Streamlining

STRENGTHS	OPPORTUNITIES	ASPIRATIONS
Title 3 structure		
AMH board structure allows for regulation of additional disciplines	**What do umbrella boards look like in other states and what are the benefits?** -	- maintain an independent psychology board because it is necessary to protect the public as well as make sure the board works on continuous quality improvement -
	How can regulations incorporate additional mental health disciplines? Scope expansions? - E.g., art and music therapy, school counselors, forensic psychologists, prescribing psychologists - Recommendations from professional associations, other states, overlap between scopes of practice -	- regulate additional disciplines under AMH Board -
	Are the differences in qualification standards between Vermont's mental health professions warranted? - Core competencies comparison - supervised practice hours - CEU - Scope of practice for SW	- Use identical definitions of the same terms across professions unless variation is truly needed (e.g. "psychotherapy") - Similar CE requirements for each profession - Clarification in our rules re: who we will or won't accept as a trainer for CEU's (licensed vs non-licensed; psychologist vs other mental health professional; psychologist vs individual with lived experience, etc). - Streamline post-licensure requirements for equity and access - Create more expansive understanding/modify the definition of SW scope of practice (e.g., beyond just psychotherapy vs. clinical practice to facilitate supervised practice)

	How can we increase the pathways to licensure? - Min. qualification standards, other states' requirements - 3rd party certifications, accreditation bodies, international programs, reciprocity - Post-graduate coursework thresholds - Alternatives to examination pathways - Endorsement/reciprocity/compacts -	- Align Vermont's entry-level qualifications with other states (substantial equivalency pathways) - Adopt IL social work policy: supervised practice alternative to exam - Allow more than 100 hours of pre-degree internship to be supplemented post-degree (AMH) - Allow more courses to be supplemented (AMH)
	Can we simplify the explanation of licensure requirements? - Can we simplify the applications process?	- Make legal requirements clear and accessible - Update licensees with new regulations and laws - Some way to have potential applicants be more aware of licensing requirements while they are in school. - Applicant-facing (e.g., website) easy access to licensing process for all professions (e.g., click here find education for SW/Psych/LCMHC, etc. while still tailored for each profession) - Improve clarity of application processes - Reduce duplication in application process (data entry), particularly when applying for more than one license
	What is the best way to regulate professionals in training? - Can the roster better serve professionals in training? - Alternative approaches to trainee credentials in other states -	- Get rid of the roster (unqualified psychotherapy services) - Provisional or conditional license (or "candidate for licensure" – ME; or "counselor in training" – WI) for those who are in training (i.e., graduated, supervised, supervision agreement on file with OPR) – allows billing for services but not unqualified practice without oversight - Some sort of time limit on provisional license (with waiver authority) - No time limit on conditional or provisional (see Maine) – still need degree and supervision - Make disclosure requirements very robust (for provisional licensees or roster if maintained) and specify where it needs to be posted and to whom it needs to be disclosed

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	What are the impacts of post-degree requirements? - Cost to supervisees: number of supervisors, cost of exams, number of exams by profession, exam qualifications, access to study materials, cost of degree, accommodations for exams, admin costs of tracking supervision and exam requirements, costs of failed or non-qualifying supervision	- Don't require an exam (e.g., SW – see IL for clinical) - Limit LCMHC license to one exam - Improve accommodations for exams - Examine OPR and exam providers' roles in approving accommodations for exams -
	What are the impacts of CE requirements? Should they be modified? - CE requirements by profession - Can we streamline post-licensure requirements to ensure equity and access? -	- Please reduce (psychology) - 40 for all MH professionals (make consistent between professions); make ethics consistent between professions - Make CE courses accessible (especially to fulfill requirements)
	How does licensing regulations impact external systems? - Reimbursement, privileging, education, access to care, etc.	-
	How/should reimbursement structures align with education or experience? - What are the impacts of such a policy? - Systems concerns: rates paid by insurers, access, education vs. scope of practice -	- Increase reimbursement for higher level degrees or tenure experience (e.g., for doctorate vs. masters: make doctoral-level licenses) -
	How can we make the website more accessible? -	- Improve accessibility of website: language access, where to ask for an accommodation to attend meetings, -
	Should boards work more closely with national licensing board associations? -	- Psychology board more involved in national ASPPB meetings
	How should prescribing psychologists be regulated? - Examples from other jurisdictions -	-

Supervision Rules/Regulations

STRENGTHS	OPPORTUNITIES	ASPIRATIONS
Consideration of extenuating circumstances (board flexibility) -		
50% couples and family (MFT) training requirements -		
1:30 ratio in supervised hours (MFT/LCMHC) -		
	What defines "quality" and "best practice" in supervision? - What are the expectations of supervisors? - What are the risks of poor quality supervision? - Would additional oversight improve supervision? - Who would oversee supervisors? Training and education requirements? CE? - Should supervisors have an experience requirement? -	- Require MFTs to have supervisors with a systemic approach and thinking (and MFT practice) - Establish best practice and quality standards for supervision of supervised practice - Align Vermont's supervision requirements with other states'
	How can we incentivize quality supervision practices - Should Vermont have supervisor credentials? - Is there a risk with supervision business models?	- Change how we list the supervisor specialty so that it's all people who are actually eligible, not just people who self-identify. - License or credential supervisors - Require supervisors to have contracts and to submit their contracts to OPR as part of their application

	- How can supervision requirements be revised to maximize access while maintaining public protection? -	- Require or create sample contract for supervision - more specific/clearer language regarding how many psychologist supervisees a supervisor can supervise - more guidance/clearer language on how financial compensation is managed in the psychologist supervisee-supervisor relationship -
	Can we increase the number of professionals providing supervision? - Why are professionals reluctant to supervise? - How do rules currently prohibit supervisors from owning supervision businesses? - Is the 3 year rule suppressing the number of possible supervisors? - What are the employment complications for professionals-in-training as independent contractors? - Is there conflicting interests between supervisors/supervisees? How to find balance? - How does supervision in DA/SSA's compare to private practice? -	- Allow supervisors to own supervision practices in a way that addresses concerns about financial bias - Allow a variety of pay structures for supervisors and supervisees - Doctoral supervision: reduce requirement to below 3 years and allow any doctoral-level psychologists to provide supervision - Reduce requirements for supervisor to 2 years
	Should supervision requirements be streamlined across mental health professions? - Should OPR standardize supervision contracts? - Should OPR track supervision hours? - What's the best way to let applicants know about supervised hours before all are complete? - How can OPR promote full communication between supervisors/supervisees? - What is considered fair and equitable in supervision contracts? - What are the various supervision structures? - Is the roster meeting the needs of supervisees? What is the alternative?	- Have portal for supervisors to enter hours directly. Less scanning and printing for them, less data entry for OPR. - Allow trainees to request an audit of their supervision hours at some feasible interval--maybe once a year?--so that they can get some feedback on whether they're doing it right before they do all 3000 or 4000 hours - Clarification of Supervisor forms (e.g., for someone with multiple supervisors) - Change/consider request for supervisor to sign off on people being "ready" to practice; potential alternatives for assessment of supervisee (e.g., SW core competencies, some gray areas)

		- Require post-licensure oversight and supervision -
	How can regulation make supervision more accessible? - How can we improve flexibility/accommodations in supervision pathways to licensure? - What facilitates diverse supervision options? -	- Identify supervisors who can or do accommodate folks with different abilities and needs
	What impact do costs have on supervision? - What are the current fee structures? - What policies would mitigate costs of access to supervision? - Are there alternatives to supervised billing? -	-

Barriers to Entry

STRENGTHS	OPPORTUNITIES	ASPIRATIONS
Foreign education pathways	**How can we expand pathways for foreign educated professionals?**	- Create pathways to licensure for people educated in other countries -
Second chance determination		
Non-accredited program pathways - Post-master's supplementation opportunities	**How can we expand pathways for non-accredited education programs?** - How do post-degree and supervised practice requirements affect barriers to access? - Post-graduate course supplementation - Additional supervised practice hours? - How do qualification thresholds/post-degree supplementation restrictions impact access?	- Supplementation of courses, internship hours, etc. -
M.A. psych scope of practice		-
	How can we make the website more accessible?	- ON website, put accommodations request info - Make forms readable - Add ASL to language access video - Location for requesting exam or ADA application accommodations - Along with disability accommodations, prominently advertise in multiple languages the availability of language accommodations - Make it clearer how to access translated forms. (see VDH) - Create a way for applicants to review the application as a full application rather than screen-by-screen - Create a work-around for folks without internet
	What impacts barriers to access for marginalized groups? - How can the current rules be improved for equity in access to licensure - How are agencies/organizations addressing bias, barriers, racism, sexism, ableism?	

Fast Track Endorsement Policy (3 years of experience)	**What impacts barriers for out of state professionals?** - How do compacts limit Vermont's rulemaking? -	
	How do we address barriers to licensure for new/other disciplines? -	
	What is the relationship between professional regulation, reimbursement, access to practice, and access to care? - How does reimbursement create barriers to practice? - How do professional credentials create barriers to reimbursement? - How do reimbursement policies disincentive licensure? - How do scopes of practice/credentials limit treatment populations? - How does professional regulation create barriers to care? -	-
	Are exams necessary? - SW; ASWB unequal passage rates; exam alternatives in other states	- Use clinical hours to substitute SW exam (see: IL) - for psychologists: offer pathway that doesn't require EPPP, since ASPPB refuses to offer language accommodations other than extra time.
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