





MHACBO

Mental Health and Addiction Certification Board of Oregon

The Mental Health and Addiction Certification Board of Oregon (formerly ACCBO) was founded in 1977 with the mission of certifying behavioral health professionals through competency-based evaluation of education, experience, and exams. In 2018, we started credentialing QMHA/Ps and changed our name to MHACBO.

MHACBO's Certification Partnerships

Organization	Role/Focus Area	MHACBO Engagement	
IC&RC	National exam developer for SUD professionals	Board Member	
NCBBH	National Certification Board for Behavioral Health Professionals	Board Member	
NARR	National Alliance for Recovery Residences	State Affiliate	
IPGGC	International Problem Gambling and Gambling Certification Organization	State Affiliate	

MHACBO Staff

Full Time	Staff	Position	Years at MHACBO
01	Van Burnham	Executive Director	16
02	Eric Martin	Director of Policy & Legislation	40
03	Dr. Kristi McKinney	Director of Credentialing	7
04	Stephannie Sloane	Associate Director of Testing	3
05	Madora Kanhalikham	Certification Specialist	2
06	Wendy Eddy	Workforce Engagement Coordinator	1
Part Time			
01	Karen Willock	Senior Ethics Investigator	9
02	Richard Johnson	Gambling Certification Specialist	20

Credential	Credential Name	Scope of Practice	Annual Registrations	Annual Exams
CADC-R, CADC I, II, III	Certified Alcohol & Drug Counselor	Addiction Treatment Counseling	1353	535
CRM, CRM-II	Certified Recovery Mentor	Addiction Peer Support	1256	173
CGRM	Certified Gambling Recovery Mentor	Gambling Peer Support	15	
QMHA-R, QMHA-I, QMHA-II	Qualified Mental Health Associate	Mental Health (Supportive Services, Skills Training, Case Management)	1587	893
QMHP-R, QMHP-C	Qualified Mental Health Professional	Clinical Mental Health Services	816	219
CPS	Certified Prevention Specialist	Prevention Services		12
CGAC-R, CGAC-I, II	Certified Gambling Counselor	Gambling Treatment Counseling	83	20
			5,110	1,852

Certification	Education	Clinical Experience	Exams
QMHA-R	Bachelors or equivalency (3 years education & relevant experience)	*	*
QMHA-I	*	1,000 Supervised Clinical Experience Hours in the QMHA Competencies (NCBBHP, SAMHSA, CMS)	NCBBHP Basic Mental Health Associate Psychometric Exam
QMHA-II	*	4,000 Supervised Clinical Experience Hours in the QMHA Competencies (NCBBHP, SAMHSA, CMS)	NCBBHP Advanced Mental Health Associate Psychometric Exam
QMHP-R	Graduate degree in Behavioral Health		
QMHPC	*	1,000 Supervised Clinical Experience Hours in the QMHP Competencies (NCBBHP, SAMHSA, CMS)	NCBBHP Graduate Mental Health Psychometric Exam
CADC-R	<i>Intern registration</i>	*	*
CADC-I	Basic & Group Counseling Skills, Pharmacology, Infectious Disease, Ethics, DSM/ASAM	1,000 Supervised Clinical Experience Hours in the SAMHSA TAP 21 Competencies	ICRC Basic Addictions Psychometric Exam
CADC-II	Advanced Counseling Education - Associates or equivalency	4,000 Supervised Clinical Experience Hours in the SAMHSA TAP 21 Competencies	NAADAC Advanced Addictions Psychometric Exam & Jurisprudence Exam
CADC-III	Masters in Behavioral Health - 30 credits (300 hours) addiction specific education	6,000 Supervised Clinical Experience Hours in the SAMHSA TAP 21 Competencies	NAADAC MAC Psychometric Exam & Jurisprudence Exam
CRM	40-hour Core Peer Education	*	*
CRM-II	80-hours of Peer Education, including outreach and engagement skills	500 Supervised Peer Experience Hours in the ICRC Peer RDA Competencies	ICRC National Peer Psychometric Exam
CGRM	40-hour Core Peer Education and Gambling specific peer training	*	*
CGAC-R	<i>Intern registration</i>	*	*
CGAC-I	Bachelors or equivalent, Counseling & Gambling specific education	500 Supervised Clinical Experience Hours in the ICGC Competencies, 24 specialty supervision hours	ICGC National Gambling Counselor Psychometric Exam
CGAC-II	Bachelors or equivalent. Counseling &	2,000 Supervised Clinical Experience Hours in the ICGC	ICGC National Gambling Counselor

MHACBO Certifies Non- Licensed Individuals

- ▶ Individuals certified/registered through MHACBO are largely restricted to working within COA agencies (OAR 309-019-0125), or entities otherwise approved by the state.
- ▶ Unlike licensed professionals (LPC, LCSW, LMFT, etc.), MHACBO's QMHP credentials do not authorize private practice.
- ▶ For example: An individual who has a graduate degree in a behavioral health related Field that is ineligible for licensing can become a QMHP with MHACBO. This QMHP cannot open their own private practice. They must operate under the supervision of a COA agency.
- ▶ This structure is important because it ensures we have Master's level clinicians providing services as a part of a program working, under supervision, working within a team.

Active Credential Numbers

Credential	Total
CADC I	2,213
CADC II	1,176
CADC III	532
CADC-R	2,836
CGAC I	40
CGAC II	72
CGAC-R	174
CGRM	75
CGRM-P	4

Credential	Total
CPS	63
CRM	3,560
CRM II	422
QMHA-I	2,695
QMHA-II	407
QMHA-R	3,240
QMHP-C	1,026
QMHP-R	1,649
<i>Total</i>	20,184

Most Certifications and licenses are comprised of the five “E’s”

- ▶ **E**ducation: Initial Qualifying Education
- ▶ **E**xperience: Qualifying Occupational Internship Hours
- ▶ **E**xams: Psychometric Competency-based Exams
- ▶ **E**ducation: Continuing Education every 2 years upon recertification
- ▶ **E**thics: Ongoing ethical compliance

Exam Development, Analysis & Maintenance



Exam Development:

Working with qualified
psychometrists:

Role Delineation Analyses

Psychometric Exam Blueprints

Exam Development with Equity
Focus



Exam Psychometrics:

Equity Analyses

Kuder-Richardson
Formula 21 Scoring

Competency-base
Analysis

Qualifying Education and Supervised Experience, & Implementing Background Checks

- ▶ Assessing diverse educational histories, assessing training, college transcripts, equivalencies, etc.
- ▶ Assessing occupational experience, qualifying supervisors, etc.
- ▶ Primary Source Verification
- ▶ Criminal Background Checks for peers
- ▶ Accrediting Education

Ethics Procedures

- ▶ 2018 adopted an explicit 13-page code to reduce ambiguity.
- ▶ Ethics complaints received through website, no forms, just email.
- ▶ Process:
 - ▶ Screening
 - ▶ Referral for Investigation
 - ▶ Processed through Ethics Portal
 - ▶ Disposition entered in public registry

Mental Health and Addiction Certification Board of Oregon (MHACBO)

Behavioral Health Code of Conduct

1.0 SERVICE RELATIONSHIP

1.1 Client Welfare: Behavioral Health Professionals and Peers understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

1.2 Informed Consent: Behavioral Health Professionals and Peers understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent. Informed Consent shall include:

a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, the behavioral health professional's qualifications, credentials, relevant experience, and approach to services, right to confidentiality and explanation of its limits including duty to warn, policies regarding continuation of services upon the incapacitation or death of the behavioral health professional or peer,

b. the role of technology, including boundaries around electronic transmissions with clients and social networking, implications of diagnosis and the intended use of tests and reports, fees and billing, nonpayment, policies for collecting nonpayment, specifics about clinical supervision and consultation,

c. their right to refuse services, and their right to refuse to be treated by a person-in-training, without fear of retribution.

1.3 Limits of Confidentiality: Behavioral Health Professionals and Peers clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when

agreeing to provide services to a person at the request or direction of a third party.

1.4 Diversity: Behavioral Health Professionals and Peers shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

1.5 Discrimination: Behavioral Health Professionals and Peers shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

1.6 Legal Competency: Behavioral Health Professionals and Peers who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

1.7 Mandated Clients: Behavioral Health Professionals and Peers who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.

1.8 Multiple Behavioral Health Professionals: Behavioral Health Professionals and Peers shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.

1.9 Professional Boundaries: Behavioral Health Professionals and Peers shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

January-July 2025

Complaints (January-July): 104

~ 178 complaints for 2025

Screened out: 32

Active screening (awaiting further documentation/information): 31

Open investigation: 19

Investigated closed no findings: 7

Investigated closed with findings: 8

Abeyance awaiting outcomes of other investigations: 7

Cases Averages

~ 1 / 3 screened out

~ 1 / 3 closed with findings/sanctions

~ 1 / 3 closed with no findings

Types of Complaints

Open Case: Percent of Complaints

