workforce serving the people of Oregon.

ACCOUNTABILITY
EQUITY
INTEGRITY
EXCELLENCE

ACCOUNTABILITY – Own and take responsibility for quality of outcomes for Oregonians.

EQUITY – Create and foster an environment where everyone has access and opportunity to thrive.

INTEGRITY – Be honest and transparent regardless of the situation.

EXCELLENCE – Collaboratively manage the resources we are entrusted with to achieve the best possible outcomes for Oregonians.

Oregon Board of Physical Therapy: By the Numbers

Oregon Board of Physical Therapy

The statutory purpose of the Board is to protect the public health, safety and welfare for all Oregonians by maintaining standards for quality care, professional skill and competence through the effective regulation of the practice of physical therapy.



Enabling Statutes & Rules

ORS 688.010-688.240,
ORS 676 (health boards generally) & ORS 182.454 (semi-independent agencies)
OAR 848



Professionals Regulated

~5,500 Physical Therapists (PTs)
Doctorate Level Degree
~1,300 Physical Therapist Assistants (PTAs)
Associates Level Degree



Core Functions

Licensing
Complaint Investigation
Education & Outreach
Planning & Partnership



8 Member Board

5 Physical Therapists
1 Physical Therapist Assistant
2 Public Members



Budget & Staff

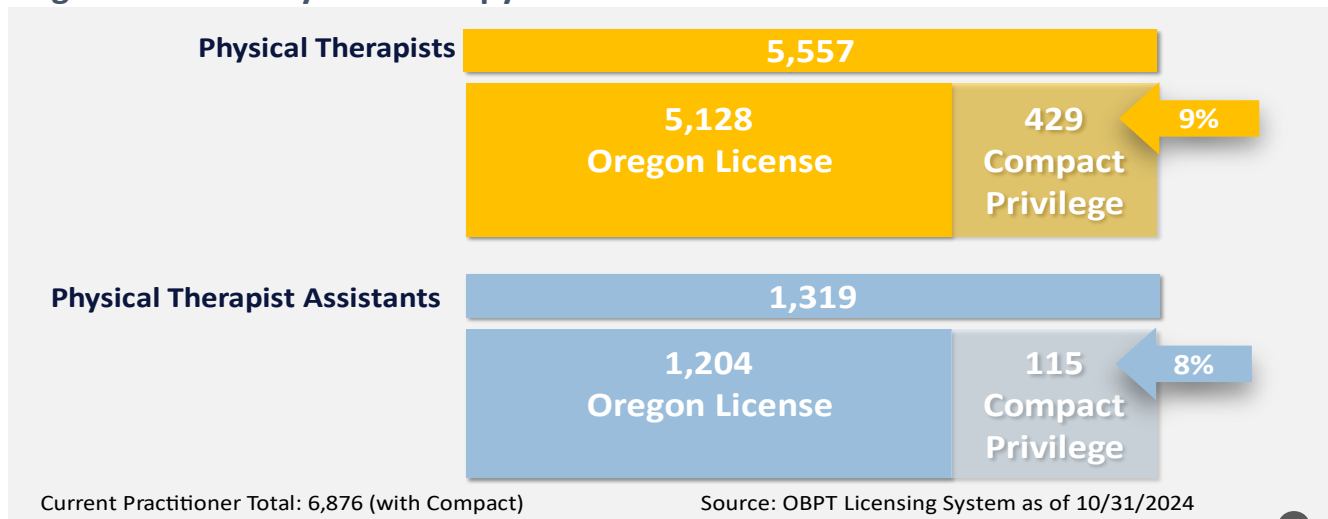
\$1.88 M 23-25 BI Budget
3.6 FTE

Structure & Scope

The Board is a semi-independent agency comprised of eight board members including five members licensed as Physical Therapists, one licensed Physical Therapist Assistant and two members of the general public.

The agency has an administrative staff of 3.6 FTE and an operational budget of approximately \$1.88 million per biennium. The Board oversees a licensee population of approximately 6,800 professionals, as well as individuals authorized to practice in the State of Oregon via a multi-state Compact.

Oregon Board of Physical Therapy: Active Licenses



About Physical Therapy

The practice of physical therapy helps patients achieve positive health outcomes. Licensed physical therapists and physical therapist assistants help patients maximize movement, manage pain, frequently avoid surgery and prescription drugs, manage chronic (long-term) conditions, and recover from and prevent injury.

The Practice of Physical Therapy

Physical therapists and physical therapist assistants help you maximize your movement, manage pain, avoid surgery and prescription drugs, manage chronic (long-term) conditions, and recover from and prevent injury.

Source: APTA

Variety of Specializations

Orthopedic, Neurology, Pediatric, Geriatric, Oncology, Women's Health, Cardiovascular & Pulmonary, Sports, Wound Management & Animal Therapy.

Variety of Practice Settings

Acute Care, Skilled Nursing, Outpatient, Home Health, Private Clinic, Schools, Sports Teams; Workplaces, etc.

Access to Care

Self-Referral or Provider Referral

Commercial Insurance, Medicare/Medicaid, Third-Party, Private Pay.

While Oregon issues a general license to practice only, individual practitioners specialize in a wide variety of areas and often hold additional certifications in those areas, including Orthopedics, Neurology, Pediatrics, Geriatrics, Oncology, Women's Health, Cardiovascular & Pulmonary, Sports, Wound Management, and Animal Therapy.

Professionals also work in a large variety of practice settings, including Acute Care, Skilled Nursing, Outpatient, Home Health, Private Clinics, Schools, Sports Teams, and Employer Workplaces.

Patients also have broad access to physical therapy care, with both provider referral or direct patient access pathways allowed in Oregon, dependent on the individual's coverage requirements, if any. Physical Therapy is generally covered under commercial insurance, Medicare/Medicaid, and individual providers may access those, as well as third-party payors or private pay.

Physical therapy is traditionally a hands-on practice, although studies conducted during the COVID-19 pandemic demonstrated that certain physical therapy treatments—or certain points within the treatment—are viable via telehealth, and Oregon has seen an increase in reported telehealth practice since the pandemic. Nonetheless, as with any high-touch profession, informed consent and appropriate supervision are essential for public protection.

Physical Therapy Workforce in Oregon

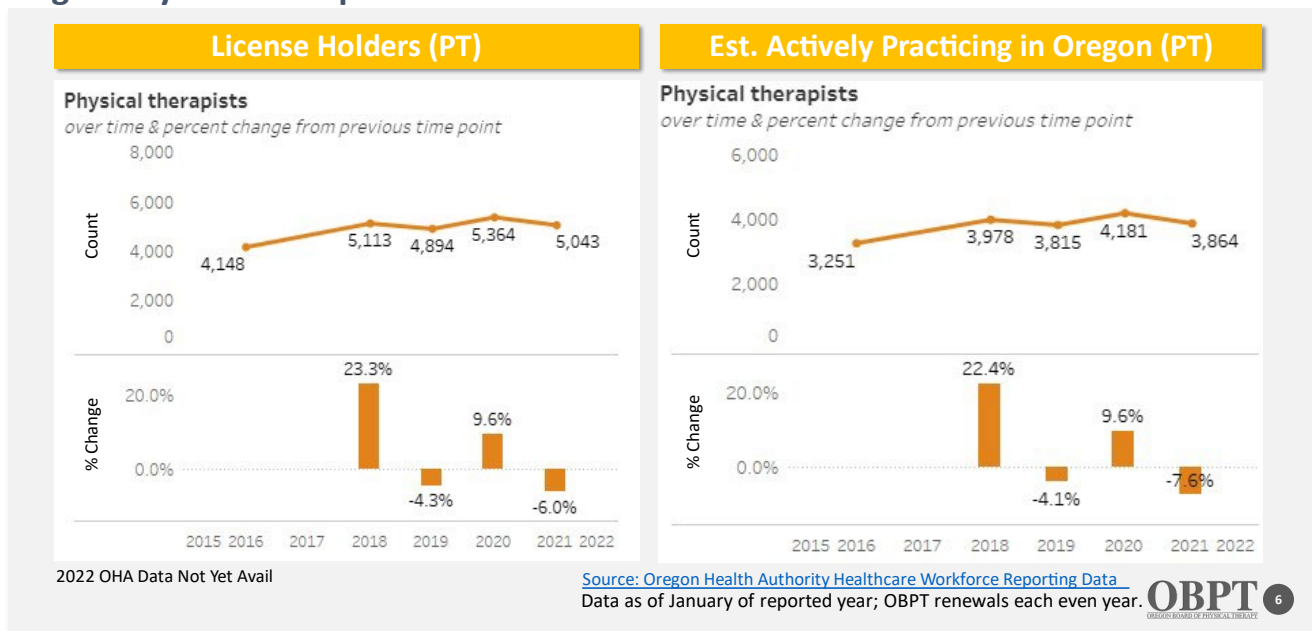
According to data gathered from licensees upon **renewal** of license by the Oregon Health Authority (OHA) Healthcare Workforce Reporting Program (HWRP), the distribution of licensed professionals throughout the state is uneven, and employers have expressed difficulty in finding sufficient capacity to meet needs. Even when the raw numbers show availability of professionals in a given area, the individuals may not hold all the specializations desired, or work in the specific care setting with the shortage. Workforce availability data must consider this factor before making any conclusions about sufficient capacity. To meet the gaps, employers frequently make use of travelers or temporary staffing to meet their needs. These are often individuals who will work in the state for a limited amount of time either with an Oregon license, or more recently, with a Compact privilege. Given the known use of temporary workforce, which typically doesn't show on renewal (because travelers may not renew licenses if they were only working a limited contract in Oregon and have moved on to another jurisdiction), the survey does not capture these individuals.

License Counts ≠ Practitioner Counts

The graphic below is illustrative of the difference between the total number of active licenses issued, and the total number of practitioner FTE reported via the OHA survey. While this graphic shows Physical Therapists, the pattern is similar for Physical Therapist Assistants.

Although some of the differential is undoubtedly comprised of travelers in the state at the time, all health professions show a similar differential between total licenses held and individuals actively practicing in the state. It is critical that the OBPT not rely purely on license counts, or OHA survey data alone when estimating workforce capacity.

Oregon Physical Therapist Workforce: Active Licenses vs Active Practice



Physical Therapy Workforce Demographics

According to HWRP data, the demographics of the PT/PTA licensed workforce do not match the demographics of the Oregon population overall, with the largest underrepresentation for the Latino/a/x community. More detailed information can be explored interactively at the [Oregon Health Authority Healthcare Workforce Reporting Data](#) website for PT/PTA and most other healthcare professionals. Due to the reporting cycles relative to the Board's license renewal cycle, there can be a long lead time before data is reflected in these reports. Furthermore, licensees who do not renew their Oregon license, or those working on a Compact Privilege, do not complete the survey. The Board estimates this to be approximately 20% of the workforce, based on the number of non-renewed licenses for each renewal period.

Community Feedback | Trends Impacting Physical Therapy Workforce

During community strategic planning sessions, as well as during public comment during regular Board meetings, the OBPT has solicited feedback on barriers and trends impacting the physical therapy workforce, and ultimately impacting patient care and public protection.

The following topics were identified by interested parties:

- The perceived devaluation of physical therapy by carriers; reduced reimbursement rates.
- Insufficient availability of specific specialists/practitioners where and when needed to support population needs.
- Uneven availability of Oregon Health Plan providers, particularly in underserved areas.
- Complexity of Electronic Document Management Systems (EDMS) and trends in productivity thresholds in some care settings.
- Lack of diversity of the current physical therapy workforce.
- The need for better data to support planning and response in all settings.
- Practitioner burnout and reduction in practice hours.
- The desire for expansion of the Oregon Wellness Programs offered for more health professionals.
- The need to add PTs/PTAs to loan forgiveness and/or regional incentive programs and scholarships.
- Removal of statutory barriers impacting some endorsement candidates, especially those educated outside the United States.
- Updates to the PT Practice Act to address newer technologies and treatments now part of the core PT curriculum and utilized in PT practice in other states.
- The need to support the acquisition, analysis and sharing of health practitioner data; finding ways to incorporate new applicants, compact privilege holders, or other license types not currently captured in that data; the need to share and compare with other states and across state borders to better understand the migratory patterns of practitioners.

SWOT | The Internal Organization

Looking internally, the Board considered the relative strengths and weaknesses of the internal organization, as well as relative risks. The following primary areas are highlighted below:

Agency Workforce

The Board has a staff of four people comprising 3.6 FTE. Each position has a singular focus, although staff have cross-training to support completion of core functions in the event of short-term planned or unplanned absences by any individual staff member. None-the-less, while the Board is positioned to weather short to mid-term staffing disruptions, due to the small size and different specializations of each position, mid to long term disruption is detrimental. Given this context, all positions are considered critical.

As of 2024, the Board has a stable staff. While the Board experienced the recent retirement of 50% of staff in the last six years, the current situation is classified as stable; however, over the next five years, several staff members become technically eligible for retirement based on age or years of service.

Historical Knowledge Continuity: Stable. Of the four staff, one has been with the agency for over 22 years; the rest no less than five years, and two have prior service for other similar agencies.

Retirement Forecast: Stable. However, after roughly five years some staff would become eligible, with 75% of staff becoming technically eligible in the next 5-12 years.

Skill & Knowledge Shift: Stable. Skill and knowledge projections for staff positions are expected to be stable, with only typical expansion needs based on standard technology growth. The Board expects to utilize existing tools and resources for the next five years, although staff will be expected to deepen their knowledge of newer tools (e.g. licensing software; M365).

Additional agency workforce analysis is documented in the OBPT Succession Plan and reviewed annually with DAS Human Resources.

Financial

The Board has a biannual budget of approximately \$1.88 million. The Board's revenue is derived from fees associated with initial and renewal applications, compact privileges, fees for license verification, mailing lists or other document services, as well as monies associated with payment of any civil penalties. These fees support all Board services, including licensing, complaint investigation, education and outreach.

The largest source of revenue in a given biennium is license renewal, which occurs in Spring of even years. In other words, the majority of biennial revenue comes in during a four-month period, which is used to cover expenses the remainder of the biennium. The Board must maintain sufficient bank balances to cover the revenue cycle, and must also maintain reserves to cover unplanned expenses, such as hearings or unplanned increases in the cost of goods and services.

Significant reduction in number of licenses, or a significant number of unplanned expenses would result in insufficient revenue to sustain Board operations and may require an increase in fees before

reserves are depleted. The Board, as policy, will raise fees only as last option and only if and when necessary. The Board did raise licensing fees in 2021-2023; the last prior increase occurred in 2004.

Information Technology and Facilities

The Board replaced a 20+ year custom legacy licensing system in 2020, which greatly improved self-service offerings, reduced information risk, and which was foundational for continuity of operations during the pandemic. A migration to the newest version of the product was planned for 2023, but deferred due to concerns with the vendor until after the 2024 renewal period. As of the end of 2024, the reschedule of the migration to the most recent version of the product is pending, but anticipated in 2025. The current version in use is stable.

The Board utilizes the Department of Administrative Services for network, servers, and email/M365 services in order to minimize risk and maximize compliance with state IT requirements. Help desk and end user computer services are provided via intergovernmental agreement with another government entity.

The Board is currently homed in a state-owned building, in a secure suite to reduce risk from physical perimeter penetration. The Board's systems can be operated largely remotely, allowing for continuity of the majority of operations, and flexibility in staffing and service hours. Items received via physical mail, such as some transcripts and verifications, and deposit of check payments are the exception for remote processing. The Board co-locates with other small agencies, which mitigates some of these risks and allows for additional support and coverage through memoranda of understanding and partnerships.

Building the Plan

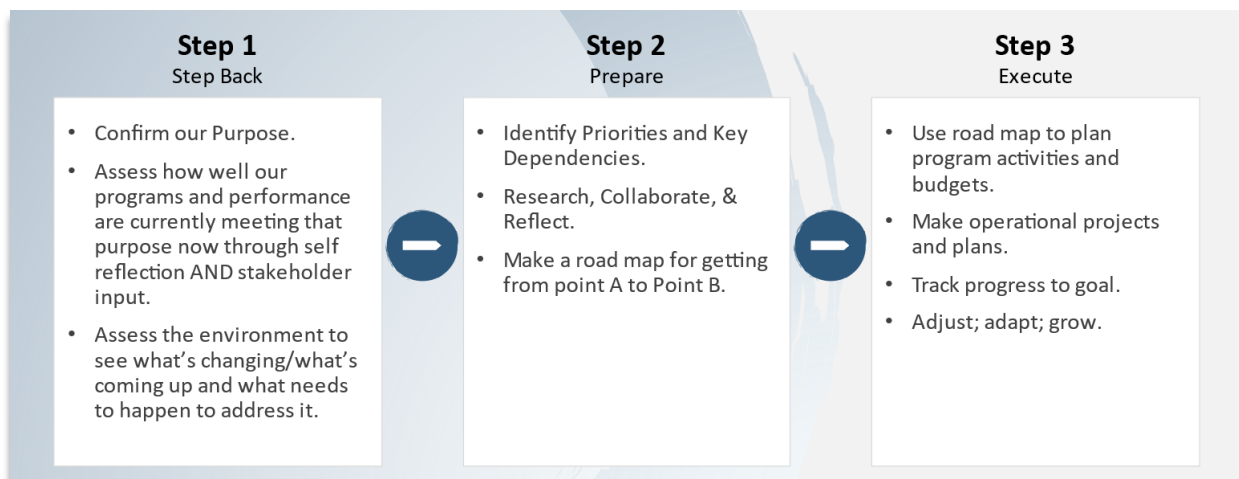
Building A Strategic Plan

Since 2018, the OBPT has engaged in a community strategic planning process, which includes a the dedication of at least one meeting to a significant discussion of the strategic plan, where all interested parties are invited to directly participate at the meeting, or at a minimum, provided the opportunity to review and comment on materials derived from these sessions. The board also invites input on the plan or rather, on strategic topics and initiatives at every meeting.

Strategic Planning Approach

The OBPT views the purpose of strategic planning as the mechanism through which the organization can verify that we are doing the Right Things at the Right Time in the Right Way. The process results in the support of three key processes: prioritization (to inform long-range planning and policy; rule-making and legislative agendas), communication (to listen, to gain feedback, and to demonstrate how the Board is achieving mission), and implementation (to inform the development and operation of program and budget priorities).

The planning process is an on-going, iterative 3-step process that includes Stepping Back, Preparing, and Executing, as illustrated below. The process is intended to move back and forth as appropriate between the steps, not serve as a one-time linear progression.



Mapping Exercises

In 2020 and in 2021, the OBPT—in collaboration with community members and interested parties—used the process to step back and evaluate the Board within the broader statewide and statutory context, particularly with regard to diversity, equity, and inclusion within the physical therapy workforce itself, as well as within the Board's programs, processes, and requirements. The following mapping was completed in November and December 2020, and reviewed again in November 2021, and serves as the current foundation of the strategic plan.

I. Oregon State Mandates/Initiatives (Context):

- **ORS 676.303(2)—All health professional regulatory boards shall operate with the primary purposes of:**
 - promoting the quality of health services provided,
 - protecting the public health, safety and welfare by ensuring that licensees practice with professional skill and safety...”

How this connects: By recognizing that there is currently a differential in the health outcomes for many patients from underrepresented populations and recognizing that the Board has an obligation to promote quality health care and protect the health, safety and welfare of all patients, culturally competent practice is essential.

- **ORS 676.400--Racial and ethnic composition of regulated health professions; findings; duties of health professional regulatory boards.**

(3) “Health professional regulatory boards shall establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they regulate. Such programs must include activities to promote the education, recruitment and professional practice of members of these targeted populations in Oregon.”

(4) “Each health professional regulatory board shall maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board...”

How this connects: Oregon health professional regulatory boards have been specifically charged to establish programs that increase representation of under-represented groups both on the Board itself, as well as in the regulated profession.

- **ORS 676.850—Requires continuing competence for health professionals on renewal. Oregon Health Authority (4 domains required for Cultural Competence Continuing Education Training)**
 1. Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions, and values.
 2. Culturally competent practice requires the acquisition of knowledge by providers.
 3. Culturally competent practice requires the acquisition of skills by providers.
 4. Culturally competent training requires specific educational approaches for acquisition of knowledge and skills.

How this connects: Establishes common framework and mechanism for ongoing education for licensed professionals to support cultural competency.

- **ORS 676.410–Information required for renewal of certain licenses.**
“(2) An individual applying to renew a license with a health care workforce regulatory board must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3) of this section to the health care workforce regulatory board. Except as provided in subsection (4) of this section, a health care workforce regulatory board may not approve an application to renew a license until the applicant provides the information.”

How this connects: Provides a mechanism for capturing demographic information from all licensed health professionals, which supports policy and planning.

- **Executive Order NO. 17-11 (2017) – Relating to Affirmative Action, Equal Employment, Opportunity, Diversity, Equity, and Inclusion (DEI)**

How this connects: Establishes statewide framework and objectives relating to state agencies—both staff and Board members; establishing goals relating to demographic composition of Boards and staff, as well as objectives relating to organizational culture based on a foundation of DEI.

- **Racial Justice Council – founded by Governor Kate Brown (2020) – “We must change how we listen to, engage with, respond to, and support Black, Indigenous and People of Color (BIPOC) and Tribal members in Oregon.”**

The Racial Justice Council’s charge is to:

- Direct the collection of data from across sectors of society to support smart, data-driven policy decisions.
- Provide principles and recommendations that center racial justice to the Governor to inform the ‘21-23 Governor’s Recommended Budget and Tax Expenditures Report
- Creating a Racial Justice Action Plan for six specific areas: Criminal Justice Reform and Police Accountability, Housing and Homelessness, Economic Opportunity, Health Equity, Environmental Equity, Education Recovery.

- **Oregon Statewide Diversity, Equity, and Inclusion Definitions (2020)**

See next page

State of Oregon's Definition of Diversity, Equity, Inclusion

Diversity is the appreciation and prioritization of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability.

Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

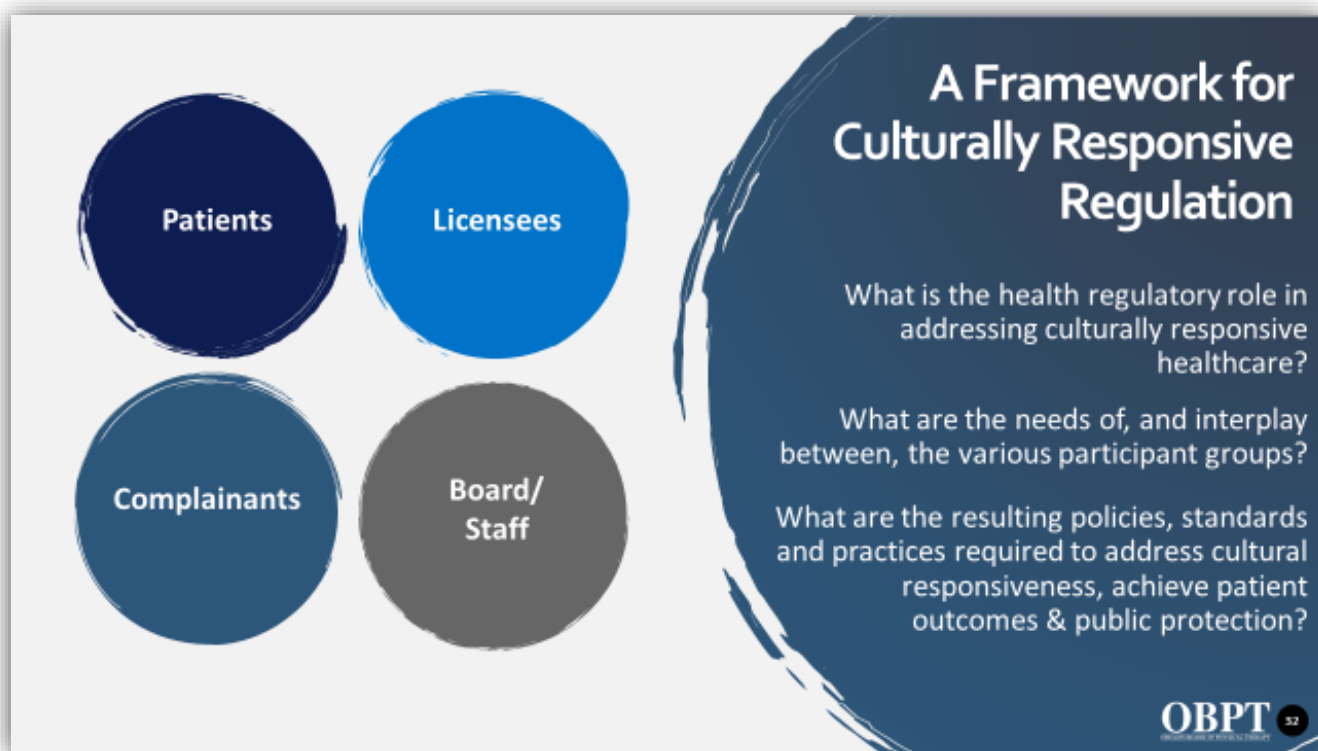
Inclusion is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.

Office of Governor Kate Brown

How this connects: Creates overarching lens for all state programs, and funding decisions.

II. Oregon Board of Physical Therapy Strategic Approach: (Pulling it all together)

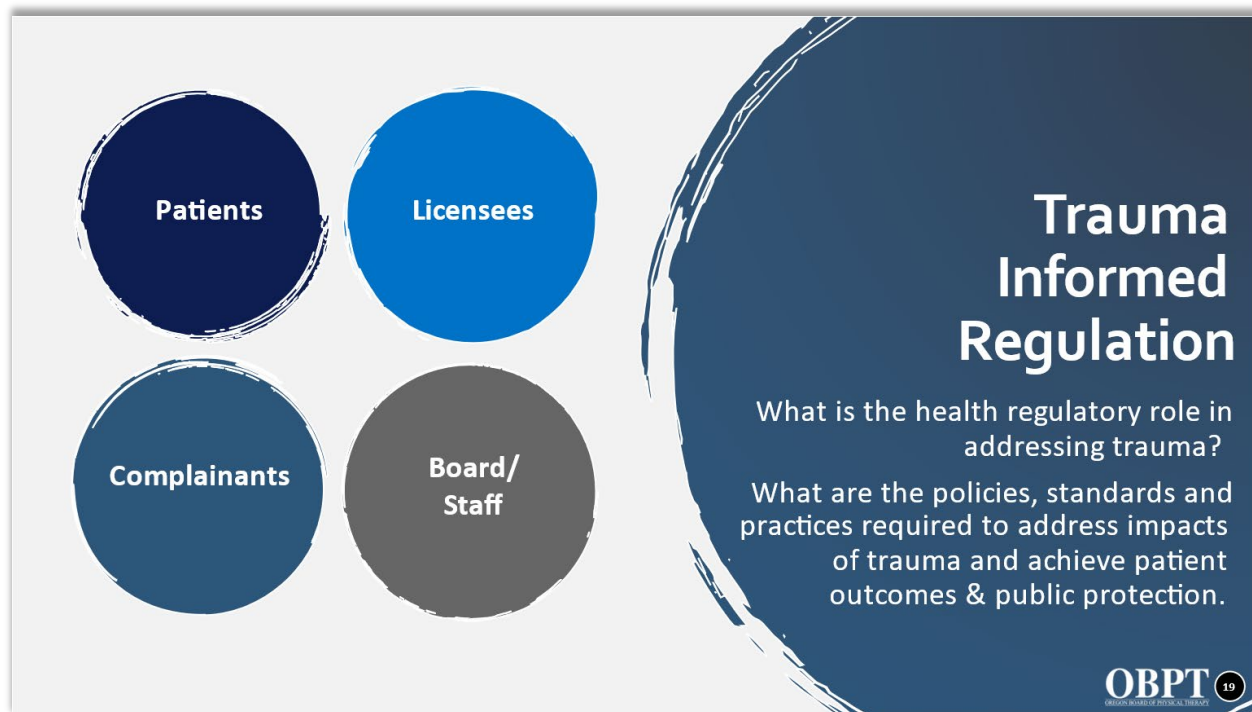
Instead of thinking of each statutory requirement in isolation, the Oregon Board has adopted a framework for considering DEI, racial justice, and cultural competency topics using four inter-related participant groups. Any policy or rule will consider the role of or impacts to each of these groups—and the specific diversity of participants in each group—with the end goal of achieving culturally competent regulation. This framework and focus on DEI in the context of our operations and services complements the Board’s internally focused affirmative action and DEI plans.



Within this framework, the OBPT will consider the perspectives of and impacts on all participants in any regulatory function as we address the guiding question of our role as a regulatory entity in addressing culturally responsive healthcare. To consider the needs of and interplay between these participant groups, and further, to understand, include, and support the diversity of participants within each of these groups, and understand the impacts when there is an imbalance or inquiry in any part of the system.

III. Other Lenses: Trauma-Informed Regulation

Trauma is a critical consideration in the provision of healthcare services, and training for healthcare professionals in trauma-informed care is increasingly prevalent and increasingly linked to achievement of positive health outcomes for patients. Recognition of trauma and the interplay with any work on diversity, equity, and inclusion is essential, as the experience of acts of marginalization, oppression, and racism also fundamentally create trauma. The OBPT is committed to the framework of trauma-informed regulation in addition to, and as part of the framework of culturally responsive regulation.



Trauma: Defining Terms

Although often used interchangeably, the OBPT recognizes that there is a variety of kinds of trauma, and the drivers and impacts of each can be very different, just as a specific event can generate different responses in individuals dependent on their varied lived experiences and other traumas they've already experienced. Awareness and understanding of the complexity and impacts of all trauma is essential in evaluating regulations, and in optimizing patient outcomes in healthcare. There is no single one size fits all universalism in addressing trauma.

Burnout: A state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.

Compassion Fatigue: A condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring.

Moral Injury: an injury to an individual's moral conscience and values resulting from an act of perceived moral transgression, which produces profound emotional guilt and shame, and in some cases also a sense of betrayal, anger and profound "moral disorientation".

Vicarious Trauma: Transformation in the self that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is...disruption in perceived meaning and hope.

Direct Trauma: Direct exposure to trauma is any first-hand involvement with trauma, which could be acute (one time), chronic (repeated or prolonged) or complex (multiple trauma events).

IV. Oregon Board of Physical Therapy CRR Implementation

Key Identified Issues (or Dependencies):

- *Holistic systemic change will require partnership with other organizations (such as with OHA and with educational institutions) to increase the presence of candidates from underrepresented groups in the educational pathway. (NOTE: The Board initially used the term "pipeline", but has shifted to using "pathway" as a more inclusive term.)*
- *Boards, including OBPT, do not currently reflect the demographic profile of the state of Oregon as a whole (patients) nor do they fully represent all licensed individuals at any one time. Infusing all perspectives—representation from all groups at all times—will require intentional training and partnership to inform policy.*

What We've Done So Far (Nov 2021):

- ORS 848-035-0030(1)(E)(b) – Effective April 1, 2020, all licensed physical therapist and physical therapy assistants must complete a minimum of one hour of continuing competence that meets the criteria for cultural competency education each renewal period.
- At same time, the OBPT broadened the OAR 848 Division 35 Continuing Competence requirements to allow non-clinical categories, including allowance for content on burnout, which also opens the door for outreach opportunities to elementary students or other groups.

- Updates to Minimum Data Set – worked with Federation of State Boards of Physical Therapy and the Oregon Health Authority on the workforce survey in order to connect to national data. Further working with OHA for direct access to survey results to inform policy and planning.
- As continuation of review as result of SB 855, OBPT is evaluating current unnecessary regulatory barriers for our immigrant and refugee foreign-trained applicants.
- Initiated required Diversity and Inclusion training for current PT Board members and staff, including training in implicit bias to facilitate PT Board awareness and “create the proper lens” for policy making.
- Initiated workgroup with all Oregon PT schools to collectively address diversification of the educational pathway. Will also partner with Oregon Health Authority to link to the capture and tracking of Oregon Workforce Data over time.
- Worked with statewide team and Governor’s Appointments Office to develop outreach programming to recruit Board members from underrepresented groups for OBPT and all Oregon Boards & Commissions.
- Developed educational materials in partnership with other groups on the role of the regulatory board in diversifying the PT workforce; co-presented a panel presentation for the Federation of State Boards of Physical Therapy.

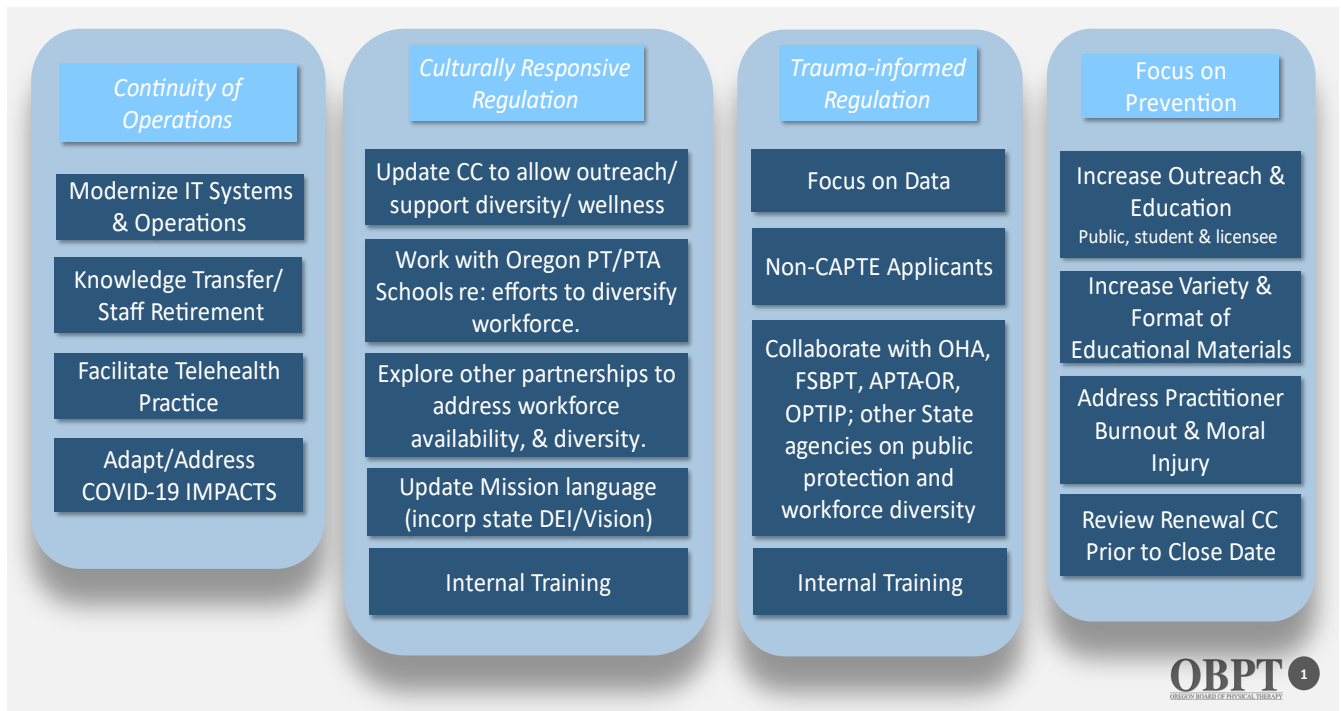
CRR Strategic Action Items Identified Going Forward:

The OBPT has added a strategic planning agenda item at each Board meeting to track progress on identified objectives, and for the Board to discuss and actively plan next steps in a continuous, adaptive, public process. The items below have been identified for further discussion, refinement, and scheduling of specific actions.

- Continue work with Oregon PT Schools to produce recommendations for the PT Educational Pathway.
 - Locate or develop CC programs supporting licensee outreach to elementary/middle /high school.
 - Aligning school entry requirements for culturally responsive practice.
 - Expand dialog with non-Oregon educational institutions, possibly through partnership with national associations (FSBPT/APTA) or accrediting entity (CAPTE).
- Examine the diversity of the PT Board;
 - Use appointment of public position members to offset the relative lack of overall diversity of professional members while also specifically recruiting professional members from underrepresented groups with each appointment.
 - Evaluate current Board member statutory qualifications to determine if there are barriers to diversity that could be removed.
 - Consider structural means of increasing diversity on the Board via the addition of an advisory member or PT board sub-committee, or other means to help diversify the review of board policy and decision-making.
- Explore how to increase engagement of current licensees from underrepresented groups with the Board, board programs, and policy-making (building trust and inclusion).

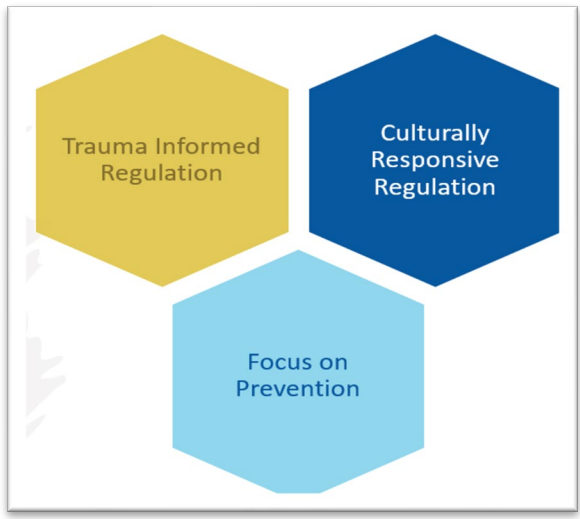
- Explore ways the PT Compact can support diversification of the Oregon PT Workforce; consider outreach to other states to promote utilization of Compact privileges to support traveler workforce augmentation.
- The Board has the statutory authority to require community service or education as part of the remediation/discipline process; explore use of these “tools” within the disciplinary/remediation process, where appropriate, to build understanding, partnership, and skills to prevent future violations.
- Link to strategic planning framework of trauma-informed regulation; often overlap of both “lenses”.
- Develop plan and schedule to evaluate all current regulatory processes (and strategic objectives) through framework of CRR, while also linking to the framework of trauma-informed regulation, as both frameworks are key to analysis and understanding.
- Increase emphasis on communication, support, and prevention in development of all materials.
 - Review website for readability and accessibility. Create additional support materials in audio/visual formats.

These Strategic Action Items will be further quantified and scheduled, and added to the existing OBPT strategic priorities, as visualized here:



V. Strategic Progress Update:

Since the formation of this original document, the State of Oregon published a statewide Diversity, Equity, and Inclusion Action Plan in August of 2021. The OBPT has reviewed the plan and uses it as an additional reference point for developing and implementing actions within the culturally responsive regulatory framework, as well as within the agency itself, as reflected in the Board's Affirmative Action and Diversity and Inclusion Plan.



The Board has mapped current initiatives to the statewide ten strategies roadmap and will continue to use the document to develop and refine future work.

State of Oregon Diversity Equity and Inclusion Action Plan

Ten Strategies

Develop Agency-specific Racial Equity Plans	1
Build State Diversity, Equity, and Inclusion Infrastructure	2
Foster Inclusive Communications	3
Strengthen Community Engagement	4
Utilize Disaggregated Data as a Lever for Change	5
Create Equitable Budget & Inclusive Budget Process; Invest in Target Communities	6
Advance Contract Equity and Improve State Procurement Processes	7
Build a More Diverse Workforce and Create an Inclusive Workplace	8
No Tolerance for Racism, Hate, and Discrimination	9
Operate with Urgency, Transparency, and Accountability	10

The Board reviews progress to date at board meetings; highlights of completed actions and strategic objectives, including those in the CCR framework, are included in the timelines below. The objectives and actions have been tied back to the statewide DEI plan strategies.

The Board will be performing the next five-year plan during the first 2 quarters of 2025, as well as documenting in detail the specific performance to plan and achievement of stated objectives and outcomes from the current plan.

Progress: Culturally Responsive Regulation

2020	2021	2022	2023	2024
<p>Educational Pathway Work initiated with outreach to PT schools to discuss efforts to diversify workforce. (4, 8)</p> <p>COVID-19 Impacted healthcare systems at every level, moving Board meetings to a virtual environment. (2, 4, 10)</p> <p>Representative from the Governor’s Office met with the Board to discuss culturally responsive framework. (2, 10)</p>	<p>Identified gaps in OHA Workforce Data (5)</p>	<p>Cultural Competency Requirement went into effect (2, 8, 9)</p> <p>REAL-D implemented on OHA Workforce Survey (5)</p> <p>Work began to Identify Common Dataset for Oregon PT/PTA Schools (5, 8)</p> <p>Healthcare Interpreter Rule updates went into effect (2, 8, 9)</p> <p>Non-CAPTE Rule Advisory Committee Approved by Board and members selected (4, 8, 9)</p>	<p>Non-CAPTE RAC met and Made Recommendation to Board (1, 2, 4, 8, 9)</p> <p>Educational Pathway Work Continues (4, 5, 8)</p>	<p>Multiple presentations to FSBPT and CLEAR regarding AI, relationship to bias & its use in regulation. (9,3)</p> <p>Attended State Data Equity Summit (5)</p> <p>Board implemented meeting assessment rubric including consideration of what voices are missing from the discussion. (2)</p> <p>Developed listing of cultural competency educational options, including free courses.</p> <p>Developed additional video and visual based training materials for renewals. (3)</p>

Numbers in Parentheses denote the applicable State of Oregon DEI Action Plan

(next page)

Progress: Trauma Informed Regulation

2020	2021	2022	2023	2024
Investigator Paru named to FSBPT Sexual Misconduct and Boundary Violations Committee (4, 8, 9)	Paru completed the Bolante Psychological First Aide Certification. (2,3)	Paru took CLEAR Investigating Reports of Sexual Misconduct Course. (2) Paru worked with CLEAR to develop additional Sexual Misconduct Training Curriculum (3, 4) Staff and Board Members attended cross-agency training on investigating Sexual Misconduct (2, 9) Board discussed 3 rd party complainant advocate, training opportunities for licensees or changes to CC requirements, and collaboration with OPTA and/or other state agencies. (2, 4)	Board Members and Staff completed PBI Training on Professional Boundaries(2, 9)	Paru developed and presented several FSMB, FSBPT and CLEAR educational Webinars on Trauma Informed Investigations, attended by staff and some Board members, as well as educational materials, video and training for licensees and students.(2, 3)

Numbers in Parentheses denote the applicable State of Oregon DEI Action Plan

Progress: Focus on Prevention

2020	2021	2022	2023	2024
COVID-19 Emergency Rulemaking, outreach to licensees to continue safe practice in unforeseen circumstances (3, 10)	Virtual Outreach to PT/PTA schools(3, 4, 10)	100% review of background checks and continuing competency for license renewals prior to approval, instead of 10% audit after approval(10) Website reviewed and updated for accuracy; PDF guides created on CC and Applying for licensure. Instructional videos for portal.(3) Outreach to PT/PTA Schools offered virtually or in Person. (4, 8)	Compact Privilege information created and published to Website. (3, 8) Began Rules Advisory Committee (RAC) work to update OAR 848 Division 40. (3,2,4) Outreach to PT/PTA Schools offered virtually or in Person. (4, 8)	Focused on extensive outreach ahead of renewal period; developed video and visual training aids, to support successful renewal. (3) Continued work with RAC on 848 Division 40. (3,2,4) Outreach to PT/PTA Schools offered virtually or in Person. (4, 8)

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