

Submitter: Jen Roholt
On Behalf Of:
Committee: House Committee On Behavioral Health
Measure, Appointment or Topic: HB4083

I am current LMFT clinician, and I want to express my support for the expansion of OHA systems to include the LCSW oversight board allowing pre-licensed clinicians better access to supervisors who may hold different licenses. The current restriction imposes challenges for clinicians across job settings, who may have access to in-house, free supervision but due to that supervisor having an LPC or LMFT license are unable to receive licensing supervision under the current LCSW structure. LPC and LMFTs are more than qualified to provide clinical supervision given their scope of training is often in-depth in mental health and direct mental health care, assessment, diagnosis, treatment planning, suicidal assessment and safety management. I am currently an Oregon state-approved supervisor, and although I have over 10 years of clinical mental health direct patient care experience, and extensive training in clinical supervision and meet the strict state requirements as a state approved supervisor, I am still not allowed to sign off and provide licensing supervision for LCSWs within my organization. If we are truly committed to the goal of expanding the workforce and ensuring access to quality mental health care, it begins with creating a solid foundation of clinical practice and support for our developing clinicians. The LCSW board requirements are not equal to the OBLPCT requirements to become a supervisor. The LCSW board requires only 15 hours of training in supervision completed in the last 5 years, compared to OBLPCTs' requirement of 30 hours or training. In addition to more training hours, the OBLPCT requires state supervisor-candidates to complete 6 hours of consultation by a current state-approved supervisor. Under their guidance, supervisor candidates actively consult while they complete 100 hours of experience supervising Counselor/MFT Associates or graduate interns. The consulting state-approved supervisor then signs off on the supervisor candidates readiness to supervisor pre-licensed staff independently. The process is structured to ensure high-quality supervisor candidates, who are able to show competency and meet expected hours of experience in working with pre-licensed clinicians. It is to the benefit of the pre-licensed clinicians and the supervisors to ensure they are trained and skilled appropriately. There is no evidence or reason to suggest that LPC/LMFT state-approved clinical supervisors are not qualified to meet the needs of pre-licensed clinical social workers. I hope you will support this bill in its advancement, and support our mental health systems expansion.