February 5, 2026

Oregon State Legislature
Senate Early Childhood and Behavioral Health Committee
900 Court Street NE
Salem, OR 97301
*Submitted electronically via OLIS*

**RE: SB 1547**

**Chair and Members of the Committee,**

My name is Jamie Vandergon, and I am the CEO of Trillium Family Services. I want to begin by naming something important about the proposal before you. While I lead an organization that supports over 700 behavioral health professionals serving youth across all of the levels of mental health care, I am here today representing the collective work of a broad, deeply representative group of stakeholders across Oregon's behavioral health system, not the interests of a single provider.

The concept you are considering today has been extensively vetted through a multi-stage, highly collaborative public process. It began with a core HB 4151 professional authorization workgroup that was professionally facilitated and intentionally composed to reflect the full system of care. That group included representatives from state agencies, higher education, regulatory bodies, K–12 education, family and youth advocacy organizations, provider associations, and frontline service delivery. Importantly, it also included lived-experience voices alongside policy and practice leaders.

That core workgroup met over time to wrestle with the real-world implications of workforce gaps, scope of practice, training, supervision, and public safety. This was not a quick or theoretical exercise, it was grounded in operational reality and guided by shared accountability for quality and ethics.

From there, the recommendation moved to the full 4151 stakeholder group**,** where it was reviewed, debated, and refined with an even broader cross-section of the sector. Only after that work did it advance to Oregon's System of Care Advisory Council (SOCAC) a 25-member, governor-appointed body that exists precisely to ensure that policy recommendations reflect the needs of children, youth, and families across systems.

SOCAC members span child-serving state agencies, counties, healthcare, education, justice, payers, community-based providers, disability and protection advocates, and families and youth with lived experience. This is one of the most representative tables in Oregon's behavioral health system. The proposal you see today was discussed openly at that level and ultimately received support after thoughtful dialogue and consideration.

I want to be very clear: disagreement and debate were part of this process and that is a strength, not a weakness. What emerged reflects shared values, and a genuine attempt to balance workforce expansion with quality, supervision, and public trust.

Turning to the substance of the proposal itself, I strongly support the creation of a new behavioral health credential that intentionally bridges the gap between the current QMHA and QMHP roles.

As an employer deeply embedded in service delivery, I see the limitations of our current workforce structure every day. QMHAs are essential members of our teams, but the role was never designed to carry the level of responsibility we are now asking of entry-level staff. At the same time, the QMHP pathway requires graduate education that is not accessible or necessary for all of the work that needs to be done in our system.

This proposed mid-level credential fills that gap thoughtfully and responsibly.

It creates a clear, standardized pathway for individuals with a bachelor's degree and intensive, supervised direct experience to enter the behavioral health workforce prepared. From an employer perspective, this matters deeply. A workforce that enters with significant applied training arrives with stronger judgment, better retention, and a greater ability to contribute meaningfully from day one. That is good for clients, good for teams, and good for system sustainability.

I also want to acknowledge the importance of standardization and oversight. Aligning this credential with models adopted in other states creates clarity for employers, workers, and regulators. The fact that Oregon's regulatory infrastructure has the capacity to oversee this credential gives confidence that it will be held to clear standards, ethical practice, and appropriate supervision.

This proposal is not about replacing existing roles. It is about strengthening the workforce so that everyone can practice at the top of their training. When bachelor's-level clinicians are well prepared and appropriately credentialed, licensed clinicians are freed to focus on complex assessment, treatment planning, and supervision. That balance is essential if we are serious about addressing Oregon's behavioral health workforce shortage.

Finally, I want to return to values. This work expands access to the profession, supports workforce diversity, and strengthens early intervention, especially in community and

school-based settings where we know support can change the trajectory of a young person's life.

This has been careful work. It has been collaborative work. And it reflects the collective judgment of a broad cross-section of Oregon's behavioral health system.

Thank you for your time, for your leadership, and for your willingness to consider policy that has been shaped by many voices, shared responsibility, and a deep commitment to children, youth, and families.

In gratitude,

Jamie Vandergon
Chief Executive Officer
Trillium Family Services

Trillium Family Services stands as Oregon's sole provider of a full continuum of mental health services for youth ages 5-24 years, supported by a staff of 685 employees. A diverse array of programs across the state ensure we can make a meaningful impact on the mental health of Oregon's children, families, and communities. Our mission, *Building Brighter Futures with Children, Families, and Communities*, speaks to our core belief that caring for mental health strengthens not only individuals but also the families and communities that surround them.

**Trillium Family Services would like to express our strong support for HB 2015 with the -1 Amendment.**

One essential element of this bill is a critical fix for Transition Aged Youth who are accessing mental health residential treatment services.

The Transition Aged Youth Residential Treatment Homes across Oregon serve youth ages 17-24 and under the current rules they are required to be licensed as both Child Caring Agencies (youth programs) as well as Adult Residential Treatment Providers (adult programs). As the Children's rules have grown increasingly safety focused while the adult rules have moved to be more independence focused this bill would mandate one set of rules be created for this specific population. Currently providers are attempting to implement two sets of rules that frequently contradict each other.

For example, the adult residential rules indicate they are allowed to be in possession of weapons while the children's rules indicate we must report as child abuse any access to items that could be used to self-harm, which would also be investigated as child abuse. However, we would be in violation of the adult rules if we did not allow those over 18 access to such items placing our programs in an impossible situation.

Therefore, we feel strongly for the safety and clinical quality of our programs and out of respect for the transition aged youth population they deserve to be regulated under one set of rules crafted specifically for this population of young adults. The bill does not dictate what those rules would be, it simply states we must create only one set of rules for this group to follow. For reference there are currently 7 Transition Aged Youth Residential programs in Oregon run by 5 different providers. These programs are located in Salem, Portland, Grants Pass, Pendelton, Albany, Eugene and Tigard.

Thank you for your time.

Jamie Vandergon

CEO Trillium Family Services