

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/)



8/19 MEETING AGENDA

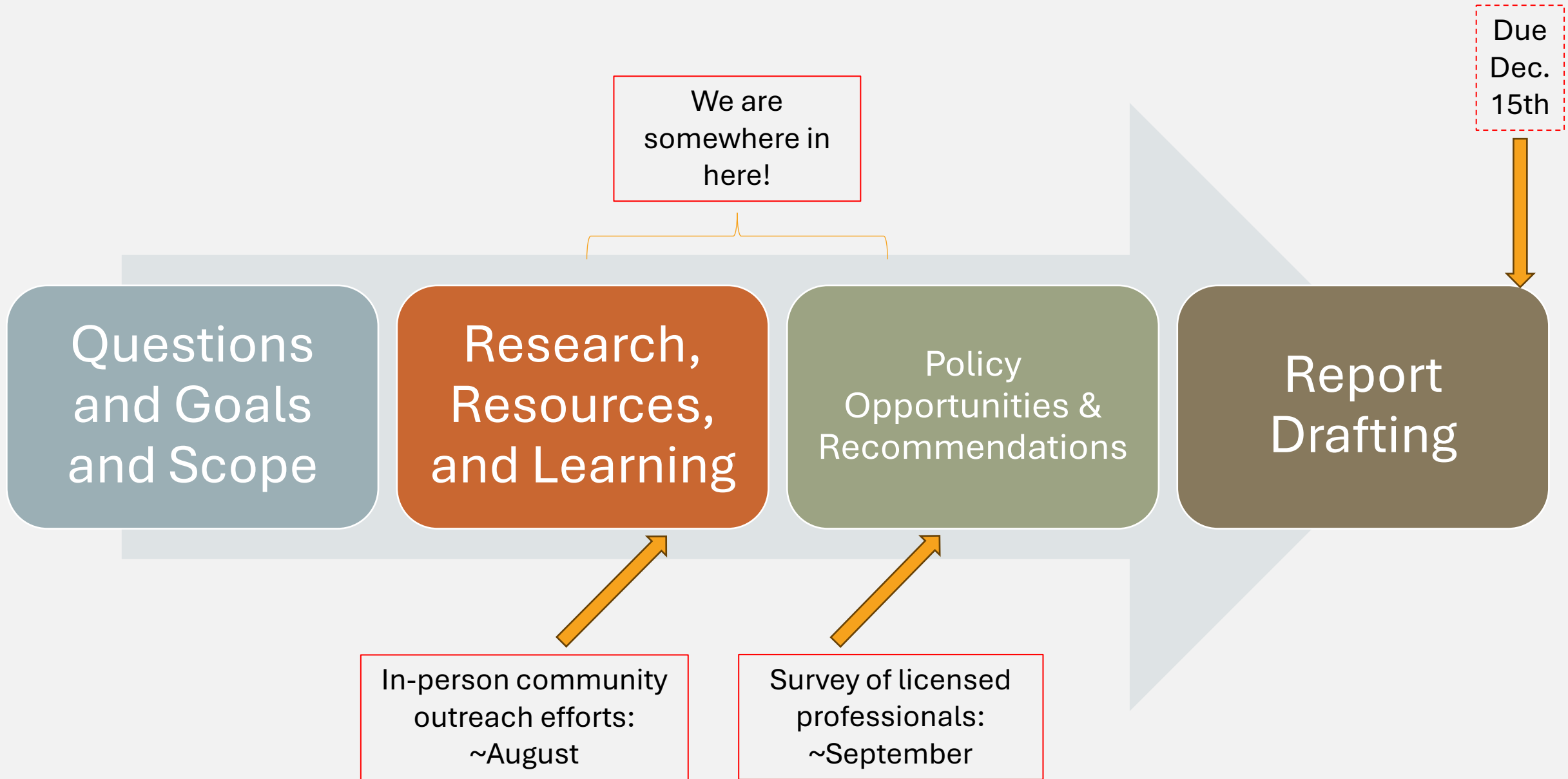
TODAY'S FOCUS: ORGANIZATIONAL & PROGRAMMATIC STREAMLINING

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 at organizational level (OPR)
7. Discussion: pros and cons of streamlining profession-specific requirements
8. Left-over supervisor/supervised practice regulations (if time)

LOOKING AHEAD

- July 15 - Supervisor Regulations & Supervised Practice
- Aug. 19 - Organizational & Programmatic Streamlining
- Sep. 16 - Barriers to entry, surveys, unfinished topics from July/Aug.
- Oct. 21 - OPR report writing
- Nov. 18 - OPR REPORT WRITING
- Dec. 16 - **REPORT DUE!**



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

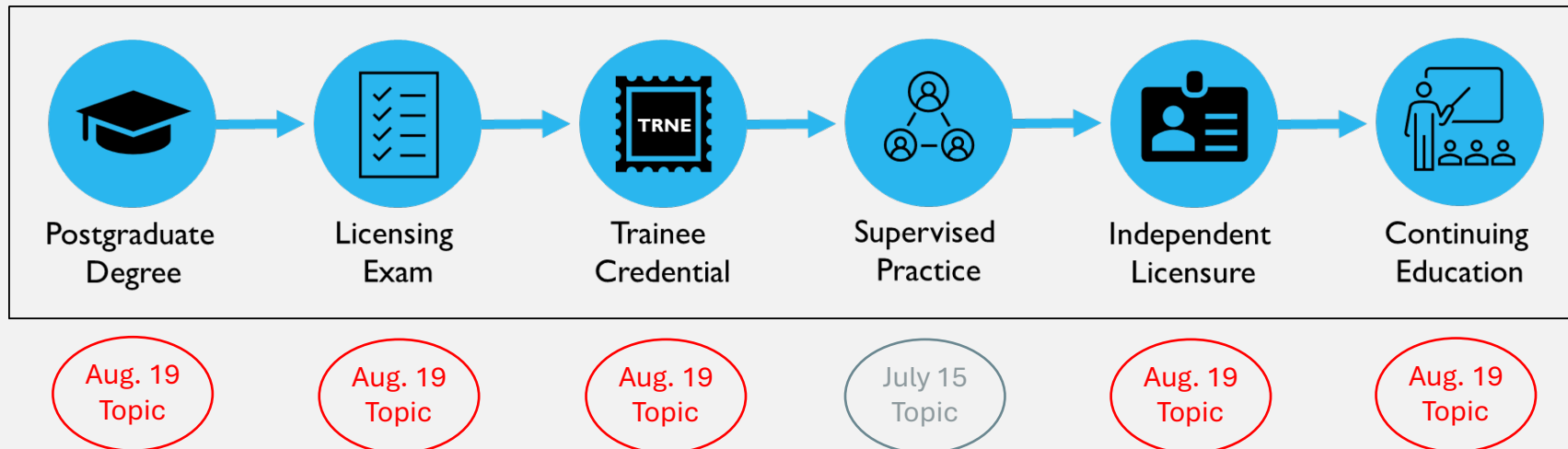
PART 1: STREAMLINING LICENSURE OF MENTAL HEALTH PROFESSIONALS

What does streamlining mean in this context?

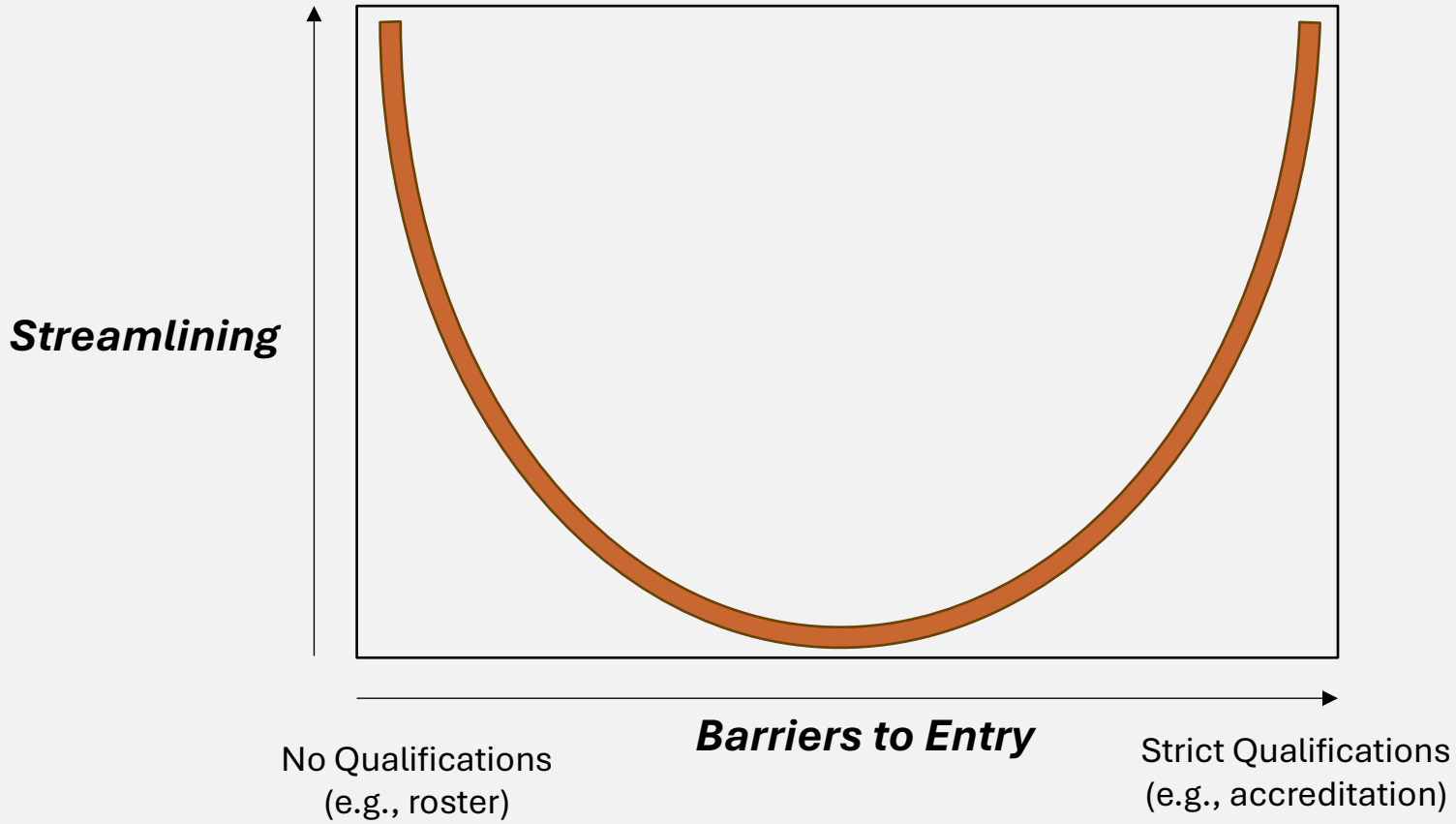
- Simplifying a process to achieve *intended results* at a faster rate and/or with fewer resources

There are two levels of analysis for streamlining:

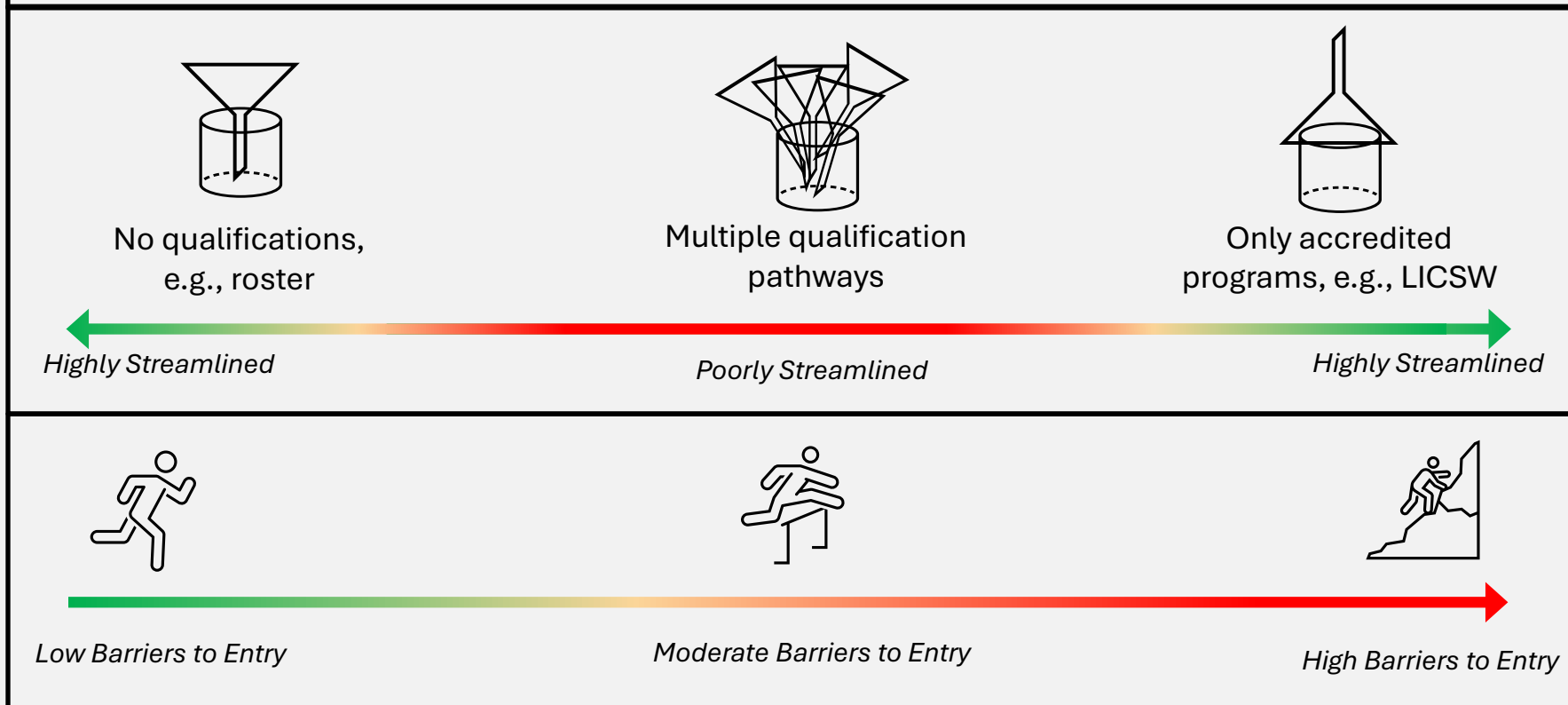
1. Organizational Streamlining (agency structure)
2. Programmatic Streamlining (profession-specific license administration)



REGULATORY STREAMLINING VS BARRIERS TO ENTRY



Streamlining vs. Barriers to Entry



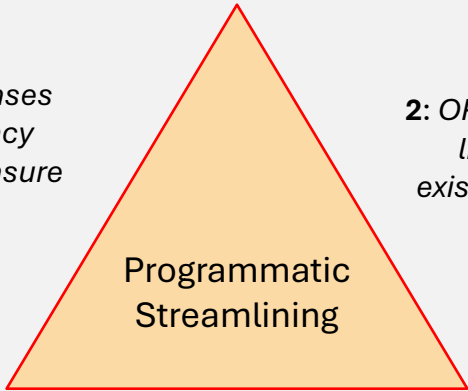
- “Streamlining” refers to simplifying a process to achieve the intended result at a faster rate and/or with fewer resources.
- The legislature must decide on the *intended result for professional regulatory streamlining*.

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



Programmatic
Streamlining

**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

08/19 MEETING TOPICS

ORGANIZATIONAL STREAMLINING

1. The Roster vs. Trainee Credentials
2. Mental Health Boards Consolidation

PROGRAMMATIC STREAMLINING

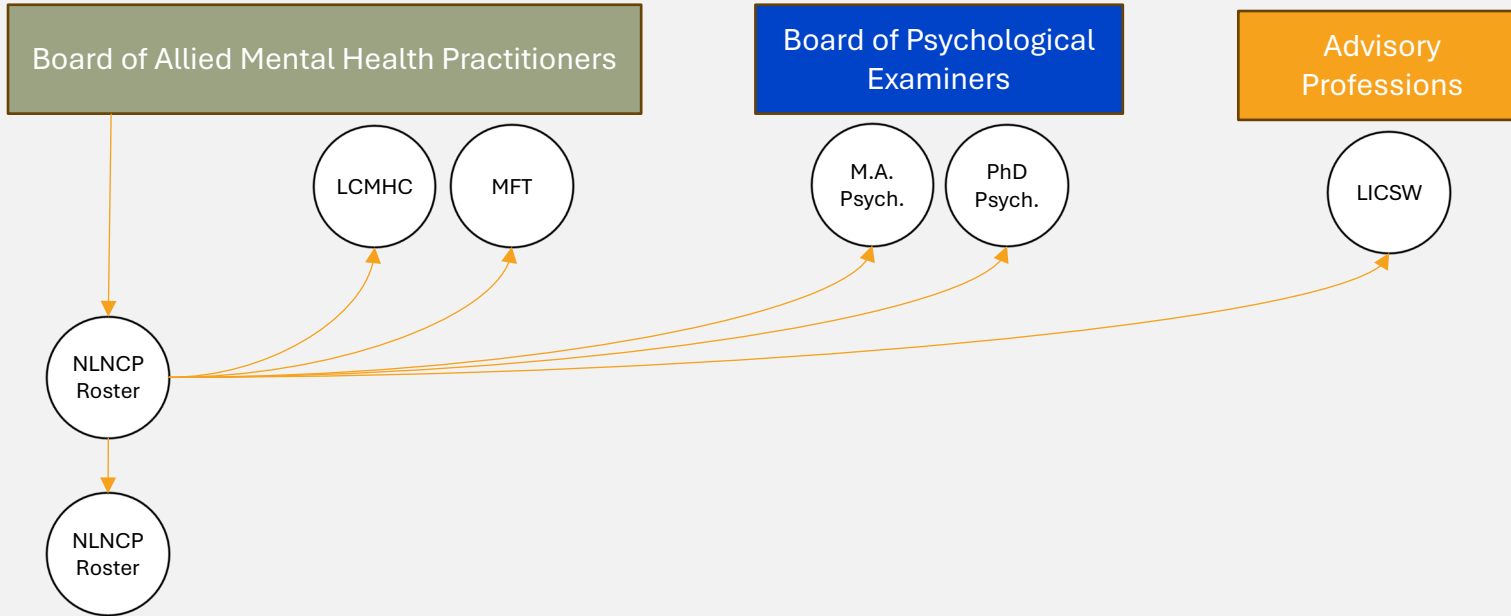
1. Profession Education Program Requirements
2. Education Pathways to Licensure
3. Exam Requirements
4. CE Requirements

ORGANIZATIONAL STREAMLINING

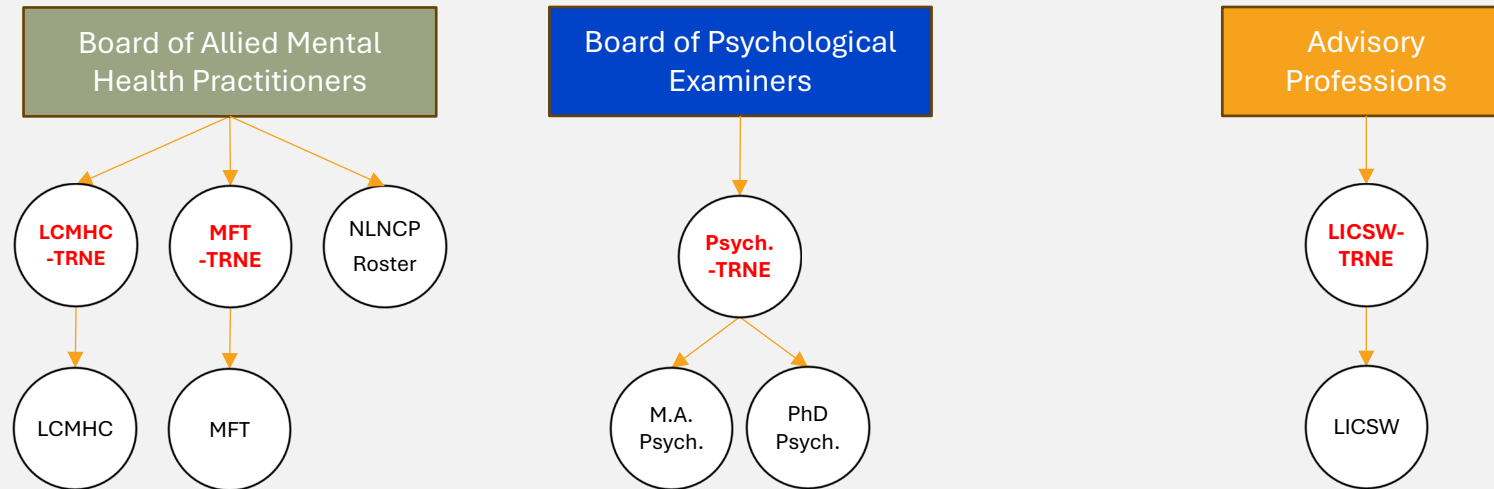
TRAINEE CREDENTIALS VS. THE ROSTER

- The roster is confusing for the public
- The roster is challenging because it includes both graduate-educated trainees who eventually achieve profession-specific licensure, but also individuals who have no training
- There are both 3 V.S.A. financial and jurisdictional complications with this system.
- “Non-licensed Non-certified Psychotherapist” is misleading to the public

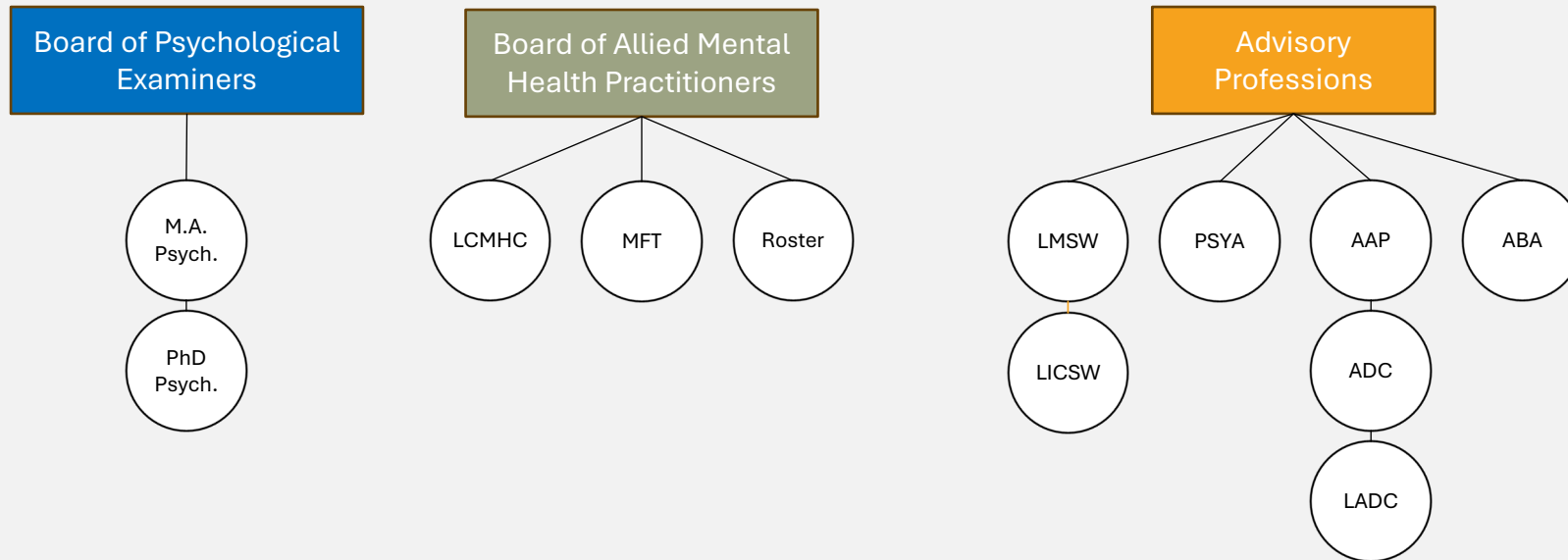
Current Clinical Training Pathway



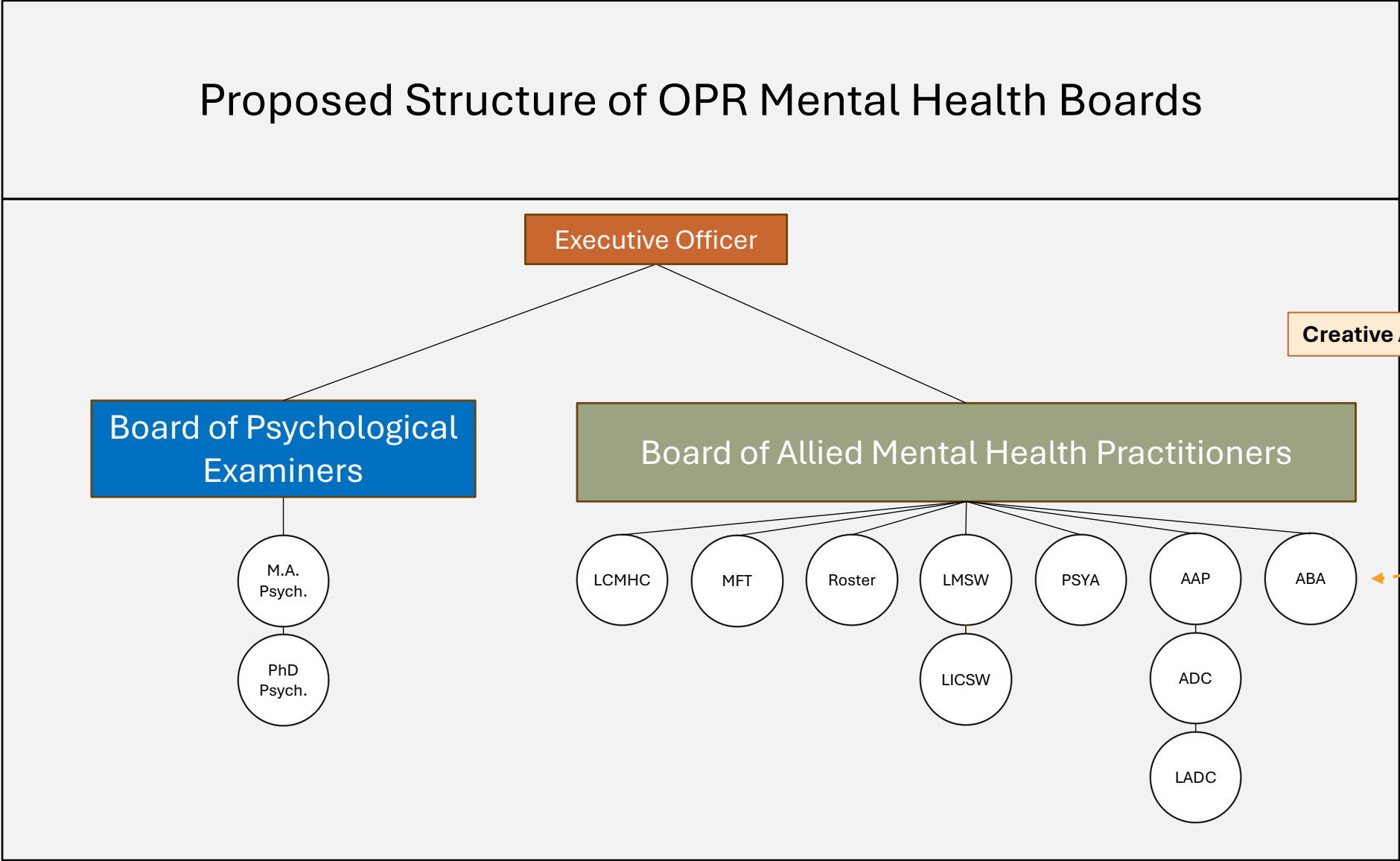
Proposed Clinical Training Pathway



Current Structure of OPR Mental Health License Administration



Proposed Structure of OPR Mental Health Boards



Proposed Allied Mental Health Board Composition

Profession	Board Seats	Estimated Licensure
LMHC	3	2,615
SW	3	3,019
LADC	2	621
MFT	1	415
ABA/PSYA/CAT/Roster	2	>331 (not including CAT or roster)
Public Members	1	n/a
TOTAL	12	

Professional Standards Advisor Subcommittee

- Enforcement (I-Team)
- Rulemaking
- At least 1 extra professional from MFT, ABA, PSYA, CAT, and Roster

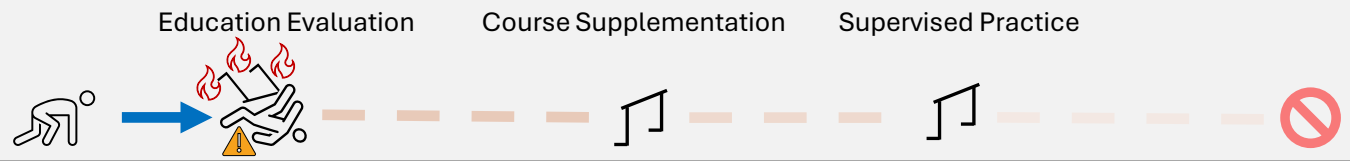
PROGRAMMATIC STREAMLINING

PROFESSION-SPECIFIC EDUCATION REQUIREMENTS

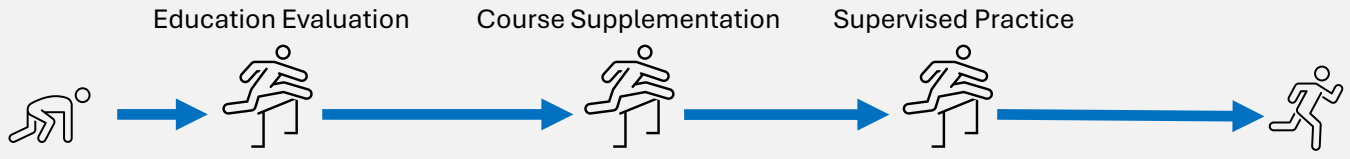
Minimum Education Qualifications for Licensure	Acceptable Degree	Post-Grad. Supp.	Acceptable Degree	Post-Grad. Supp.	Acceptable Degree	Post-Grad. Supp.	Acceptable Degree	Post-Grad. Supp.
	M.A. Psych.		PhD Psych.		LMHC		MFT	
Total Credits Required for Licensure	n/a		n/a		60 credits		48 credits	
Minimum Graduate Program Credit Requirements	60 credits (275 in-person course hours)		400 in-person course hours		n/a		36 credits (18 MFT perspective)	
Minimum Prescribed Graduate Coursework	18 credits	6 credits	24	6	18/60 credits	21/60 credits	27/36 credits	6/48 credits
DSM - Diagnosis, Assessment, and Treatment					3 credits	no	3 credits	
Human growth and development					3 credits (5/7)	(2/7)	3 credits	
Counseling Theories					3 credits (5/7)	(2/7)	6 credits (MFT)	
Counseling Skills					3 credits (5/7)	(2/7)		
Groups					3 credits (5/7)	(2/7)		3 credits (2/9)
Measurement/statistical methods/research	3 credits	3 credits(2/5)	3 credits	3 credits(2/5)	3 credits (5/7)	(2/7)	3 credits	
Professional Orientation and Ethics	3 credits	3 credits(2/5)	3 credits	3 credits(2/5)	3 credits (5/7)	(2/7)	3 credits	
Treatment Modalities					3 credits (5/7)	(2/7)	3 credits (MFT)	
Multi-cultural Studies						3 credits	3 credits	
Research and evaluation						3 credits		3 credits (2/9)
Career Development & Lifestyle Appraisal						3 credits		
Marriage, Couples, and Family Counseling						3 credits (2/5)	3 credits	
Human sexuality						3 credits (2/5)		3 credits (2/9)
Crisis intervention						3 credits (2/5)		3 credits (2/9)
Addictive disorders						3 credits (2/5)		3 credits (2/9)
Psychopharmacology						3 credits (2/5)		3 credits (2/9)
Domestic Violence								3 credits (2/9)
Sexual Abuse								3 credits (2/9)
Gender and Sexuality								3 credits (2/9)
Psychological Assessments and Testing	6 credits	3 credits(2/5)	9 credits	3 credits(2/5)				
Psychological Intervention	6 credits	3 credits(2/5)	9 credits	3 credits(2/5)				
Psychopathology	6 credits	3 credits(2/5)	9 credits	3 credits(2/5)				

CURRENT EDUCATION QUALIFICATION PATHWAYS

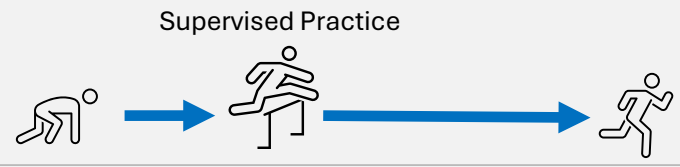
“Unacceptable Degrees”



“Acceptable Degrees”



Accredited Programs



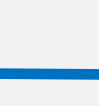
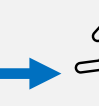
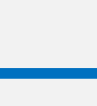
Fast Track Endorsement



PROPOSED “NON-ACCREDITED” EDUCATION PATHWAY

What does a competency-based approach look like?

Non-Accredited Programs

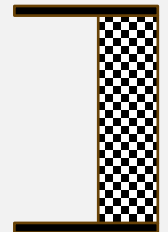


3rd Party
Education Evaluation

Prescribed
Course Supplementation

Supervised Practice

Fast Track Endorsement



PROFESSION-SPECIFIC CE REQUIREMENTS

Profession Name	Profession Type	CE Hours
Allied Mental Health Practitioners	Licensed Clinical Mental Health Counselor	40
Allied Mental Health Practitioners	Licensed Marriage and Family Therapist	20
Allied Mental Health Practitioners	Non-Licensed & Non-Certified Psychotherapist	
Psychoanalysts	Psychoanalyst	20
Psychological Examiners	Psychologist - Doctorate	60
Psychological Examiners	Psychologist - Master	60
Social Work	Licensed Independent Clinical Social Worker	20
Social Work	Licensed Master's Social Worker	10
AAP		
ADC		
LADC		40

EXAM REQUIREMENTS

- Are there alternatives to exam pathways?
 - E.g., Illinois SW supervised practice pathway alternative
- Do exam-only pathways create a barrier to access?

SUPERVISOR RULES & REGULATIONS

(Continued Discussion Topics from 07/15 Meeting)

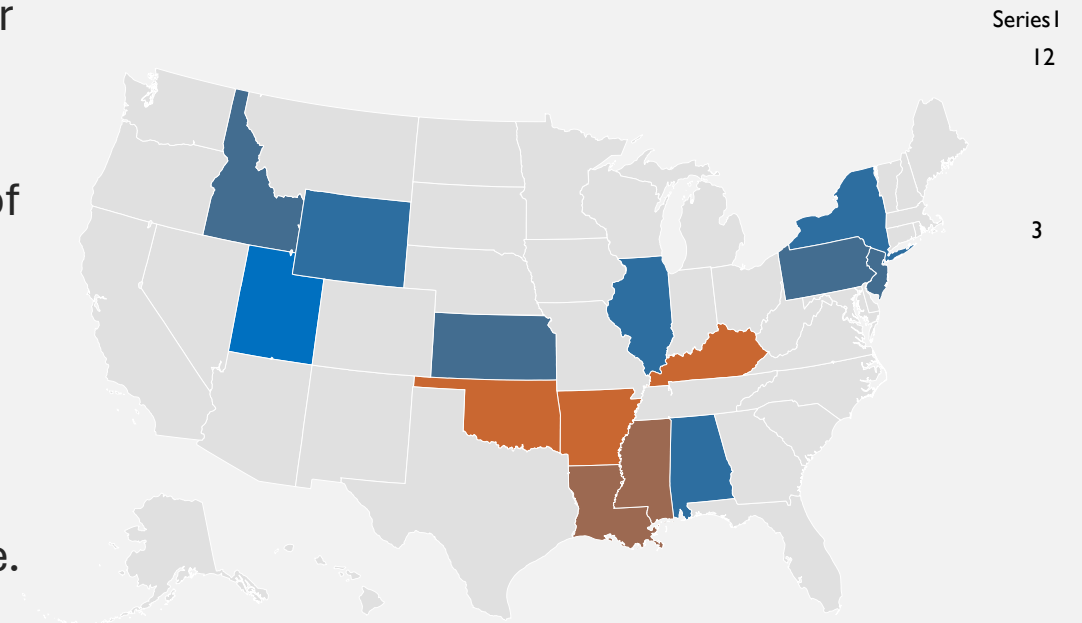
SUPERVISOR TRAINEE LOAD (ACT 117)

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



- 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?

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

- While OPR does not want to begin approving contracts, the Office can provide a sample contract along with the minimum necessary contract components
 - Contracts may reduce confusion around the financial benefits restrictions
 - Contracts may explain minimum supervision quality concerns, responsibilities, etc.
-
- What are the pros and cons of contracts?
 - What are the alternatives?

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?