

# House Bill 4151

## Licensing Recommendation

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RECOMMENDATION FOR 2026 LEGISLATIVE SESSION

# Roadmap

HOUSE BILL 4151  
SOCAC SUBCOMMITTEE

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# **House Bill 4151**

## **Recommendation**

# HB 4151

## MEMBERSHIP

- State Agencies (OHA, ODE, DHS, MHACBO, DELC)
- Employers (Trillium, Oregon Council on Behavioral Health)
- Regulatory Boards (Social Work, Mental Health Regulatory Agency, TSPC)
- Culturally-Specific Organizations (Latino Network, REAP)
- Family Advocates
- Peer Support Specialists
- Higher Education (PCC, PSU, UO)
- United We Heal

# 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.

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# **Legislative 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)

# Legislative 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)



# 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

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# **Rationale and Impact**

# 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 6<sup>th</sup> state to create this type of credential

# Who would Oversee the Credential?

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

- **MHRA and Board of Psychology have agreed 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)
- **MHRA has indicated that the costs are absorbable**



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## **Identified Need and Potential Impacts**

# Identified Need New Credential Addresses

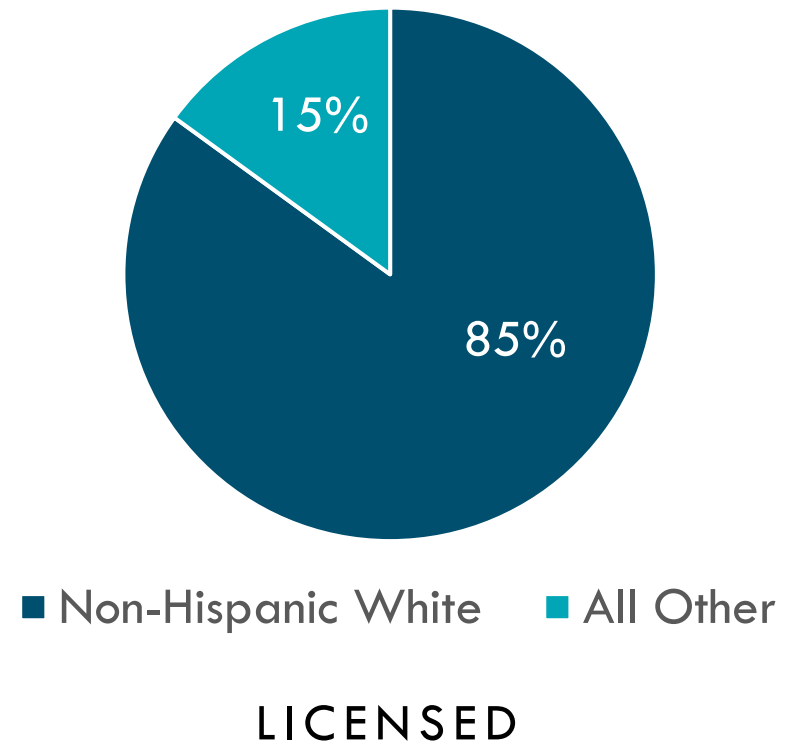
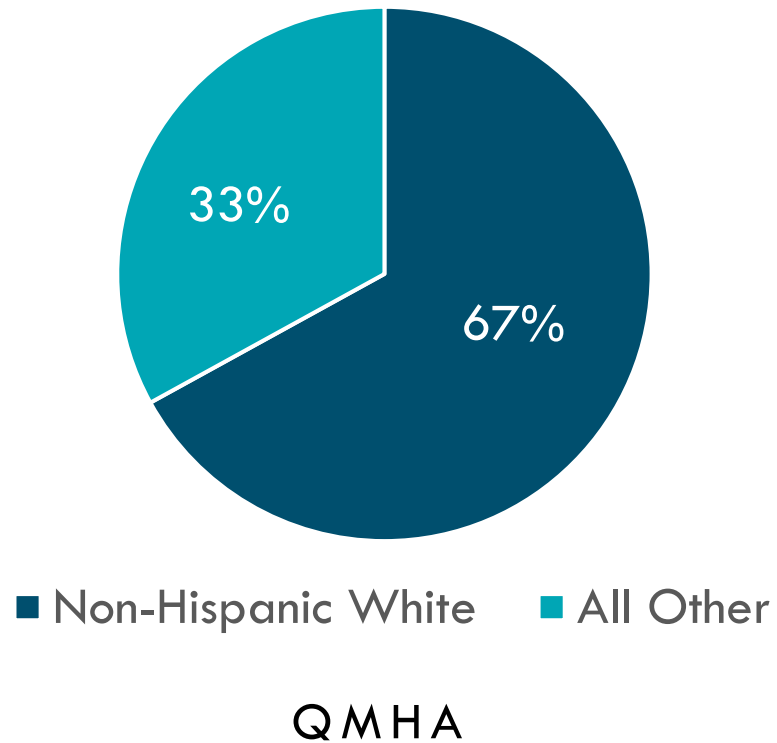
- **More than half** of families who seek youth behavioral health services in Oregon report difficulty accessing care

# 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**



# Identified Need New Credential Addresses

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- 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 39<sup>th</sup> of all states** on youth mental health

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# 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

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# Questions and Feedback

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**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.

# 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