



Describing the Bachelor's-Level Behavioral Health Workforce Across the U.S.

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Background

Ongoing challenges of behavioral health workforce shortages and maldistribution limit access to care, prompting states to pursue ways of expanding behavioral health workforce capacity. One emerging approach is formalization of bachelor's-level behavioral health support roles.^{1,2} The bachelor's-level behavioral health support role is increasingly acknowledged for its potential to strengthen behavioral health systems, as the current workforce is disproportionately concentrated at the graduate level. Unlike other health professions, where a substantial mid-level workforce enables care delivery at scale,³ bachelor's-level support roles could be one way to enhance this missing tier of the behavioral health workforce and overall capacity. In most states, the bachelor's-level workforce fills critical roles in direct in-home behavioral health services, inpatient psychiatric settings, and mobile crisis services.^{2,4} However, the integration of the bachelor's-level behavioral health support role workforce and the roles these individuals fill in the behavioral health system vary widely across states, shaped by differences in regulatory authority, licensure/credentialing, and payment coverage.

Despite the growing recognition of the bachelor's-level behavioral health workforce as a potential lever for building capacity and expanding access to care, not all states formally credential, regulate, or define these roles through licensure, certification, or administrative code (e.g., state agency rules and regulations). Credentials provide formal verification that an individual has attained a baseline level of competency to perform professional responsibilities,⁵ with credentialing systems establishing standards intended to promote consistency in qualifications, training, and practice requirements.⁶ Among states that do credential these roles, substantial variation exists in job titles, scope of practice, educational qualifications, and training requirements. This variability is consequential because credentialing directly shapes who enters the behavioral health workforce, how they are trained, what they are authorized to do, and how they advance professionally.⁷⁻⁹ Though credentialing structures for addiction counselors⁹ and licensed bachelor's-level social workers (BSWs)⁷ have received attention, far less is known about how states credential and regulate the growing bachelor's-level behavioral health support role.

Research Aims

Given the increasing use of bachelor's-level behavioral health support roles to expand workforce capacity, and the substantial variation in how states define, credential, and regulate these roles, this study sought to broaden understanding of the bachelor's-level behavioral health workforce through two research aims:

1. Characterize how states define and regulate bachelor's-level behavioral health support roles, including credentialing structures, regulatory authority, educational requirements, scope of practice/authorized services, and alternative pathways to entry into the workforce;

2. Identify legislative trends and policy strategies that illustrate how states have adopted, expanded, and structured bachelor's-level behavioral health workforce credentials to increase workforce capacity.

Methods

A 50-state comparative state policy analysis was conducted to examine how states define, credential, and regulate bachelor's-level behavioral health support roles. Specifically, this policy analysis sought to characterize credentialing structures, regulatory authority, educational, training, and experience requirements, scope of practice/authorized services, and alternative pathways to workforce entry associated with these roles, while identifying legislative trends and policy strategies used by states to adopt, expand, and structure bachelor's-level behavioral health workforce credentials.

For this analysis, *credentials* were defined as the formal qualification required to serve in a specific bachelor's-level behavioral health support role, including licensure, certification, or eligibility criteria established through a state's administrative code.¹⁰ States can formally recognize bachelor's-level behavioral health support roles through licensure, certification, administrative code, or state agency policy or program documents. Credentialing authorities were classified as *internal* when the oversight body is a state government agency, such as a state department of health, and as *external* when the credentialing body is an independent organization operating outside of state government, such as a professional certification board. Bachelor's-level roles were identified as having alternative entry pathways whereby an individual could meet credentialing requirements through different combinations of education and experience, such as substituting accrued work experience hours for formal educational attainment.¹¹ Credentials for which minimum educational requirements were at or below the high school level (e.g., a GED or equivalent) or that required a graduate-level degree as the minimum qualification for entry were excluded from analyses. BSW licensure was also excluded from the analysis as this credential is already formalized and well-documented.⁷

A standardized data extraction guide was developed by the project team to systematically identify, classify, and abstract key variables across states, including credential titles; credential descriptions; minimum educational degree requirements; required practice and supervision hours; scope of practice/authorized services; and the credentialing or regulatory authority. Systematic abstraction of state-specific data was completed between November 2024 and May 2025 through review of credentialing authority websites, state administrative codes, state Medicaid websites, and other government webpages. For each state, the study team identified bachelor's-level behavioral health licenses and certifications administered by state credentialing bodies and examined administrative code definitions describing bachelor's-level behavioral health roles and associated practice requirements. Extracted data were synthesized and descriptively compared across states to identify similarities and differences in credentialing approaches, role definitions, educational and training requirements, and regulatory structures.

Key Findings

Twenty-nine states had at least one bachelor's-level behavioral health credential, with N=50

different roles meeting criteria for inclusion in the policy analyses. Most states only had a single credential ($n=19$; 66%) with 10 states defining two or more bachelor's-level support roles. Nearly half ($n=21$; 42%) of the identified roles offered alternative pathways to entry.

Licensed and Certified Bachelor's-Level Credentials

A total of $n=20$ bachelor's-level licenses or certifications were identified across nine states (AK, FL, MS, NH, OK, OR, UT, VA, WA), of which four states (AK, OR, VA, WA) offered multiple bachelor's-level credential types (Table 1). Eighteen of these credentials were certifications, with only two requiring a license (UT, NH), and of which most ($n=12$; 60%) were regulated by external boards. Of the 20 credentials identified, all specified a degree type for entry. Common required bachelor's degree areas of study were general mental health, behavioral health, counseling, or human services occupations ($n=8$), followed by a related or relevant field ($n=6$); a non-specified bachelor's degree ($n=4$); a behavioral science degree ($n=1$); and enrollment in or completion of a bachelor's program ($n=1$). The majority (90%; $n=18$) of credentials specified a practice hour requirement, with only two roles across two states (AK, UT) not specifying the hours required. Additionally, $n=9$ credentials offered multiple pathways for entering the role.

Bachelor's Level Roles Defined in State Administrative Codes

Twenty-two states had bachelor's-level roles defined by administrative code or other state policy guidance, yielding 30 different roles (Table 2). Assessment of the 30 identified roles revealed the most common regulatory mechanism to be administrative code ($n=20$), followed by state agency guidance ($n=6$), and Medicaid provider manuals ($n=4$). The most common degree requirement was a bachelor's degree in a general area of mental health, behavioral health, or human services discipline ($n=17$), followed by a non-specified bachelor's degree ($n=7$), social work or behavioral science ($n=3$), psychology or mental health field ($n=1$), behavior analysis ($n=1$), and nursing or occupational therapy ($n=1$). Practice hour requirements were specified for 14 of the 30 roles, ranging from 45 hours to four years of relevant experience, while the remaining 16 roles did not specify the required practice hours. Twelve of the 30 roles allow alternative entry pathways.

Policy Implications

Findings of this study suggest considerable differences exist in titles, requirements, and scope of practice/authorized services for bachelor's-level behavioral health support roles across the U.S. Scope of practice and allowable service delivery varied substantially, with some states defining specific tasks and functions (e.g., AL, ID, NM) while others provided no identified scope of practice specifications or defined practice boundaries (e.g., NC, WI). Across most states, required degrees are related or adjacent to the field (e.g., psychology, social work, human services, or behavioral sciences), with four states imposing no behavioral health-specific degree requirement (AR, ID, IL, MN). Given the wide variability in education requirements, scope of practice definitions, and credentialing standards across states, and given many of these roles are still new, it remains difficult to evaluate the preparation, appropriateness, and effectiveness of these workers.

While complete uniformity in role titles and definitions may not be achievable across all U.S.

states given differing state-level authority over credentialing and scope of practice, policymakers should consider strategies to establish shared core competencies for training, clearly articulated education pathways to increase supply, and credentials with transferability across jurisdictions. Establishing professional standards of care similar to those developed for addiction counselors¹² and certified peer support specialists,¹³ is key for ensuring increase standardization in how the bachelor's-level support workforce is educated, trained, and capable.¹⁴ Existing professional pathways, such as the BSW licensure model,^{15,16} may provide useful examples for strengthening consistency in education and training while preserving the flexibility needed to meet diverse workforce needs.¹⁷ Given that no analogous compacts currently exist for the bachelor's-level behavioral health workforce, developing pathways toward credential portability and cross-state recognition will be essential for ensuring that workforce investments translate into sustainable improvements in access to care.¹⁸

States have pursued novel approaches to recruiting and preparing individuals for bachelor's-level behavioral health roles, offering promising models for broader replication. Registered apprenticeship pathways were developed in Washington to establish structured earn-while-you-learn entry points into behavioral health technician, peer counselor, and substance use disorder professional roles.¹⁹ In Utah, Senate Bill 26 sought to remove barriers to licensure by creating new entry-level certifications and establishing a pathway for individuals with bachelor's degrees to become licensed as Behavioral Health Coaches.²⁰ In Massachusetts, William James College piloted the Behavioral Health Service Corps (BHSC), a year-long, paid service-learning program designed to recruit recent bachelor's degree graduates into community-based behavioral health organizations.^{21,22} Taken together, these efforts reflect a broader state-level trend toward fostering partnerships with academic institutions to build career pipelines and develop new bachelor's-level providers as a strategy to expand behavioral health workforce capacity. For states that have not yet developed clear articulation of the bachelor's-level workforce, efforts to develop and define credentials for existing, non-credentialed bachelor's-level positions could increase visibility and support of this workforce. Credentialing verifies that an individual has met qualifications to hold a particular position, including knowledge, skills, and training, and is an essential step in maintaining ethical and professional standards of care. Lastly, credential expansion could help inform billing eligibility and reimbursement for services provided by bachelor's-level providers.²³

Limitations

The search strategy relied on publicly available credentialing authority websites, administrative code, and state websites, and may not have captured all existing credentials, particularly those established through less visible regulatory mechanisms or recently amended statutes. Findings reflect the state of credentialing policy as of May 2025 and do not capture pending legislation or regulatory changes since enacted. This analysis focused on formal credential requirements as written in policy and regulatory documents, which may not fully reflect how bachelor's-level roles are implemented or deployed in practice across states.

Conclusion

Findings underscore the significant variability in how bachelor's-level behavioral health support

roles are currently defined and regulated across states. Understanding the current landscape is a prerequisite to building the systems needed to train and deploy bachelor's-level workers in response to growing behavioral health demand. For states with formal licensure or certification structures, priorities may include expanding scope of practice, aligning educational requirements with workforce need, and improving credential portability across jurisdictions. Across all mechanisms, increasing transparency in how roles are defined and what pathways exist to enter them is a shared foundation for any state seeking to grow the bachelor's-level workforce.

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Table 1. Licensed and Certified Bachelor's-Level Behavioral Health Occupations, by State (*n* = 9)

State	Title	Credential Type	Credentialing Body	Degree Required	Practice Hours	Scope of Practice/Authorized Services	Alternative Entry Pathway
AK	Behavioral Health Technician	Certification	External — Alaska Commission for Behavioral Health Certification	Related/relevant field	N/A	Treatment support under supervision (SO)	Yes
AK	Behavioral Health Counselor I	Certification	External — Alaska Commission for Behavioral Health Certification	Related/relevant field	1 year full-time	NS	Yes
AK	Behavioral Health Counselor II	Certification	External — Alaska Commission for Behavioral Health Certification	Related/relevant field	3 yrs / 6,000 hrs	NS	Yes
AK	Advanced Behavioral Health Counselor	Certification	External — Alaska Commission for Behavioral Health Certification	Related/relevant field	5 yrs / 10,000 hrs	NS	Yes
AK	Behavioral Health Aide I	Certification	External — State Community Health Aide Program Certification Board	BH or human services	1,000 supervised hrs	Assessment; CM; community education and prevention	No
AK	Behavioral Health Aide II	Certification	External — State Community Health Aide Program Certification Board	BH or human services	2,000 cumulative supervised hrs	Assessment; TP; PS; community prevention	No
AK	Behavioral Health Aide III	Certification	External— State Community Health Aide Program Certification Board	BH or human services	4,000 cumulative supervised hrs	Assessment; TP; PS; clinical team leadership	No
AK	Behavioral Health Practitioner	Certification	External — State Community Health Aide	BH or human services	6,000 cumulative	Supervision of lower-level aides; clinical team leadership	No

State	Title	Credential Type	Credentialing Body	Degree Required	Practice Hours	Scope of Practice/Authorized Services	Alternative Entry Pathway
			Program Certification Board		supervised hrs		
FL	Certified Mental Health Professional	Certification	External — Florida Certification Board	Related/relevant field	2,000 hrs (Tier 1); 4,000 hrs (Tier 2)	Assessment; TP; counseling; CM (SO)	No
MS	Community Support Specialist	Certification	Internal — Department of Mental Health	BH or mental health-related field	1 yr relevant experience	CM; wraparound facilitation; IDD support coordination	No
NH	Licensed Social Work Associate (LSW-A)	License	Internal — State Board of Mental Health Practice	BH or human services	4,000 supervised hrs	Assessment; TP; treatment under clinical supervision (SO)	Yes
OK	Certified Behavioral Health Case Manager II	Certification	Internal — Department of Mental Health and Substance Abuse Services	BH or human services	3 yrs direct MH experience	CM; referral; patient advocacy	No
OR	Qualified Mental Health Associate-Registered (QMHA-R)	Certification	External — Mental Health & Addiction Certification Board	Behavioral science or equivalent	1,000 supervised hrs	NS	Yes
OR	Qualified Mental Health Associate I (QMHA-I)	Certification	External — Mental Health & Addiction Certification Board	Non-specified bachelor's or equivalent	1,000 supervised hrs	PS; CM; behavior management	Yes
OR	Qualified Mental Health Associate II (QMHA-II)	Certification	External — Mental Health & Addiction Certification Board	Non-specified bachelor's or equivalent	4,000 supervised hrs	PS; CM; behavior management	Yes
UT	Behavioral Health Coach	License	Internal — Division of Professional Licensing	Related/relevant field	N/A	Supervised services within SUD or MH agency (SO)	No
VA	Qualified Mental Health Professional (QMHP)	Certification	Internal — Virginia Board of Counseling, Department of Health Professions	Non-specified bachelor's	1,500 supervised hrs; 80 hrs didactic education	Assessment; CM; crisis services; PS; collaborative services (SO)	No

State	Title	Credential Type	Credentialing Body	Degree Required	Practice Hours	Scope of Practice/Authorized Services	Alternative Entry Pathway
VA	Qualified Mental Health Professional Trainee	Certification	Internal — Virginia Board of Counseling, Department of Health Professions	Enrolled in or completed bachelor's program	60 hrs didactic education	Assessment; CM; crisis services; PS; collaborative services (SO)	Yes
WA	Behavioral Health Support Specialist	Certification	Internal — State Department of Health	Non-specified bachelor's	60 hrs direct client contact within education program	Brief evidence-based interventions; treatment monitoring (SO); mild to moderate conditions only	No
WA	Certified Counselor	Certification	Internal —State Department of Health	Counseling-related field	Examination; supervisory agreement required	Counseling under supervision; client severity restricted	No

Note. Authorized Services typology: Assessment = screening, intake, or evaluation; TP = treatment planning; Counseling = counseling or therapeutic intervention; CM = case management, referral, or care coordination; Crisis services = crisis intervention or de-escalation; PS = psychosocial skills training or behavioral modification; SO = function is under supervision only, no independent practice; NS = not specified. BH=behavioral health; Hrs=Hours; MH=mental health; N/A= Not applicable. Yrs=years.

Table 2. Bachelor's-Level Behavioral Health Occupations Defined Through State Regulatory Mechanisms, by State (*n* = 22)

State	Title	Regulatory Mechanism	Degree Required	Practice Hours	Authorized Services	Alternative Entry Pathway
AL	Qualified Mental Health Provider — Bachelor's	Administrative code	Mental health or human services field	N/A	Medication monitoring; treatment plan review; therapeutic monitoring	No
AZ	Behavioral Health Technician	Administrative code	BH or human services	1 yr full-time BH experience	Institution-defined (SO)	Yes
AZ	Behavioral Health Paraprofessional	Administrative code	BH or human services	N/A	Institution-defined (SO)	Yes
AR	Qualified Behavioral Health Professional (QBHP)	Administrative code	Non-specified bachelor's	N/A	NS	Yes
CA	Mental Health Rehabilitation Specialist (MHRS)	Administrative code	Non-specified bachelor's	4 yrs in MH setting	Assessment; counseling; CM; crisis services; PS (SO)	Yes
CT	Psychology Technician	Administrative code	Psychology or MH field	80 hrs	Psychological/neuropsychological testing, scoring, and documentation (SO)	No
DE	Certified Mental Health Screener	Administrative code	BH or human services	4 yrs direct clinical experience	Emergency screening; evaluation for involuntary treatment (SO)	Yes
DE	Bachelor's Level Mental Health Worker	State agency guidance	Social work or behavioral science	N/A	NS	No
DE	Paraprofessional Mental Health Worker	State agency guidance	Social work or behavioral science	N/A	NS	Yes
HI	Mental Health Specialist	State agency guidance	BH or human services	2 yrs providing clinical MH services	Assessment; diagnosis; counseling; crisis services; advocacy; consultation	No
ID	Bachelor's-Level Paraprofessional Behavioral Health Worker	Administrative code	Non-specified bachelor's	N/A	CM; crisis services; skills training; ACT; partial hospitalization; SUD outpatient services	No
IL	Mental Health Professional	Administrative code	Non-specified bachelor's	N/A	NS	Yes

State	Title	Regulatory Mechanism	Degree Required	Practice Hours	Authorized Services	Alternative Entry Pathway
MI	Child Mental Health Professional (CMHP)	Administrative code	BH or human services	3 yrs supervised experience	Counseling; PS; skills training for children and families	No
MN	Mental Health Behavioral Aide 2	Administrative code	Non-specified bachelor's	N/A	PS (SO)	Yes
NM	Community Support Worker	Administrative code	BH or human services	1 yr relevant experience	CM; skills development; independent living support	No
NC	Qualified Mental Health Professional	Administrative code	BH or human services	2 yrs full-time pre- or post-bachelor's MH experience	NS	Yes
NV	Qualified Mental Health Associate (QMHA)	Medicaid provider manual	BH or human services	4 yrs relevant experience	Assessment; crisis services; PS; CM; partial hospitalization; psychosocial rehabilitation	Yes
OK	Psychological Technician	Administrative code	BH or human services	N/A	Psychological and neuropsychological testing (SO)	No
OR	Behavioral Health Specialist 1	State agency guidance	BH or human services	N/A	Assessment; counseling; PS; TP; skills training	No
OR	Behavioral Health Specialist 2	State agency guidance	Nursing or occupational therapy	N/A	Assessment; counseling; TP; diagnosis; supervision of lower-level staff	No
OR	Child Behavioral Health Specialist	Administrative code	BH or human services	700 hrs	Prevention; PS; crisis services; evidence-based interventions for children and adolescents	No
PA	Behavioral Health Technician	Administrative code	Non-specified bachelor's	N/A	PS; behavioral intervention for children and youth (SO)	Yes
PA	Mental Health Worker	Administrative code	Social work, psychology, nursing, rehabilitation, or activity therapies	N/A	Permitted services under supervision (SO)	Yes
SC	Human Service Professional	Medicaid provider manual	BH or human services	45 hrs	PS; crisis services; assessment; CM; SUD counseling; skills training	No

State	Title	Regulatory Mechanism	Degree Required	Practice Hours	Authorized Services	Alternative Entry Pathway
SC	Non-Mental Health Professional	Medicaid provider manual	Non-specified bachelor's	3 yrs direct care with serious mental illness	Community MH services per individual service standards (SO)	No
TX	Qualified Mental Health Professional — Community Services (QMHP-CS)	Administrative code	BH or human services	N/A	Assessment (pre-admission screening); TP	No
WI	Other Qualified Mental Health Professional	Administrative code	BH or human services	1 yr providing MH services	NS	No
WI	Behavioral Treatment Therapist	Medicaid provider manual	Behavior analysis or related field	N/A	Comprehensive ASD treatment; behavioral intervention; caregiver training	No
WV	Service Provider, Bachelor's Level	State agency guidance	Human services	N/A	Counseling (SO); CM; therapeutic behavioral services	No
WY	Certified Mental Health Worker	Administrative code	Human services	100 direct contact hrs; 400 indirect hrs	Assessment; TP; prevention; supervised clinical practice	No

Note. Authorized Services typology: Assessment = screening, intake, or evaluation; TP = treatment planning; Counseling = counseling or therapeutic intervention; CM = case management, referral, or care coordination; Crisis services = crisis intervention or de-escalation; PS = psychosocial skills training or behavioral modification; SO = function is under supervision only, no independent practice; NS = not specified. BH=behavioral health; Hrs=Hours; MH=mental health; N/A= Not applicable. Yrs=years.