

EXEMPT SETTING COMMITTEE MEETING NOTES

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12:30 p.m.

The Exempt Setting Committee was appointed in November 2016. The purpose of the Committee is to review practice within an exempt setting to determine if consumers are receiving services consistent with the standard of care for the mental health professions, as well as ensuring consumer protection within an exempt setting. The Committee has held meetings three times since its appointment.

Discussion and Possible Action Regarding the Practice Settings for LCSW, LMFT, and LPCC Students Survey Results

The Committee discussed the results from the survey regarding the practicum/fieldwork placements for students pursuing licensure (LCSW, LMFT and/or LPCC). The survey received 76 total responses as of October 16, 2017. The BBS currently has the following number of California degree programs on record:

- Over 100 LMFT and LPCC programs (many of which are dual-track)
- 23 LCSW programs

This survey was voluntary and anonymous and was distributed directly to programs offering a degree intended to lead to BBS licensure. The BBS asked that only one educator per degree program complete the survey, and requested that the responding educator be directly involved in coordinating clinical practicum/fieldwork placements for students.

Notable findings of the survey:

- Nearly 50% of the survey responses were from dual track LMFT/LPCC programs (*Question 1*).
- 80% of the responding degree programs were primarily traditional, classroom-based (*Q2*).
- 78% of students are unpaid in their practicum placement (*Q3*).
- The top three most common placement settings where students are performing clinical services are exempt settings (*Q5*):
 - Nonprofit and charitable (501c3) agencies (reported by 96% of schools)
 - Public Schools (reported by 87% of schools)
 - Governmental agencies (reported by 79% of schools)
- Just over 40% of programs place students who will be performing clinical services in for-profit entities that are not private practices (*Q6*).

- For just over 50% of programs, the school and the student share the responsibility of finding a suitable placement for the student (Q8).
- The top three most important qualities of a suitable practicum setting were reported as (Q10):
 - Effective supervision
 - Quality learning/training opportunities available
 - Exposure to a diverse spectrum of clients and/or experiences
- Nearly 40% of respondents indicated that there are certain types of settings allowed by law that are generally not suitable for student placement (Q11).
 - Of those 40% who provided an explanation, most described settings that are either:
 - Limited in scope, such as substance abuse treatment centers or crisis centers; or,
 - Organizations with ethical issues or that are unstable.
- Of the nearly 70% of schools that use extra precaution when placing students in certain settings, most indicated that these were settings that treat severely mentally ill or high-risk clients. (Q13).
- Over 30% of schools reported that they do NOT believe that there are certain types of settings where it is necessary to use extra precaution when placing students (Q13).
- The number one factor that may lead a school to decide against placing students at a site are lacking/poor supervision or monitoring (Q14).
- Nearly 30% of schools do not have enough placements available for their students (Q16).
- Respondents estimated that an average of 32% of students continue at their site after graduation (Q17).
- The most common types of questions or issues respondents encounter when applying BBS requirements when selecting student placement settings include (Q18):
 - Site understands the requirements for a qualified supervisor
 - Site understands the requirements for counting hours toward licensure
 - Whether for-profit agencies (non-private-practice) are acceptable (*Note: This is a frequent question received by the BBS from schools. This issue is complicated by the fact that there is no definition of "Private Practice" in law.*)

Discussion and Possible Action Regarding the Exempt and Private Practice Settings Survey Results

The Committee discussed the results of the survey regarding exempt and private practice settings. The survey received 1,263 total responses as of October 11, 2017. This survey was voluntary and anonymous. The BBS requested the participation of its licensees and registrants, as well as exempt setting agency directors. A link to the survey was provided on the home page of the BBS website and promoted via the BBS listserv. In addition, each of the professional associations, including CAMFT, as well as the California Council of Community Behavioral Health Agencies (CCCBHA) assisted in promoting the survey.

Notable findings are as follows:

Survey Results Re: General Work Settings

- The majority of the survey respondents were currently and primarily working in either a nonprofit and charitable entity (25%), a private practice (25%), or a County/City agency (13%) (*Question 2*).
- Question 6 asked about the funding sources for the work setting:
 - The top funding source was “State funding or grants” (*example of state funding: Medi-Cal, example of state grant: Dept. of Health Care Services funding to address the opioid crisis*).
 - Second place was “Private payment.” This is interesting, given the number of individuals working in nonprofits that responded to the survey.
 - Note: There may be some overlap between the responses for government funding and “Third-party reimbursement.” For example, it was brought to the BBS’s attention that Medi-Cal could fall under both “State funding” and “Third-party reimbursement” (*Q6*).
- 37% of respondents currently work in an exempt setting that allows “clinical services” (*defined as assessment, diagnosis and/or treatment*) to be provided by employees or volunteers who are not seeking licensure as a mental health professional (*Q8*).

Only those who responded that they currently work in an exempt setting were asked to complete the remainder of the survey. 209 respondents continued on. Several respondents indicated that the definition of an individual “not seeking licensure as a mental health professional” could be interpreted as including an already licensed mental health professional, or a credentialed school psychologist/counselor. This may have affected survey responses for a small number of individuals.

Survey Results Re: Exempt Settings

- At least 37% of respondents work in a region where there is a shortage of licensed mental health providers (*Q10*).
- 70% work in a setting that requires individuals providing clinical services to be “license-eligible” (*e.g., have completed a degree program that would make them eligible for licensure*). 22% require personal experience either as a mental health consumer or as a family member of a consumer (*Q11*).
- For the settings which specify educational requirements for staff members and volunteers who are providing clinical services, 52% require either a Master’s or Bachelor’s degree at minimum (*Q12*).
- 55% of respondents felt that the clinical services provided by individuals NOT seeking licensure typically meet the same basic minimum standards as the clinical services provided by a licensee (*Q13*).
- 86% of settings require a fingerprint check for all individuals performing clinical services (*Q15*).
- 65% of settings require a licensed mental health professional to provide supervision to staff who are performing clinical services but not seeking licensure. In 61% of the settings, those supervisors are required to work on site (*Q16/17*).

- 42% of settings assign to each clinical supervisor no more than five (5) individuals who are performing clinical services but not seeking licensure. 19% of settings range between six (6) and 25+ supervisees per supervisor (Q18).
- 86% of settings provide a formal mechanism for consumers to submit complaints about the therapist or clinical services received. 70% of respondents believe that complaints are addressed appropriately. (Q19/21).
- 38% of respondents indicated that they believe certain settings should NOT continue to be exempted from mental health professional licensure requirements, and 31% were not sure. A significant amount of insight can be gleaned on both sides of the issue by reading the written responses to this question (Q22).

Mike Griffin of CAMFT raised concerns that the existing definition of “private practice” is ambiguous and should be clarified. The Committee agreed and stated that they would attempt to provide further guidance on this issue.

Mike Griffin of CAMFT also indicated that the issue of for-profit settings for trainees needs further clarification, noting the lack of clear criteria in the law to determine when a for-profit setting is appropriate and how to distinguish it from an unacceptable private practice.

According to the survey results, as much as 40 percent of schools currently utilize for profit settings for trainees. Mr. Griffin noted that several years ago, CAMFT and the BBS collaborated on creating a list of acceptable settings for trainees , which describes for-profit licensed health facilities as appropriate, if licensed as a clinic by a governmental authority. However, there is no specific legal authority which clearly states this. The Committee agreed that this topic needs to be clarified and they agreed that it would be appropriate to look at the existing “list,” as a starting point.

The Committee discussed information from the survey which suggested that some trainees may be placed in settings which are “risky,” insofar as such settings involved clinical demands which were inappropriate for trainees to safely undertake. For example, some settings may involve the treatment of seriously mentally ill patients. The Committee acknowledged that they cannot exert authority over the actions of schools in the selection of practicum sites, but they agreed that it may be beneficial to produce guidelines for schools to consider when placing trainees in various sites. For example, the guidelines may suggest that the schools should carefully consider the skill level of the trainee, the severity of problems that the trainee will encounter in a given treatment setting, and the availability of support, training and clinical supervision to the trainee at a particular location. The Committee plans to produce such guidelines to share with schools and will ask the schools for input regarding their utility.

The Committee discussed the fact that the results of the survey discussed today was based upon feedback from schools, and did not include input from administrators and directors in exempt settings. Consequently, the Committee decided that they would revise the survey in order to distribute it individuals practicing in exempt settings and will discuss the results at its next meeting.

The upcoming Exempt Setting Committee and License Portability Committee meetings are planned to be held following the next BBS Board of Directors meeting, on February 21-23, 2017. The Committee stated that they desired to hold these meetings following the BBS Board of Directors meeting, as they did on this occasion. However, if the length of the BBS Board of Directors meeting agenda planned for February proves to be extensive, it may be necessary to postpone the Exempt Setting Committee and License Portability meetings until March 16, 2017.

The meeting adjourned at 1:43 PM.