

House Bill 4151

Licensing Recommendation

KATIE MCLAUGHLIN, PHD

Ballmer Institute for Children's Behavioral Health, University of Oregon

HEATHER JEFFERIS, MA, LAT

Oregon Council for Behavioral Health

ERIC MARTIN, CADC III, CRM II, CPS

Mental Health and Addiction Certification Board of Oregon

RECOMMENDATION FOR 2026 LEGISLATIVE SESSION

Roadmap

HOUSE BILL 4151
SOCAC SUBCOMMITTEE

1 House Bill 4151 recommendation

2 Rationale for recommendation

3 Anticipated impact of recommendation

4 Recap of recommendation

5 Questions and feedback

House Bill 4151

Recommendation

HB 4151

GOALS

The subcommittee shall **identify state-issued professional authorization options** for existing and emerging behavioral health professions and for **determining the structures and supports needed to sustain the youth behavioral health workforce.**

The subcommittee shall focus on behavioral health professions that have the **potential to increase both equitable access to behavioral health supports and the diversity of the existing behavioral health workforce** to be more reflective of the youth population of this state.

Legislative Recommendation

Recommendation

The Mental Health Regulatory Agency (MHRA) should create a credential for a licensed bachelor's-level youth and family behavioral health provider.

- **Eligibility:** Graduates from applied bachelor's training programs that include supervised practice in youth behavioral health services (e.g., BSW, Child Behavioral Health, Family Human Services)
- **Scope of Practice:** Early identification, psychoeducation, skills training and support, brief intervention, prevention services, care coordination, case management
- **Supervision:** Formal supervision by a licensed provider at the master's level or above required
- **Settings of Practice:** Primary care, schools, community-based organizations, mental health agencies, and other relevant settings of practice
- **Billing:** Oregon Health Plan and private insurance
- **Workforce Diversity:** Reducing barriers to entry into the field increases workforce diversity (as demonstrated by QMHAs vs licensed providers)
- **Cultural Responsivity:** Required competency in culturally responsive and inclusive practices (i.e., in training program coursework and qualifying exam)

Recommendation

The credential for a licensed bachelor's-level youth and family behavioral health provider **EXCLUDES:**

- **Scope of Practice:** **No** diagnosis, cognitive or educational assessment, prescription or medication management, psychotherapy, **independent practice**
- **Settings of Practice:** **No** independent practice (i.e., working outside a team that includes a licensed provider at the master's level or above)

Similar to a Certified Nursing Assistant (CNA) that cannot practice in the absence of a Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Proposed Credential

Proposed Name of Credential

Licensed Behavioral Health and Wellness Practitioner

- Name used is identical to credential just enacted in legislation in Nevada
- Integrates feedback from SOCAC Youth Council
 - Prefer the term “wellness” be included
 - Prefer that “qualified” or “licensed” be used
- Integrates feedback from OPA Legislative Council and SOCAC Family Council
 - Do not like term “specialist”

Scope of Practice

- **Early identification of behavioral health concerns**
- **Behavioral health promotion**
- **Prevention of mental health problems**
- Care coordination
- Collaboration and consultation with other professionals and peers

Outside of Scope:

- Diagnosis, cognitive or educational assessment, psychotherapy, medication management
- Independent practice

Educational Alignment With Scope

Educational requirements for this license would specifically prepare individuals for a scope of practice emphasizing early identification and prevention

- Required coursework
- Required **supervised applied practice** in early identification and prevention services
- This scope is **distinct** from other behavioral health professions and credentials that currently exist in Oregon

Delivery of direct care, skills training and support, and case management is currently allowed by Qualified Mental Health Associates (QMHA's) in Oregon

Rationale and Impact

Why a New Credential?

Why a New Credential?

Scope of practice for new bachelor's level profession is distinct from existing professions and credentials.

- Emphasis on early identification and prevention
- Need to expand workforce not just in mental health agencies but in settings where prevention services are easily integrated (e.g., schools, pediatric primary care, community-based organizations)

Why a New Credential?

Credentialing is essential to expand and sustain a more diverse workforce in entry-level professions.

- Professionalization of entry-level roles
- Requirement for reimbursement of services
- Allows for regulation of practice

Why a New Credential?

A credential is essential for consumer protection:

- Allows for regulation of practice
- Standardizes required training experiences and scope of practice
- Provides critical **guardrails** around practice
- Creates structures to ensure ethical practice within boundaries of approved scope
- Creates structures to prevent practice for individuals who do not meet these standards

Why a New Credential?

Aligned with work in other states establishing similar bachelor's level credentials:

- Similar credentials for bachelor's level behavioral health providers have been passed in numerous states (Washington, California, Utah, Wyoming)
- Nevada passed a bill in the 2025 legislative session for a bachelor's level licensed professional (*behavioral health and wellness practitioner*) that is identical to this proposed credential
- Oregon would be the 6th state to create this type of credential

Who would Oversee the Credential?

Who would Oversee the Credential?

New credential will sit within an **existing board** at MHRA, reducing regulatory complexity

- **Board of Psychology** would be the ideal body to oversee the credential
- Would ensure behavioral health providers with some of the highest training requirements would oversee the implementation and regulation of this new credential
- Similar credentials in other states are being overseen by the Board of Psychology (e.g., Nevada)

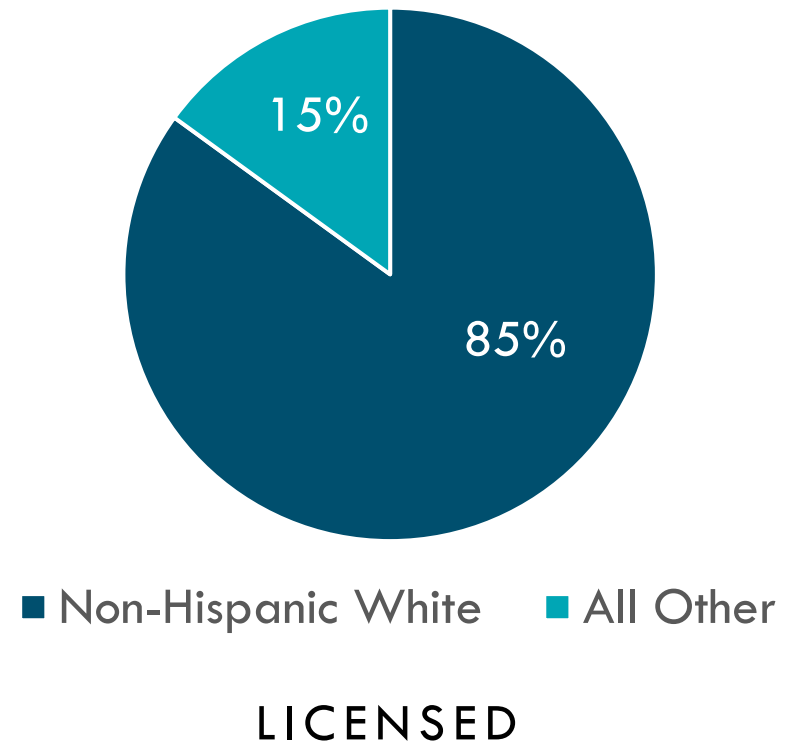
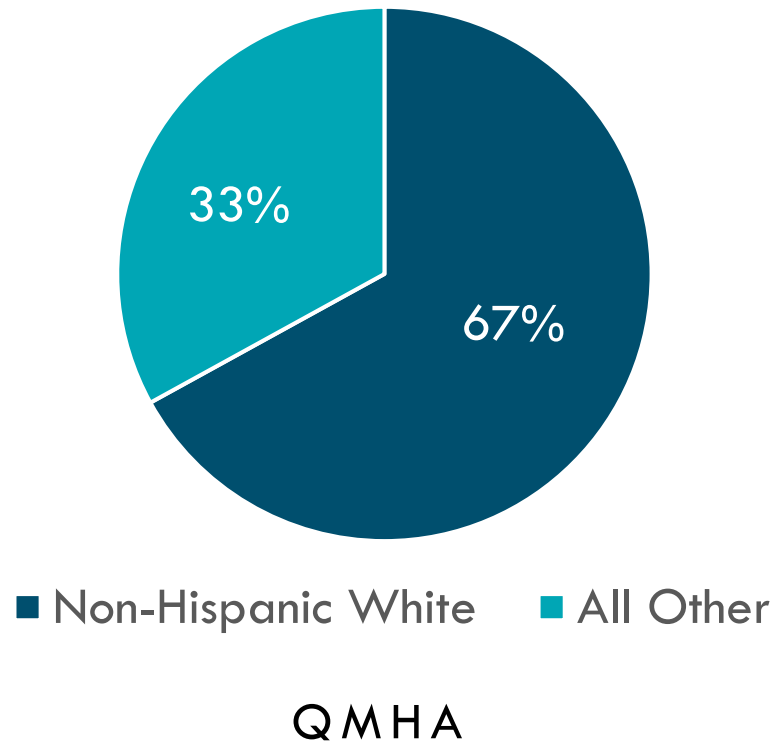
Identified Need and Potential Impacts

Identified Need New Credential Addresses

- **More than half** of families who seek youth behavioral health services in Oregon report difficulty accessing care
- There is a substantial need for both culturally responsive **services** and **providers**

Workforce Diversity

Reducing barriers to entry into the field is likely to increase the diversity of providers



Identified Need New Credential Addresses

- **More than half** of families who seek youth behavioral health services in Oregon report difficulty accessing care
- There is a substantial need for both culturally responsive **services** and **providers**
- Need to build behavioral health workforce **pathways**, starting at an early stage of professional development, and additional rungs in the continuum of behavioral health support

Employer Need

- Behavioral health organizations are seeing increased demand for services and increased acuity of behavioral health concerns
- Entry-level workers require a greater skill set and training to be prepared to meet these needs
- **Applied** educational preparation increases readiness for the workplace by providing practical hands-on training and experience
- This would align behavioral health training with other allied healthcare professionals (e.g., nursing and medicine) as we move towards integration and parity with the larger healthcare system

Employer Need

This new credential meets these needs by:

- **Increasing educational preparation** in applied skills and evidence-based practices needed in the workplace
- Standardizing training to ensure consistent preparation across employers
- Aligning training with scope of practice (i.e., brief skills-based intervention)
- Reducing the need for intensive supervision and practical training for entry-level workers, freeing up more highly trained providers to practice at the top of their license

Identified Need New Credential Addresses

- **More than half** of families who seek youth behavioral health services in Oregon report difficulty accessing care
- There is a substantial need for both culturally responsive **services** and **providers**
- Need to build behavioral health workforce **pathways**, starting at an early stage of professional development, and additional rungs in the continuum of behavioral health support
- Need for more **prevention-oriented services** in youth behavioral health in settings where families can **easily access care**
- Oregon currently **ranks 49th of all states** on youth mental health

Need for New Approaches

National mental health organizations rank Oregon 49th of all states on youth mental health



[Learn](#) ▾

[Get involved](#) ▾

[Get help](#) ▾

[About us](#) ▾

Data & Rankings

[Ranking Guidelines](#)

[Ranking the States](#)

[Adult Ranking](#)

[Youth Ranking](#)

[Prevalence Data](#)

[Access to Care](#)

[Glossary](#)

[FAQs](#)

[Archived Reports](#)

New Mexico

45

Tennessee

46

Alaska

47

Washington

48

Oregon

49

Arizona

50

Nevada

51

Recap of Recommendation

Recommendation Goals

HB4151 recommends creating a new bachelor's-level behavioral health credential to be overseen by the Board of Psychology that we hope will:

- **Reduce barriers** to entry into the workforce
- **Expand access** to evidence-based behavioral health support for youth
- Identify behavioral health challenges earlier and provide access to early interventions that may **prevent** problems from worsening over time
- Increase the **diversity** of the behavioral health workforce
- Ensure early training in **culturally responsive and inclusive practices**
- Provide a **new rung** in the continuum of behavioral health support roles

Questions and Feedback

**Optional Slides if needed for
Q&A**

Core Competencies

1. Early identification of behavioral health concerns using evidence-based screening tools
2. Delivery of psychoeducation
3. Delivery of skills training and skill support
4. Delivery of brief evidence-based interventions to promote wellness and prevent the onset or worsening of behavioral health concerns
5. Risk identification, referral, and care coordination
6. Culturally responsive and inclusive practices
7. Collaboration and consultation with other professionals and peers

Why Not Change the QMHA Credential?

The QMHA credential has setting and funding restrictions that are poorly aligned with a new workforce focused on early identification and prevention.

- QMHAs cannot practice in schools, primary care, or community-based organizations as a Certificate of Authority (COAs) to bill Medicaid is required to hire a QMHA.
- Medicaid is the only funding source that reimburses for QMHA services.

Changing the way the state issues COAs for Medicaid reimbursement or changing the funding structure for MHACBO credentials is a more complex and far-reaching regulatory change than creating a new credential.

Potential Concerns and Proposed Mitigation

Who Will Pay for Services?

Credential is the first step to create necessary billing pathways.

- Reimbursement and billing to the Oregon Health Plan will need to be worked out with OHA and Care Oregon
- The hope is that private insurance would also reimburse for some services eventually, but that remains to be worked through in the future

Workforce Preparation

Reducing qualifications for practice and consumer protection:

- Individuals with this new credential would receive **more** specialized educational preparation and applied training than is typical for entry-level roles in behavioral health, not less
- The credential adds a new rung in the continuum of behavioral health support
- A license provides essential consumer protection and guardrails around practice

Identifying Youth who Need More Intensive Services

Providers focused on early identification will identify youth who need more intensive services, but may not have someone to refer to given the shortage of licensed professionals

- Knowing that a youth is in need of support is better than not knowing
- Identifying youth who are struggling can lead to increased support from a range of adults in that setting (e.g., school) even if a clinician is not immediately available
- BA-level providers can deliver skills instruction while a youth is waiting for a more highly trained clinician