

MENTAL HEALTH PROFESSIONAL LICENSING STUDY

Office of Professional Regulation

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[https://sos.vermont.gov/opr/regulatory/
regulatory-review/mental-health-
licensing-study/](https://sos.vermont.gov/opr/regulatory/regulatory-review/mental-health-licensing-study/)



7/15 MEETING AGENDA

TODAY'S FOCUS: SUPERVISORS & SUPERVISED PRACTICE RULES

TODAY'S GOAL: DISCUSS PROS/CONS OF POLICY OPTIONS

1. Welcome Jen Colin – OPR's "new" General Counsel
2. Current Study Phase(s): Parts of the study are moving at different speeds
3. Act 117 Deliverables: Required recommendations vs. policy pros/cons
4. Study Report Outline: How to package study findings for legislators
5. "Streamlining" and the presumptive intentions of this report
6. Discussion: pros and cons of streamlining supervised practice requirements
7. Discussion: pros and cons of various rules and regulations for supervisors



REPORT DELIVERABLES: ACT 117 (2022) & 77 (2023)

- 1. Streamlining:** The possibility of streamlining the licensure of mental health professionals in VT
 - Including a review of:
 - The feasibility of creating one mental health professional license
 - A process for the certification of music and art therapists ([Act 77: p.14](#))
- 2. Supervisors:** Whether additional regulation of supervisors is necessary
 - Including a review of:
 - Potential limits on areas of mental health supervision based on supervisor's expertise
 - The rate or fee a supervisor may charge for providing supervision
 - The number of supervisees assigned to one supervisor
- 3. Barriers:** The barriers for individuals who are BIPOC, refugees, new Americans, LGBTQ+, low income, with disabilities, and those with lived mental health and substance use experience

STUDY REPORT OUTLINE

Executive Summary

Intro/background

Study Methodology

Part 1: How can OPR further streamline the licensure of mental health professionals in Vermont?

Part 2: Are additional regulations necessary for supervisors of professionals-in-training?

Part 3: What are the barriers to entry into the mental health professions in Vermont?

Part 4: Profession-specific findings/recommendations

Works Cited

Appendices

High Level:
MAX 15
pages

OPR's "road map" for rules and statutory changes

All the resources and data which inform our report but distract from the high-level explanation

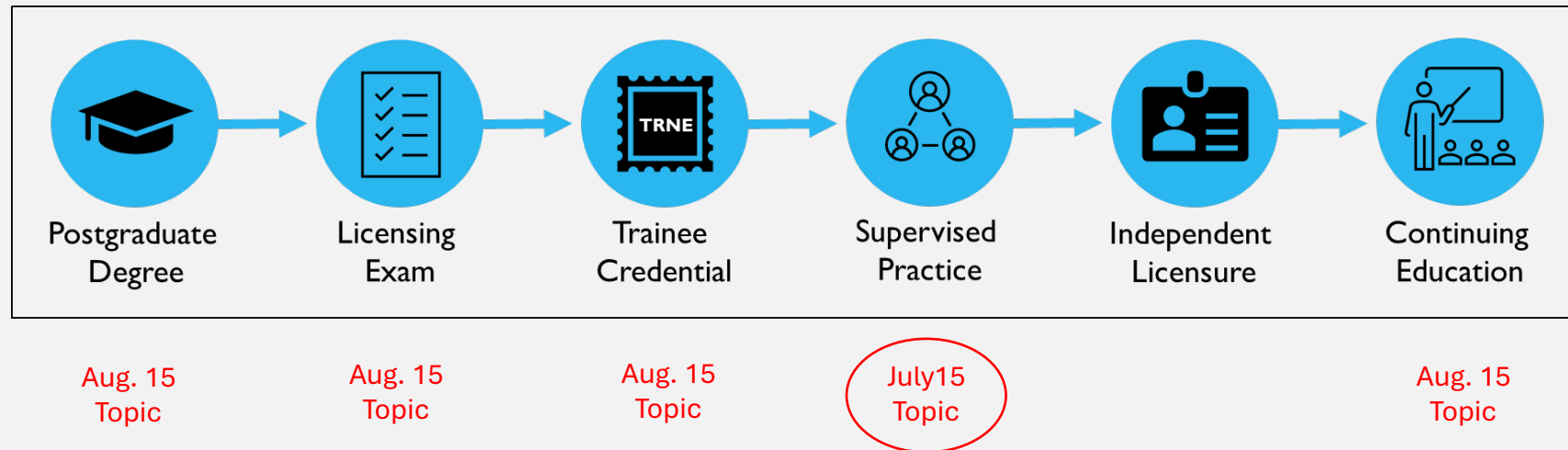
PART 1: STREAMLINING LICENSURE OF MENTAL HEALTH PROFESSIONALS

What does streamlining mean in this context?

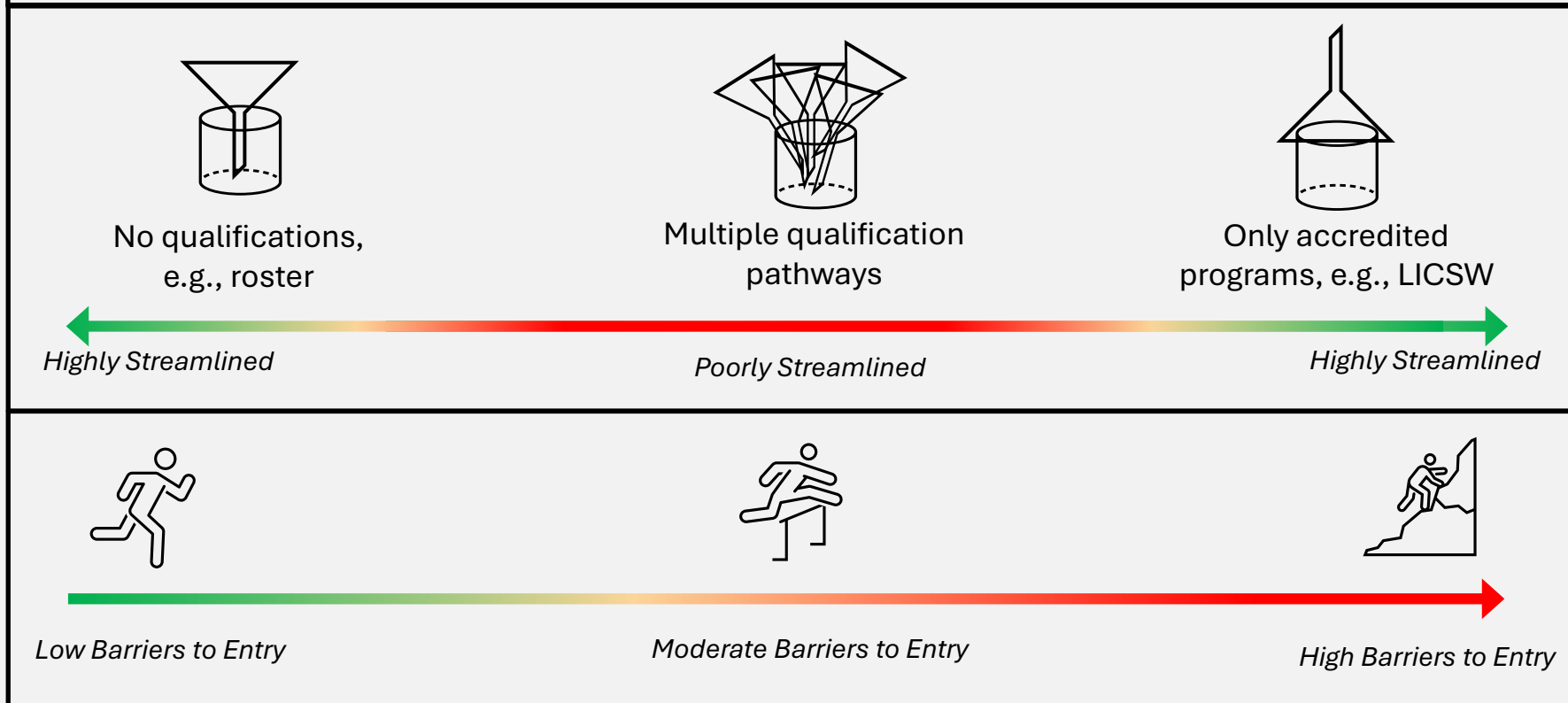
- Simplifying a process to achieve *intended results* at a faster rate and/or with fewer resources

There are two levels of analysis for streamlining:

1. Organizational Streamlining (agency structure)
2. Programmatic Streamlining (profession-specific license administration)



Streamlining vs. Barriers to Entry



- “Streamlining” refers to simplifying a process to achieve the intended result at a faster rate and/or with fewer resources.
- The legislature must decide on the *intended result for professional regulatory streamlining*.

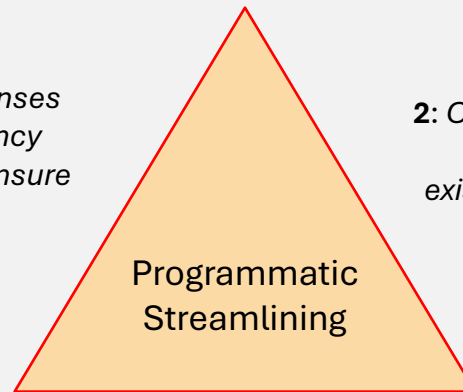
PICK TWO: A CHOICE FOR LEGISLATORS

Improve (*Administrative
and/or Cost*) **Efficiency**

1: *OPR can efficiently administer licenses while maintaining existing competency standards by limiting pathways to licensure*

2: *OPR can increase pathways to licensure by reducing the existing competency standards*

**Maintain
Entry- Level
Competency
Qualifications**



**Expand
Workforce
Access**

3: *OPR can increase pathways to licensure in accordance with existing competency standards through resource intensive verification processes*

07/15 MEETING TOPICS

STREAMLINING RULES FOR SUPERVISED PRACTICE

1. Total supervision hours
2. Supervised : practice hours ratios
3. Direct : indirect service ratios
4. Remote supervision settings
5. Individual vs group settings
6. Time Restriction: Accumulation rate
7. Time Restriction: Accumulation period
8. Number of supervisors required
9. Supervised practice financial benefits
10. Supervisor attestation of “readiness”
11. Inter-profession supervision

STREAMLINING RULES FOR SUPERVISORS

1. Supervisor expertise & areas of practice
2. Supervision fee rates
3. Number of trainees per supervisor
4. Supervisor qualifications
5. Supervisor certifications
6. Remote Supervision
7. Out-of-state Supervisors
8. Supervision contracts
9. Supervisor conflicts of interest
10. Supervision reports

SUPERVISED PRACTICE RULES

SUPERVISED PRACTICE COMPARISONS

	Psych.	LMHC	MFT	LICSW
Total Supervised Practice Hours Needed	4,000*	3,000	3,000	3,000
Minimum Direct vs. Indirect Service Hours	no indirect	2,000:1,000	1+1co/fam:1	2,000:1,000
Total Supervision Hours Needed	200	100	100	100
Maximum Practice to Supervision Hours	40:2/20:1	30:1	30:1	30:1
Max Group to Individual Supervision Hours	1:1 weekly	50:50	50:50	50:50
Max group supervision size (n. trainees)	no	6	6	8
HIPPA Compliant Remote Supervision?	no	no	no	Yes
Minimum number of supervisors necessary	2 (500 hours)	n/a	n/a	n/a
Maximum weekly practice hours	40	no	no	no
Maximum supervision accumulation rate	Min. 1 year	Min. 2 years	Min. 2 years	1,500 annually
Minimum hourly practice accumulation rate	700/year			16/week
Supervised Practice Hours Expiration Period	5 years	5 years	5 years	50% in 5 years

*Psychology rules allow up to 2,000 hours during graduate program, requiring a minimum of 2,000 post-graduate supervised practice. NOTE: ASPPB recommends “The entire supervised experience, including practica, internship, and face-to-face supervision must total a minimum of 3,000 hours.”

SUPERVISED PRACTICE & FINANCIAL BENEFITS

	<u>Psych.</u>	<u>LMHC</u>	<u>MFT</u>	<u>LICSW</u>
Supervised practice financial benefit restrictions	4.7(c)	3.20(c)	4.23(c)	no

Psych Admin. Rule – 4.7(c) **A licensee who personally financially gains from the practice of the supervisee is disqualified from providing clinical supervision to the trainee.** Receipt of compensation for supervision is not barred by this rule.

AMHB Admin Rule – 3.20(c)/4.23(c) A supervisor who: (1) meets the requirements to be a supervisor; and (2) is an employee of the same employer as the applicant, and (3) **does not personally financially gain from the practice of the applicant,** is not disqualified from providing clinical supervision.

- Applicants may hire a supervisor to provide supervision at a fixed price
- In this relationship, the supervisor is not financially gaining from the practice of the applicant
- regardless of the number of hours worked or services rendered, the supervisor is paid the same amount
- Therefore, payment of a set fee to a supervisor for supervision services is permitted under the rules.

Pros and cons? Implications for W2 vs 1099 employments?

SUPERVISION REPORTS

RECOMMENDATIONS FOR INDEPENDENT PRACTICE

SUPERVISION REPORT – PAGE 4

RECOMMENDATION FOR INDEPENDENT PRACTICE - Please indicate below whether or not you recommend this applicant for independent practice. Please note if you would restrict this applicant to particular areas of clinical practice.

- This is common in mental health professions generally, but not ubiquitous across states
- OPR is concerned this creates an unfair power dynamic
- What are the pros and cons of this policy?
- What are the alternatives?
 - NH Board of Mental Health: no supervisor attestation requirements
 - Make supervisor recommendation for independent practice a separate f
 - How much supervision must a supervisor provide before making this assessment?

INTER-PROFESSION SUPERVISION: WHO CAN SUPERVISE WHOM?

		Trainees				
		Psych.	LMHC	MFT	LICSW	LADC
Possible Supervisors	Psych.	Y	Y	Y	Y	Y
	LMHC	N	Y	Y	Y	Y
	MFT	N	Y	Y	N	Y
	LICSW	N	Y	Y	Y	Y
	LADC	N	N	N	N	Y
	M.D./D.O.*	N	Y	Y	Y	Y
	NP**	N	Y	N	N	N

*Certified in psychiatry

**Psychiatric nurse practitioner

SUPERVISOR RULES & REGULATIONS

SUPERVISOR AREAS OF EXPERTISE (ACT 117)

OPR recommends that Psychological Examiners' Administrative Rule 4.4(c) is a sufficient approach which can easily be applied to other mental health professions.

4.4 (c) Clinical supervision must be limited to areas in which the supervisor has sufficient education, training, and experience to provide meaningful guidance and be consistent with ethical standards for practice.

NASW Code of Ethics: 3.01(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

SUPERVISOR FEE RATES (ACT 117)

Act 117 Directs OPR to consider the rate or fee a supervisor may charge for providing supervision.

- There's a fine line between regulatory intervention and regulatory interference
- OPR generally does not engage in price control related to services
- OPR has not been able to find any examples of states regulating supervision fee rates
 - Exception: NY prohibits supervision fees in many professions
- **OPR strongly recommends against the regulation of supervision fees, and instead suggests policy changes to increase the supervisor workforce**

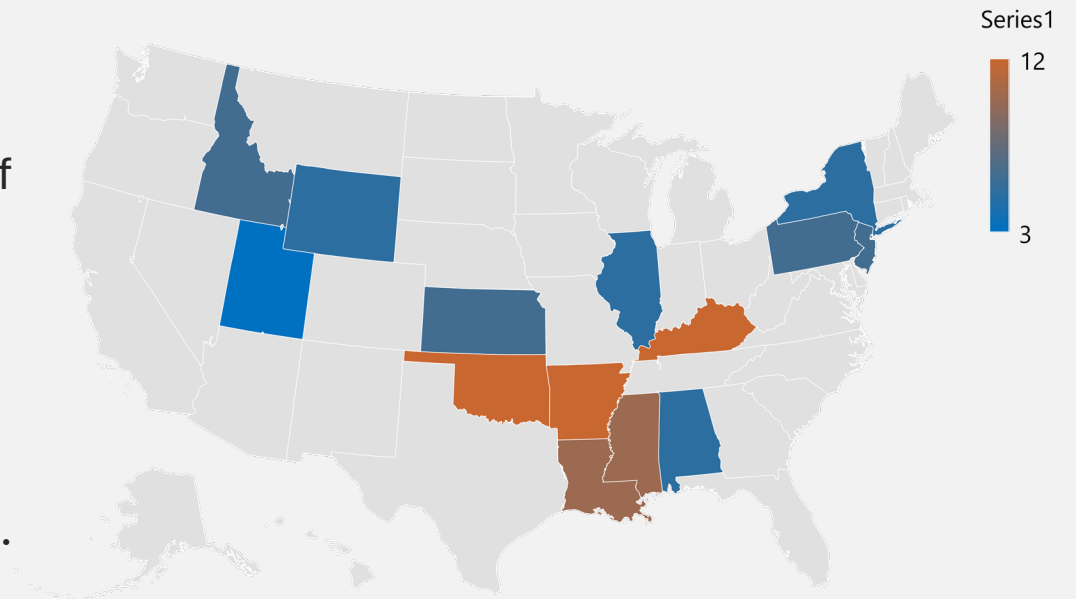
SUPERVISOR TRAINEE LOAD (ACT 117)

LMHC: States (27.5%, n = 14) stipulated the maximum number of supervisees that one supervisor could work with concurrently. The maximum number of supervisees ranged from three to 12, with an average of 7.36 (SD = 3.13) and a median and mode of six. (*Field et al., 2018*)

PSYCH: A supervisor shall not be responsible for the case supervision of more than three (3) full-time equivalent supervisees (full time equivalent equals 40 case hours per week) simultaneously for licensure. (*ASPPB Guidelines, 2020: p.14*)

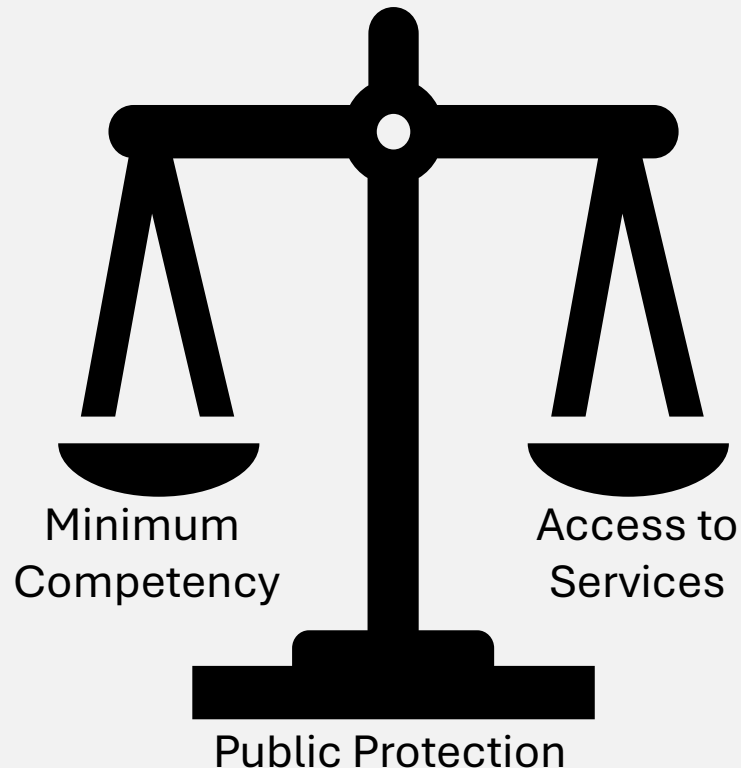
What are the pros and cons?

Supervisor Load: LMHC



SUPERVISOR QUALIFICATIONS

Psych.	LMHC	MFT	LICSW
3 years of practice	3 years of practice	3 years of practice	4,500 hrs over 3 years



- OPR to create a public roster of active supervisors by 2025 (Act 117)
- Some states have supervisor training requirements/credentials
- OPR hesitant to add additional barriers for supervisors at this time
 - OPR recommends continuing education (CE) for supervisors
 - OPR could use supervisor certifications from professional associations in lieu of CE
 - OPR can accept CE for supervisor certifications towards license CE

What are the pros and cons of this decision?

REMOTE SUPERVISION & MODERN SETTINGS

	Psych.	LMHC	MFT	LICSW
HIPPA Compliant Remote Supervision?	no	no	no	Yes

- The Covid-19 Emergency Rules which allow remote supervision will expire in December 2024
- Remote supervision is a proven viable option
- Why wouldn't we allow supervisors to continue to provide remote supervision if that is a setting in which they are comfortable?
- What are the costs and benefits of remote supervision?

REMOTE SUPERVISION & MODERN SETTINGS

ASPBB Guidelines regarding Telepsychology Supervision (2020)

Requirements for Supervisors in Provision of telepsychology supervision

Psychologists providing telepsychology supervision shall:

1. Be licensed. Interjurisdictional supervision is not permitted except in emergency situations at this time;
2. Be competent in the technology of the service-delivery medium;
3. Adhere to the ASPPB Principles/Standards for the Practice of Telepsychology (ASPPB 2013);
4. Ensure the electronic and physical security, integrity, and privacy of client records, including any electronic data and communications;
5. Inform supervisees of policies and procedures to manage technological difficulties or interruptions in services;
6. Verify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
7. Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
8. If the supervisee is providing telepsychology services, ensure that proper informed consent concerning the risks and limitations of telepsychology is obtained from clients; and
9. If the supervisee is providing telepsychology services, ensure that the services provided are appropriate to the needs of the client.

REMOTE SUPERVISION & OUT OF STATE SUPERVISORS

- From AAMFT position letter to OPR: **Allowing out-of-state supervisors to remotely and face-to-face supervise practicing MFTs in Vermont could help reduce supervisor shortages.**
 - ...Allowing out-of-state MFTs with specific training to provide supervision to MFT associates in Vermont while keeping the current Vermont standards for in-state MFT supervisors could be a great way to enlarge the pool of supervisors in the state.
- OOS Remote supervision expands access to supervisors with shared cultural competencies or lived experiences—particularly for members of Vermont’s marginalized groups
- OOS Remote supervision is especially helpful to find supervision in specialized practice areas not offered by Vermont’s current professional population
- Vermont already accepts out-of-state (OOS) supervision if the supervisor meets Vermont’s “approved supervisor” requirements, and the trainee meets Vermont’s training requirements
 - NOTE: neither supervisor nor trainee need a Vermont license in this scenario, but both must be in the same state. Remote supervision would require a VT license or a compact license

CURRENT NON-RESIDENT PROVIDERS

Profession Type	VT	Non-Resident
Licensed Clinical Mental Health Counselor	1089	352
Licensed Clinical Mental Health Counselor - Interim Telehealth Registration	5	1074
Licensed Independent Clinical Social Worker	1213	517
Licensed Independent Clinical Social Worker - Interim Telehealth Registration	8	863
Licensed Marriage and Family Therapist	79	66
Licensed Marriage and Family Therapist - Interim Telehealth Registration	4	244
Licensed Master's Social Worker	53	24
Licensed Master's Social Worker - Interim Telehealth Registration	3	219
Psychologist - Doctorate	344	217
Psychologist - Doctorate - Interim Telehealth Registration	6	599
Psychologist - Master	189	4
Psychologist - Master - Interim Telehealth Registration	0	3
TOTAL	2993	4182

SUPERVISION CONTRACTS (ASPBB: 2020)

- The current recommendation for the profession is that there should be a written contract between the supervisor and the supervisee

(Osborn & Davis, 1996; Sutter, McPherson, & Geeseman, 2002; Thomas, 2007).

- The purpose of such a contract is threefold:
 1. to inform the supervisee of expectations and responsibilities;
 2. to clarify the goals, methods, structure, and purpose of the supervision so that the supervisee can understand the expectation for supervision; and
 3. to establish a context in which communication and trust can develop

(Fall & Sutton, 2004; Guest & Dooley, 1999; McCarthy et al., 1995; Barnett, 2001; Guest & Dooley, 1999; Prest et al., 1992; Teitelbaum, 1990; Welch, 2003; Cobria & Boes, 2000).

- Clarifying the supervisory relationship in a contract establishes clear boundaries, creates a collaborative tone for supervision, increases accountability, and decreases misunderstandings

(Thomas, 2007).

VERMONT SUPERVISION CONTRACTS

- While OPR does not want to approve contracts, the Office can:
 1. List the minimum necessary contract components
 2. Provide a sample contract
- Contracts may reduce confusion around the financial benefits restrictions
- Contracts may establish minimum supervision quality concerns, supervisor responsibilities, and recourse for trainees who feel intervention is required
- What are the pros and cons of a supervision contract requirement?
- What are the alternatives?

COMMENTS

Please email any questions, comments, or additional feedback to:

sos.opr.comments@vermont.gov