

New Program Proposal

BA/BS: Child Behavioral Health

General Information

Give a brief (1-2 paragraphs) overview of the proposed credential, including its disciplinary foundations and connections, its focus and learning objectives for students, and the specific degree (e.g. bachelors, masters, doctorate) and/or credentials (e.g. major, certificate, minor, concentrations) to be offered. This should be based largely on your descriptions in the following sections but it should be shorter than their combined length. Moreover, it should use language that is capable of communicating your ideas to audiences increasingly distant from your academic field as your proposal moves through the review process.

Made possible by a transformational gift from Connie and Steve Ballmer, the University of Oregon is launching The Ballmer Institute for Children's Behavioral Health in Portland, Oregon to promote the behavioral health and wellness of children and adolescents. Right now, the long-term national shortage of mental health providers is more acute as the behavioral health needs of children and adolescents continue to grow. This academic program strives to create a trained workforce to supplement the existing workforce of master- and doctoral-level professionals.

Our goal is to create a bachelor's degree level child behavioral health workforce that expands children's and adolescent's access to behavioral health services, with targeted coursework and training that focuses primarily on providing evidence-based promotion and prevention services in school, community, and health care settings with a secondary emphasis on delivering intervention services for students needing behavioral health care. As we strive to achieve this goal, there will be an intentional emphasis on improving access to services for children and adolescents from historically and persistently underserved communities.

The academic program is designed with the first two years focused on the completion of core education and degree requirements allowing students to begin their academic studies at the University of Oregon, Eugene campus or at another institution. After completing these requirements, admitted students will transition to The Ballmer Institute in Portland, Oregon for their junior and senior year. At the Institute, students will complete 90 credit hours in behavioral health coursework which will include over 700 hours of field experience in schools, health care, and other community health settings.

Primary Proposer

Randy W. Kamphaus, Professor, Acting Director, The Ballmer Institute for Children's Behavioral Health

Is there a co-proposer for this proposal?

Yes

Co-proposer(s)

Name	Home Unit
Jennifer Pfeifer	Psychology
Beth Stormshak	College of Education
Julie Wren	Ballmer Institute

Home department

Children's Behavioral Health

College

Ballmer Institute for Children's Behavioral Health

Additional Department Affiliations

Department
Psychology
Coun Psy & Human Serv

Level

Undergraduate

Program Type

Bachelor of Arts/ Bachelor of Science Degree

Primary Location

Portland Campus

Program Delivery Format

Traditional classroom/lab

Does the program represent a collaboration of two or more university academic units?

Yes

Proposed Identification

Full Title

Child Behavioral Health

What's your desired effective term?

Fall 2023

Fall term is the default term unless an alternative is specifically requested and approved.

Relationship to Institutional Mission and Statewide Goals

How is the program connected with the UO's mission, signature strengths and strategic priorities?

The Ballmer Institute for Children's Behavioral Health is well-positioned to support the university's purpose, "We strive for excellence in teaching, research, artistic expression, and the generation, dissemination, preservation, and application of knowledge. We are devoted to educating the whole person, and to fostering the next generation of transformational leaders and informed participants in the global community. Through these pursuits, we enhance the social, cultural, physical, and economic wellbeing of our students, Oregon, the nation, and the world."

The bachelor's degree program in child behavioral health is a groundbreaking program designed as a first of its kind with aspirations to set state and national standards for this new profession, child behavioral health specialists. While this program strives to create a national model for children's behavioral health promotion, prevention, and care, it is being developed and administered in Oregon with Portland Public Schools as its first educational partner. The program is designed to enhance research and innovation through its training model where clinical faculty are working directly in schools and other health care settings training undergraduate students on our latest innovations and inspiring new research and discovery, ultimately transforming behavioral health in schools and other health care settings.

How will the proposal contribute to meeting UO and statewide goals for student access and diversity, quality learning, research, knowledge creation and innovation, and economic and cultural support of Oregon and its communities?

As part of the over \$425M gift from Connie and Steve Ballmer, there is a \$100M scholarship endowment which will provide approximately 40 full ride scholarships annually. These scholarships will be awarded primarily to incoming Oregon residents with a preference for students with demonstrated financial need from the Portland metro-area and rural Oregon interested in pursuing careers in children's behavior health. Scholarships are renewable for up to 3 additional years (total of 12 terms).

Additionally, the gift provides funding for 10 new tenure-related faculty and 15 clinical faculty. The Institute is designed to enhance research and innovation through its training model where clinical faculty are working directly in schools and other health care settings training undergraduate students on our latest innovations and inspiring new research and discovery, ultimately transforming behavioral health in schools and other health care settings.

How will the proposal meet regional or statewide needs and enhance the state's capacity to:

- **improve educational attainment in the region;**

- **respond effectively to social, economic and environmental challenges and opportunities; and**
- **address civic and cultural demands of citizenship?**

The generous scholarship program will remove the barrier of cost for up to 40 Oregonians annually. As stated earlier, priority will be placed on incoming Oregon residents with a preference for students with demonstrated financial need from the Portland metro-area and rural Oregon interested in pursuing careers in children’s behavior health.

Further, The Ballmer Institute for Children's Behavioral Health is being established in Portland, Oregon to address the profound need for, and disparities within, children’s behavioral health. Oregon consistently ranks among the worst for mental health treatment access nationally. Mental Health America this year ranked the state 45th for the prevalence of mental illness among youth and access to treatment. In order to address this tremendous need, The Ballmer Institute is creating a new profession through this undergraduate degree program—a child behavioral health specialist—whose expertise will encompass the mental, emotional, social, and physical well-being of youth. Child behavioral health specialists will expand access to evidence-based behavioral health promotion and prevention programs and services for communities across Oregon and beyond.

To ensure that the program meets the civic and cultural demands of citizenship, the program will serve youth K-12, while prioritizing the needs of children, adolescents, and families who have been persistently and/or historically underserved. Clinical training partnerships with Portland Public Schools, David Douglas, and Parkrose have been established.

As pointed out later in this document, we intend to expand student access to the program in outgoing years by A) building academic pathways for Oregon community college students, B) building collaborative master's and doctoral degree admission programs for our graduates with OHSU Nursing, PSU Social Work, and other aligned and interested programs and institutions, and C) expanding collaborative student training opportunities for third and fourth years throughout Oregon schools (e.g., conversations have occurred with schools in eastern and coastal Oregon to explore possibilities), community, hospital, and other health care settings. We have held initial meetings with these institutions.

Program Description

Is there a core set of required courses?

Yes

What is the core set of required courses and what is the rationale for giving these courses this prominent role? What are the central concepts and/or skills you expect students to take from the core?

Due to our aims of establishing a child behavioral health profession, there are limited opportunities for electives. As with most licensure programs, students must complete the same academic core. This core is designed to ensure that students can ethically and responsibly fill the professional role of a child behavioral health specialist. The core is expected to meet the following program objectives:

PROFESSIONAL CORE

Demonstrate professionalism across service settings, including understanding of professional ethics, and appropriate consultation with practitioners. Students will gain over 700 hours of direct service with youth as part of this course sequence.

BEHT 412 Ethics and Professional Practice for Child Behavior Specialists

BEHT 481 Supervised Practicum I in Child Behavioral Health

BEHT 482 Supervised Practicum II in Child Behavioral Health

BEHT 487 Integrated Practice I in Child Behavioral Health

BEHT 488 Integrated Practice II in Child Behavioral Health

BEHT 489 Integrated Practice III in Child Behavioral Health

KNOWLEDGE CORE

Demonstrate an understanding of health equity and promotion, risk and protective factors in children and adolescents across identities, abilities, and family backgrounds/structures.

Introductory course to psychology or human services (pre-req)

Human Development Course (pre-req)

DEI Course in Human Services or related (pre-req)

BEHT 320 Risk and Resilience in Youth Development

BEHT 340 Evidence-Informed Decision Making

BEHT 321 Digital Media and Behavioral Health

SKILL DEVELOPMENT CORE

Demonstrate foundational intervention skills with children, adolescents, and families from all communities, including culturally responsive and affirming delivery of services and evidence-based programs.

BEHT 411 Foundational Interviewing and Counseling Skills

BEHT 413 Screening and Risk Assessment

BEHT 471 Child and Youth Supports and Intervention I

BEHT 472 Child and Youth Supports and Intervention II

BEHT 473 Parent and Family Supports and Intervention

BEHT 474 Community Interventions to Support Youth and Families

DEI CORE

Demonstrate knowledge of prevention and intervention theory, and the ability to identify evidence-based practices and programs, particularly addressing the needs of historically underserved populations.

<<Required Courses>>

BEHT 350 Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) I: Theories,

Models, and Frameworks

BEHT 351 Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) II: Application and Practice

<<Elective courses - must choose 4>>

(sample courses provided below):

BEHT 450 Behavioral Health Across Individuals and Contexts: Tribal Communities

BEHT 451 Behavioral Health: Asian and Pacific Islander

BEHT 452 Behavioral Health: U.S. Latinx Youth and Families

BEHT 453 Behavioral Health Across Individuals and Contexts: Black Youth

BEHT 454 CBH Indiv & Contexts: Neurodiversity and Disabilities

BEHT 455 Improving the Behavioral Health of LGBTQ Youth

What is the relationship between upper-division courses and the lower-division curriculum? For example, are fundamental principles introduced in the lower division and then applied to increasingly complex problems at the upper-division? This vertical architecture is common in the sciences, but is by no means universal. In the humanities, a more horizontal structure is often appropriate. For example, students might read and analyze literature at each level (100-400), but do so with increasing sophistication and the capacity to draw on a widening array of literary forms and ideas.

There are a few unique aspects of the child behavioral health degree program that warrant explanation.

1. The program is designed as a culminating junior and senior years experience with the newly appointed Ballmer Institute faculty at the new UO Portland Campus. Therefore, students must complete their general education and bachelor degree requirements prior to admission to the major. Both BA and BS are accepted paths to the degree.
2. Due to the transdisciplinary nature of the child behavioral health degree, there are no lower-division child behavioral health courses during the first two years of study. Students are able to select existing UO or transfer courses that meet the following requirements:

Introductory course to psychology or human services (beyond 101)

Recommended Courses

- o FHS 213 Issues for Children and Families
- o FHS 215 Exploring Family and Human Services
- o PSY 202 Mind and Society
- o Other courses by approval

Human Development Course

Recommended Courses

- o FHS 328 Human Development in the Family Context
- o PSY 308 Developmental Psychology
- o Other courses by approval

DEI Course in Human Services (or related):
FHS 216 (Diversity in Human Services)
Other courses by approval (see courses here:
<https://catalog.uoregon.edu/genedcourses/#usdifferenceinequalityagencytext>)

Are there specific course-to-course prerequisites that help students extend or link ideas or are the intellectual connections among courses in your major more general?

Students will move through the final two years of the program as a cohort. Therefore, students will be expected to progress through the program sequentially and core courses will only be offered once per year. The sequence was designed thoughtfully to ensure that students have foundational skills and knowledge prior to participating in their final two years of applied practicum courses at UO Portland. Additionally, since practica will be completed in schools, core skill development courses prioritize child and youth interventions. Further, the DEI core also builds off two foundational courses and requires four elective courses to deepen knowledge.

The program's course sequence will be assessed to identify opportunities to offer increased flexibility and alignment with the requirements of practicum and integrated practice.

Are there tracks or concentrations within the credential? If so, do these start from a common core or are they differentiated from the beginning?

There are no tracks or concentrations.

Students who are not successful in the program and/or choose not to continue in the major will have the opportunity to return to Eugene and pursue a different academic major. Additionally, in partnership with the Family and Human Services (FHS) program (housed in the College of Education), we are exploring opportunities for these students to have the option of completing a FHS degree at the UO Portland campus.

Course of Study

Programs are required to display their curriculum in grid format to meet degree guide specifications. Proposed curriculum should include course numbers, titles, and credit hours.

Course of Study

Code	Course List Title	Credits
Professional Core		
BEHT 412	Course BEHT 412 Not Found (Ethics and Professional Practice for Child Behavior Specialists)	4

Course List		
Code	Title	Credits
BEHT 481	Course BEHT 481 Not Found (Supervised Practicum I in Child Behavioral Health)	4
BEHT 482	Course BEHT 482 Not Found (Supervised Practicum II in Child Behavioral Health)	4
BEHT 487	Course BEHT 487 Not Found (Integrated Practice I in Child Behavioral Health)	8
BEHT 488	Course BEHT 488 Not Found (Integrated Practice II in Child Behavioral Health)	8
BEHT 489	Course BEHT 489 Not Found (Integrated Practice III in Child Behavioral Health)	8
Knowledge Core		
BEHT 320	Course BEHT 320 Not Found (Risk and Resilience in Youth Development)	4
BEHT 321	Course BEHT 321 Not Found (Digital Media and Behavioral Health)	4
BEHT 340	Course BEHT 340 Not Found (Evidence-Informed Decision Making)	4
Skill Development Core		
BEHT 411	Course BEHT 411 Not Found (Foundational Interviewing and Counseling Skill)	4
BEHT 413	Course BEHT 413 Not Found (Screening and Risk Assessment)	4
BEHT 471	Course BEHT 471 Not Found (Child and Youth Supports and Intervention I)	4
BEHT 472	Course BEHT 472 Not Found (Child and Youth Supports and Intervention II)	4
BEHT 473	Course BEHT 473 Not Found (Parent and Family Supports and Intervention)	4
BEHT 474	Course BEHT 474 Not Found (Community Interventions to Support Youth and Families)	4
DEI Core		
BEHT 350	Course BEHT 350 Not Found (Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) I: Theories, Models, and Frameworks)	3
BEHT 351	Course BEHT 351 Not Found (Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) II: Application and Practice)	3
DEI Elective Courses (4 courses/12 credits)		12
BEHT 450	Course BEHT 450 Not Found (Behavioral Health Across Indv & Contexts: Tribal Communities)	
BEHT 451	Course BEHT 451 Not Found (Behavioral Health: Asian and Pacific Islander)	

Course List		Credits
Code	Title	
BEHT 452	Course BEHT 452 Not Found (Behavioral Health: U.S. Latinx Youth and Families)	
BEHT 453	Course BEHT 453 Not Found (Beh Health across Individuals and Contexts: Black Youth)	
BEHT 454	Course BEHT 454 Not Found (CBH Indiv & Contexts: Neurodiversity & Disabilities)	
BEHT 455	Course BEHT 455 Not Found (Improving the Behavioral Health of LGBTQ Youth)	
Total Credits		90

Expected Learning Outcomes for Students and Means of Assessment

Principle Learning Outcome (Concept or Skill)	Part of curriculum where this learning outcome introduced	Part of curriculum where this learning outcome developed	How student learning for this outcome will be assessed
Demonstrate an understanding of health equity and promotion in children and adolescents across identities, abilities, and family backgrounds/structures.	KNOWLEDGE CORE BEHT 320 Risk and Resilience in Youth Development BEHT 340 Evidence-Informed Decision Making BEHT 321 Digital Media and Behavioral Health	DEI SEQUENCE BEHT 350 Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) I: Theories, Models, and Frameworks BEHT 351 Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) II: Application and Practice 4 additional DEI courses	Course assignments
Demonstrate knowledge of risk and protective factors that affect the behavioral health of children and adolescents, with an emphasis on persistently	KNOWLEDGE CORE BEHT 320 Risk and Resilience in Youth Development BEHT 340 Evidence-Informed Decision Making BEHT 321 Digital	DEI SEQUENCE Diversity, Equity, and Inclusivity in Children's Behavioral Health (DEI) I: Theories, Models, and Frameworks BEHT 351 Diversity, Equity, and Inclusivity in Children's	Course assignments

Principle Learning Outcome (Concept or Skill)	Part of curriculum where this learning outcome introduced	Part of curriculum where this learning outcome developed	How student learning for this outcome will be assessed
underserved communities.	Media and Behavioral Health	Behavioral Health (DEI) II: Application and Practice 4 additional DEI courses CLINICAL SERIES BEHT 481 Supervised Practicum I in Child Behavioral Health BEHT 482 Supervised Practicum II in Child Behavioral Health BEHT 487 Integrated Practice I in Child Behavioral Health BEHT 488 Integrated Practice II in Child Behavioral Health BEHT 489 Integrated Practice III in Child Behavioral Health	Course assignments; Practicum Evaluations; Integrated Practice Evaluations
Demonstrate knowledge of prevention and intervention theory, and the ability to identify evidence-based practices and programs, particularly addressing the needs of historically underserved populations.	KNOWLEDGE CORE BEHT 320 Risk and Resilience in Youth Development BEHT 340 Evidence-Informed Decision Making BEHT 321 Digital Media and Behavioral Health		
Demonstrate foundational intervention skills with children, adolescents, and families from all communities, including culturally responsive and affirming delivery of services and evidence-based programs.	SKILL DEVELOPMENT CORE BEHT 411 Foundational Interviewing and Counseling Skills BEHT 413 Screening and Risk Assessment BEHT 471 Child and Youth Supports and Intervention I BEHT 472 Child and Youth Supports and Intervention II BEHT 473 Parent and Family Supports and Intervention BEHT 474 Community Interventions to	CLINICAL SERIES BEHT 481 Supervised Practicum I in Child Behavioral Health BEHT 482 Supervised Practicum II in Child Behavioral Health BEHT 487 Integrated Practice I in Child Behavioral Health BEHT 488 Integrated Practice II in Child Behavioral Health BEHT 489 Integrated Practice III in Child Behavioral Health	Course assignments; Practicum Evaluations; Integrated Practice Evaluations

Principle Learning Outcome (Concept or Skill)	Part of curriculum where this learning outcome introduced	Part of curriculum where this learning outcome developed	How student learning for this outcome will be assessed
Demonstrate professionalism across service settings, including understanding of professional ethics, and appropriate consultation with practitioners.	Support Youth and Families BEHT 412 Ethics and Professional Practice for Child Behavior Specialists BEHT 481 Supervised Practicum I in Child Behavioral Health BEHT 482 Supervised Practicum II in Child Behavioral Health	BEHT 487 Integrated Practice I in Child Behavioral Health BEHT 488 Integrated Practice II in Child Behavioral Health BEHT 489 Integrated Practice III in Child Behavioral Health	Practicum Evaluations; Integrated Practice Evaluations

Expected Learning Outcomes (Will Appear in Catalog)

1. Demonstrate an understanding of health equity and promotion in children and adolescents across identities, abilities, and family backgrounds/structures.
2. Demonstrate knowledge of risk and protective factors that affect the behavioral health of children and adolescents, with an emphasis on persistently underserved communities.
3. Demonstrate knowledge of prevention and intervention theory, and the ability to identify evidence-based practices and programs, particularly addressing the needs of historically underserved populations.
4. Demonstrate foundational intervention skills with children, adolescents, and families from all communities, including culturally responsive and affirming delivery of services and evidence-based programs.
5. Demonstrate professionalism across service settings, including understanding of professional ethics, and appropriate consultation with practitioners.

Accreditation

Is or will the program be accredited?

No

Please explain why accreditation is not being sought:

UO faculty from the Psychology Department and the College of Education are the first to establish the bachelor's level child behavioral health degree program as a new profession. Consequently, a specialized accrediting agency (SPA) body does not yet exist for this profession. However, the curriculum will comply with the regional accreditation standards of the Northwest Association of Colleges and Schools. Accreditation is expected in the future as UO faculty establish the program and it is adopted by other higher education institutions.

Proactively, we are exploring opportunities for accreditation with related bodies such as the American Psychological Association (APA). Additionally, we are pursuing several pathways for licensure within the state and have identified a path forward with the Oregon Teacher Standards and Practices Commission (TSPC).

Need for this Credential

What is the anticipated fall term headcount over each of the next five years?

Fall Term Headcount = number of students enrolled in the program as of Fall term.

	Year 1	Year 2	Year 3	Year 4	Year 5
	75	125	175	250	350

What are the expected degrees/certificates over the next five years.

Number of Degrees:

	Year 1	Year 2	Year 3	Year 4	Year 5
	0	25	25	25	50

How did you arrive at the above estimates? Please provide evidence. (e.g. surveys, focus groups, documented requests, occupational/ employment statistics and forecasts, etc.)

As an applied practice skill development program, we are constraining our enrollment to a maximum of 200 students in each year of the program. This will allow us to have an acceptable faculty supervisor to student supervisee ratio in applied practice classes at the UO Portland campus and in participating clinical sites. The hiring of 15 clinical professor supervising faculty would produce a faculty to applied practice student ratio of 1 to 13.3. As we launch, we will begin with 25 students in year one of the program, 25 students in year two of the program, and 25 students in year three of the program, and no students in year four of the program. This tiered approach to enrollment will allow us to ensure that our service delivery model works well in our partner sites before we increase the cohort size.

What are the characteristics of students you expect this program to attract (e.g., resident/out-of-state/international; traditional/nontraditional; full-time/part-time)? Will it appeal to students from particular backgrounds or with specific careers in mind?

The program is a traditional, full-time program. Although we anticipate that the program will draw more heavily from the Oregon resident student population due to its future alignment with Oregon licensure, similar programs and licensure pathways are expected in Washington and California. As more bachelor level programs become available and based on spontaneous inquiries from students and faculty outside Oregon, we anticipate increased

out-of-state and international enrollment.

This program will appeal to students who are interested in entering the workforce at the bachelor's level in the behavioral health field including, undergraduates who have expressed interest in entering the child behavioral health workforce directly upon graduation; students who are interested in attending graduate school to pursue careers such as school psychologist, school counselor, couples and family therapist; and current undergraduate majors in related fields such as psychology and family and human services.

What are possible career paths for students who earn this credential? Describe and provide evidence (e.g. surveys, focus groups, documented requests, occupational/employment statistics and forecasts, etc.) for the prospects for success of graduates in terms of employment, graduate work, licensure, or other professional attainments, as appropriate.

Students will be prepared for a new professional role of a child behavioral health specialist. Although this role is new, similar roles currently exist in schools, health care agencies, community health centers, and other similar locations. To provide evidence for this new profession, we have attached the following:

- (1) Labor Demand Hanover Report
- (2) Communication with colleagues in California working on a similar workforce program
- (3) Announcement of similar effort by University of Washington Psychiatry Dept, Behavioral Health Support Specialist
- (4) Northwest Portland Area Indian Health Board - Behavioral Health Aide Program
- (5) TSPC Licensure Pathway
- (6) Letter of Support from Oregon school/education service districts
- (7) Letter of Support from Oregon friends and neighbors

Describe the steps that have been taken to ensure that the proposed program(s) does not overlap other existing UO program(s) or compete for the same population of students. [Provide documentation that relevant departments or areas have been informed of the proposal and have voiced no objections.]

Similar programs are offered at the graduate level (e.g., school psychology, couples and family therapy, counseling psychology, and clinical psychology). These graduates may qualify in the state of Oregon as a Qualified Mental Health Professional (OAR 291-124-1030) - a designation for which our undergraduate completers will not hold.

Unlike graduate level programs, the primary focus of our undergraduate child behavioral health major is on universal behavioral health promotion and prevention (i.e., wellness) with a lesser emphasis on providing behavioral care services for individuals who carry mental health diagnoses (e.g., depression, anxiety). Our child behavioral health majors will be the first to receive focused training in behavioral health promotion and prevention service delivery for students with normal and mild risk for developing behavioral health problems.

There are two related undergraduate academic programs at the university, Family & Human Services in the College of Education and Psychology in the College of Arts & Sciences. Unlike the children's behavioral health major, these programs do not have an applied focus on child behavioral health. The psychology degree is a broad major that trains students for a variety of post-graduation activities but offers little to no field experience or supervised clinical training. The FHS degree does provide limited field experiences at a variety of sites but not with children in schools. Instead, students are placed in community settings. The child behavioral health major requires specialized preparation which is expected to lead to state licensure unlike the FHS program.

To ensure that the programs do not have problematic overlap, faculty in both the COE and Psychology have been involved throughout the development process. Evidence of this is attached:

- 1) Joint Ballmer Institute committee membership on curriculum design
- 2) Joint Ballmer Institute committee membership on syllabi development
- 3) Joint Ballmer Institute committee membership on curriculum committee
- 3) Psychology and COE faculty membership on the Ballmer Institute steering committee
- 4) Email communication with COE and PSY academic leadership detailing support and, with FHS, willingness to explore additional degree pathways

Attach your communications showing due diligence in consulting with other UO departments or areas.

FACULTY CURRICULUM PROCESS.docx

Honors Consult.pdf

Admission Consultation.pdf

SSEM Consult.pdf

RE_ Ballmer Courses _ COE.pdf

External_Process Approval.pdf

Internal Presentations.docx

List any existing program(s) that are complemented or enhanced by the new major.

Program(s)
Family and Human Services Psychology

Program Integration And Collaboration

Are there closely-related programs in other Oregon public or private universities?

Yes

List similar programs and indicate how the proposal complements them. Identify the potential for new collaboration.

Similar to the UO, the state programs are offered at the graduate level (e.g., psychology, social work, counseling). We anticipate that many of our graduates will be interested in pursuing advanced degrees in these disciplines. The training across these programs is distinctive.

There are few related undergraduate academic programs (e.g., psychology, social work, human services). These programs do not provide focused training on meeting the behavioral health needs of children and youth. The narrow focus of the child behavioral health major allows for a greater depth of training and expertise in children's behavioral health. Although these related programs provide applied training, they do not provide two years (over 700 clock hours) of supervised training, nor do they provide a pathway to licensure for direct service with youth.

If applicable, explain why collaborating with institutions with existing similar programs would not take place.

Since we are creating a new professional role, there are not similar programs at the university level in Oregon. With that stated, we are working to increase access by building pathways for Oregon community college students. We have held initial meetings and have documented interest from Portland Community College, Clackamas Community College, and Mount Hood Community college thus far.

Describe the potential for impact on other institution's programs.

We do not anticipate this program to impact enrollment at other institutions, namely due to its current lack of availability at other institutions and the relatively small, planned enrollment of the program. The practicum requirements are intensive and, therefore, we are only able to educate 200 students at each level of the program. We have consulted with the most likely impacted schools, Portland State University and Oregon Health Sciences University. For both programs, Social Work and Nursing, respectively, we are exploring pathways into their graduate programs. Additionally, we have been in contact with the Counseling program at OSU.

Document your due diligence in consulting with other Oregon institutions.

OHSU Nursing.pdf

OSU Psychology Portland.pdf

OSU Counseling.pdf

PSU .pdf

Clackamas.pdf

PCC.pdf

MHCC.pdf

Please contact the Office of the Provost for instructions prior to contacting another institution about this program proposal.

If the program's location is shared with another similar Oregon public university program, provide externally validated evidence of need.

As of 2022, Oregon ranked 45th in the nation in providing behavioral health care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care (see: <https://mhanational.org/issues/2022/mental-health-america-youth-data>).

Additionally, the letters of support demonstrate local need in Portland as well as across the state.

Attach Corroborating Documentation

Labor Demand _ Hanover Report.pdf
California Beh Health.pdf
Friends and Neighbors Letter of Support.pdf
School Districts Letter of Support.pdf
TSPC Licensure.pdf
NWPAlHB _ Behavioral Health Aide.pdf
Washington Bachelor Program.pdf

Resources Required to Offer the Program

Please describe the adequacy and quality of the faculty delivering the program, including how the mix of tenure-track, career and pro tem faculty are strategically used to ensure effective delivery of the curriculum.

Faculty will be hired during the AY22-23 to support the program. The gift provides 10 tenure-related faculty lines and 15 clinical faculty lines. Additionally, tuition revenue generated from the program will be used to support additional instructional faculty and pro-tem faculty (if needed). These searches have been launched and faculty search committees have been assembled.

What is the nature and level of research and/or scholarly work expected of program faculty that will be indicators of success in those areas?

Tenure-related faculty will be hired into either the Psychology Department or the College of Education. Faculty will be assessed at the time of hire and by unit faculty and administrators according to local academic unit bylaws and procedures for third-year review (for Assistant Professors), periodic annual review, and for promotion and tenure decisions, including post-tenure review.

Describe how students will be advised in the new program.

When the program reaches scale (800 students enrolled; 200 in each of four undergraduate cohorts), there will be two academic advisors for the child behavioral health program. One

academic advisor will be located at the Institute primary office site in Portland, Oregon and will focus on advising third- and fourth-year students. The other advisor will be based in Eugene, Oregon and will advise first and second year students.

Describe the staff support for the proposed program, including existing staff and any additional staff support that will be needed.

Utilizing gift funds, the program has hired the following staff to support the academic program:

Dr. Randy Kamphaus, Interim Executive Director

Dr. Julie Wren, Associate Director - oversee academic operations including advising and field experience

Dr. Miriam White- Pedeaux, Clinical Practices Liaison - oversee field site placement

Ashton Morin, Academic Advisor in Portland - provides academic advising for all CBH students

Additionally, the Institute has the following planned positions:

To be named, Academic Advisor in Eugene - will be added when enrollment is at 300 students

To be named, Academic Program Coordinator - support and track student progress

Additional staff supporting business operations within the institute, include:

Jen Flores, Business Operations Manager

Karen Wernstein, Strategic Communications Manager

Dylan Clark, Human Resources

Denise Bullard, Executive Assistant to the Executive Director

Are special facilities, equipment, or other resources required as a result of this proposal (e.g., unusual library resources, digital media support,

No specialized resources are anticipated but the Institute will be investing in an assessment system to support field experience. Our associate director has direct knowledge of these systems and will oversee the request for proposals and implementation process.

Routine requests are part of the planning preparation already underway in support of the UO Portland Campus.

Attach your communication(s) showing due diligence in consulting with your department's discipline-specific library liaison and any other resource area affected by this proposal.

Portland Activation Teams.docx

Portland Visioning.pdf

Other Program Characteristics

Must courses be taken for a letter grade and/or passed with a minimum grade to count toward the proposed program? If so, please list the courses and the requirements of each. Note: Although there is variation in detail, UO undergraduate majors typically require that most of the courses be taken for a letter grade (not “pass/no pass”) and that the grade be C- or better.

All upper division behavioral health courses, except practicum and integrated practice (which are pass/no pass), must be taken graded and passed with a C or better.

Master's programs require at least 24 credits to be taken for a letter grade, but individual programs may require a higher number. There are no specific graded credit policies for doctoral and certificate programs; each program should determine what is appropriate within their discipline.

How much course overlap will be allowed to count toward both this programs and some other credential a student might be earning (a minor, certificate, or another program)? If there are specific credentials with overlap limits, please list those and the limits. For Accelerated Master's Program proposals, include in this section the proposed credit allocation structure for graduate credits taken as an undergraduate, i.e., how many graduate credits may count only toward the master's degree and how many may be used to clear requirements for both the bachelor's and the master's.

Not applicable.

Does your proposal call for new courses, or conversion of experimental courses into permanent courses? If so, please list courses in the text box below and indicate when they will be submitted to UOCC for approval:

Yes, all of the courses are new.

Will admission to the program be limited?

Yes

Maximum enrollment:

200

Will students be required to apply for entry to this program?

Yes

What are the conditions for admission?

Students will be admitted through the typical university process used university-wide for new students (learn more here: <https://admissions.uoregon.edu/content/holistic-review>).

To advance into the major, students must meet the following criteria:

A) Completion of all prerequisites:

1. 90 transferable credits with completion of UO's core education and bachelor degree requirements (BS or BA)

2. Introductory course to psychology or human services (beyond 101)

Recommended Courses

o FHS 213 Issues for Children and Families

o FHS 215 Exploring Family and Human Services

o PSY 202 Mind and Society

o Other courses by approval

3. Human Development Course

Recommended Courses

o FHS 328 Human Development in the Family Context

o PSY 308 Developmental Psychology

o Other courses by approval

4. DEI Course in Human Services (or related)

Recommended Courses

FHS 216 (Diversity in Human Services)

Other courses by approval (see courses here:

<https://catalog.uoregon.edu/genedcourses/#usdifferenceinequalityagencytext>)

B) 3.0 GPA in prerequisite courses

C) 3.0 GPA overall

D) Background check clearance

Please note. If your native language is not English, you must prove English proficiency prior to enrolling in the child behavioral health major.

Please describe admission procedures (Will Appear in Catalog)

Students interested in pursuing the child behavioral health major should declare the pre-major in child behavioral health at time of admission to the university or, if not admitted to the pre-major (or the pre-major is not yet available), students can declare a professional objective of child behavioral health.

Admission to the CBH major occurs once per year in the spring term. Students who complete the prerequisite requirements; earn a 3.0 GPA in prerequisite courses; maintain a 3.0 GPA overall; and have documented background check clearance are eligible for admission. Additional admission requirements may be added due to capacity constraints. Admission to the program is competitive and limited to 200 students annually.

Residency Requirements (Will Appear in Catalog)

The child behavioral health major is open to resident, non-resident, and international students.