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**EXEMPT SETTING COMMITTEE  
MEETING NOTICE AND AGENDA  
November 3, 2017  
12:30 p.m.**

Embassy Suites by Hilton Anaheim Orange  
400 N. State College Blvd.  
Orange, CA 92868  
(714) 938-1111

*While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location.*

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- I. Call to Order and Establishment of Quorum
  - II. Introductions\*
  - III. Discussion and Possible Action Regarding the Practice Settings for LCSW, LMFT, and LPCC Students Survey Results
  - IV. Discussion and Possible Action Regarding the Exempt and Private Practice Settings Survey Results
  - V. Public Comment for Items not on the Agenda

*Note: The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 1125.7(a))*

- VI. Suggestions for Future Agenda Items
  - VII. Adjournment
- 



Governor  
Edmund G. Brown Jr.  
State of California  
Business, Consumer Services  
and Housing Agency  
Department of  
Consumer Affairs

*\*Introductions are voluntary for members of the public*

*Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.*

*This agenda as well as Board meeting minutes can be found on the Board of Behavioral Sciences website at [www.bbs.ca.gov](http://www.bbs.ca.gov).*

*NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation*



1. Nearly 50% of the survey responses were from dual track LMFT/LPCC programs (Question 1).
2. 80% of the responding degree programs were primarily traditional, classroom-based (Q2).
3. 78% of students are unpaid in their practicum placement (Q3).
4. 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)
5. Just over 40% of programs place students who will be performing clinical services in for-profit entities that are not private practices (Q6).
6. For just over 50% of programs, the school and the student share the responsibility of finding a suitable placement for the student (Q8).
7. 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
8. 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:
    - 1) Limited in scope, such as substance abuse treatment centers or crisis centers; or,
    - 2) Organizations with ethical issues or that are unstable.
9. 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).
10. Over 30% of schools reported that they do NOT believe that there are certain types of settings where is necessary to use extra precaution when placing students (Q13).
11. The number one factor that may lead a school to decide against placing students at a site are lacking/poor supervision or monitoring (Q14).
12. Nearly 30% of schools do not have enough placements available for their students (Q16).
13. Respondents estimated that an average of 32% of students continue at their site after graduation (Q17).
14. 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.*)

## **Recommendation**

Based on the results of the survey, the Committee may wish to consider the following:

1. **Direct staff to work with stakeholders to create a definition of “Private Practice.” In addition, create a definition for settings that are not a “Private Practice” or “Exempt.”**
2. **Determine whether there is a need to change or clarify the types of settings that are allowable for students in a clinical practicum.** Note that BBS does not regulate settings for MSW students.
3. **Determine whether there is a need to change or clarify the school’s responsibilities regarding placement or monitoring of students in the field.** Note that BBS does not regulate MSW programs.
4. **Determine whether there is a need to change or clarify the site supervisor’s or practicum supervisor’s responsibilities regarding students who are performing clinical work.**
  - Note that only LMFT student hours may count toward licensure; therefore, supervisors of LCSW and LPCC students do not have to meet BBS requirements, nor must they sign any BBS documentation.
  - Supervisors of LMFT and/or LPCC students typically sign a written agreement which IS required by the BBS. However, the BBS does not specify the content of the written agreement other than that it must “detail each party’s responsibilities, including the methods of supervision” and “provide for regular progress reports and evaluations of student performance at the site.”

## **Attachments**

**Attachment A:** Sample Written Agreements

**Attachment B:** Practicum/Field Study Survey Results

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**Please attach a photograph of yourself (passport size) at the time you submit this to the Counseling Department, Clinical Training Director.**

Attach head and shoulder photo here

(affix with tape or staple only; do not use glue)

This document must be completed and on file in the Clinical Training Director's (CTD) office before the Trainee's hours may count towards MFT licensure! *California State University, Fullerton (CSUF) Department of Counseling has no authority to approve hours.* CSUF is only responsible for coordinating students' clinical experience and approving students to go into sites. Thus, we do our best to find sites whose clientele and methods of practice fall within the scope of the LMFT and LPCC license. Under penalty of perjury, supervisors attest that they are legally suitable to supervise MFT Trainees, and that they will insure that their Trainees practice within the law. We approve students' choices of sites and supervisors based upon the information provided to us by the site supervisor. *CSUF assumes no responsibility for the loss of hours caused by misstatements, incorrect information and/or negligence on the part of a supervisor and/or agency director.* Approval of hours is, and always has been, the purview of the Board of Behavioral Sciences (BBS). **NOTE:** Trainee hours, while required for graduation, do not count toward LPCC licensure as they are earned pre-degree.

**California State University, Fullerton**

Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy

Agreement between the

**QUALIFYING DEGREE PROGRAM, CLINICAL TRAINING DIRECTOR, SITE SUPERVISOR, AND MFT TRAINEE/CLINICAL COUNSELOR (CC) TRAINEE**

**"4-Way Agreement"**

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street, City & Zip Code: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency E-mail Address: \_\_\_\_\_

**MFT LAW:** The California legislature would like the educators and supervisors of LMFT and LPCC students to work cooperatively in training their student/ trainees. Therefore, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular process reports and evaluations of the student's performance at the site. "Process reports" refers to the monitoring of the student, as she or he learns to become an effective psychotherapist/counselor.

Instructions to the Student: First, read and sign this document. Second, take it to the director of your practicum site and to your clinical supervisor(s) to read and sign. Finally, take it to the CSUF Clinical Training Director (CTD). After the CTD has signed your agreement, the original will be placed in your file. If you would like a signed copy or copies of the original, please make an appointment with the Fieldwork Coordinator – Counseling (FCC) to arrange to pick up your original so you can make copies. **Note:** The completed "4-Way Agreement" must be turned in before supervised clinical hours are begun, in order to count for practicum experience hours.

<b>Clinical Training Director</b>	<b>Office</b>	<b>Phone#</b>	<b>Mailbox Location</b>
Mary M. Read, Ph.D.	EC-484	(657) 278-2167	EC-405

<b>Fieldwork Coordinator - Counseling</b>			
Nicole Folmer, M.S.	EC-479C	(657)278-7454	EC-405

Please note: You are responsible for retaining the original of this and all documents described within this agreement, should the BBS request them. CSUF cannot be responsible for providing you with additional copies. The "4-Way Agreement" is proof to the BBS that CSUF and you have complied with state law. You **must** notify your CTD upon early termination at your agency should that circumstance arise. You are required to have evaluations and Experience Verification forms completed and turned into the CTD for placement in your file.

## **SECTION I RESPONSIBILITIES OF THE PARTIES (Students are responsible for reading all sections of this agreement.)**

CSUF, Department of Counseling, the QUALIFYING DEGREE PROGRAM:

- Shall approve the placement of each trainee at the supervised practicum setting;
- Shall have this written agreement with the supervised practicum setting, supervisor and trainee that details each party's responsibility, including the methods by which supervision will be provided;
- Shall provide forms for regular evaluations of the student's performance at each supervised practicum setting;
- Shall coordinate the terms of this agreement with each of the named parties;
- Shall evaluate the appropriateness of the supervised practicum experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Professional Clinical Counselor (LPCC) or a Marriage and Family Therapist (LMFT) as set forth in the California Business and Professions Code;
- Shall require that each student gaining clinical hours in a supervised practicum setting procure their own individual professional malpractice liability insurance coverage;



- g. Shall have a designated liaison to the practicum setting and clinical supervisors called the Clinical Training Director, who shall assume major responsibility for the coordination of this arrangement between students and clinical training sites in the Counseling Department's catchment area.

\_\_\_\_\_ Initials of the Clinical Training Director, CSUF, Department of Counseling

#### THE SUPERVISED PRACTICUM SITE/AGENCY DIRECTOR

- a. Shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (BBS) that the placement is one that is named in law as appropriate for an MFT Trainee or Clinical Counselor Trainee and that the trainee is employed in the manner required by law. Such documentation, specified by the LMFT Experience Verification Form and by the BBS regulations for CC trainees may include but is not limited to the agency's 501c3, 1250, 1250.2 or 1250.3. A copy of this documentation is kept on file in the CTD office;
- b. Shall evaluate the qualifications and credentials of any employee who provides supervision to MFT or Clinical Counselor trainees;
- c. Shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to clients;
- d. Shall orient the trainee to the policies and practices of the agency;
- e. Shall notify the qualifying degree program in a timely manner of any difficulties in the work performance of the trainee;
- f. Shall provide the trainee and the supervisor with an emergency response plan which assures the personal safety and security of trainee, supervisor and trainee's clients in the event of a fire, earthquake or other disaster;
- g. Shall provide the trainee with experience within the scope of practice of a Professional Clinical Counselor or Marriage and Family Therapist;

**Note:** The minimum requirement is 280 hours of direct client contact (DCC) per practicum year, related to the following guidelines:

1. An average of seven (7) direct client contact hours per week;
  2. one (1) hour of individual supervision per five (5) hours of client contact and two (2) hours of group supervision, with no more than 8 trainees or one (1) hour of individual supervision for client contact hours that exceed five (5) hours but do not exceed ten (10) client contact hours. If client contact hours exceed ten (10) hours per week, student will be provided appropriate supervision as stipulated by BBS regulations;
  3. additional activities may include: additional group supervision, staff meetings, case conferences, case management, seminars, and documentation (note writing);
- h. Shall be familiar with the laws and regulations that govern the practice of licensed Professional Clinical Counselors or licensed Marriage and Family Therapists in the State of California, and in particular, those that directly affect the MFT or CC trainee;
- i. Shall provide the qualifying degree program with a photocopy of the current license of each supervisor who will be supervising the degree program's trainees;

- j. Shall provide the qualifying degree program with whatever documents are necessary to assure that the trainee's performance of duties conforms to BBS laws and regulations;
- k. Shall notify the qualifying degree program and the trainee of change of address, phone, ownership, or any other status that may affect the ability of the trainee to count hours gained at the practicum setting;
- l. Permit in-vivo supervision by the practicum supervisor, as needed;
- m. Provide access for the trainee to video record current clinical cases for practicum class review.

\_\_\_\_\_ Initials of the Representative of the Practicum Site

## THE SUPERVISOR

- a. Shall sign and abide by the "Responsibility Statement for Supervisors of the MFT License" as described in the California Code of Regulations (CCR); The supervisor is responsible to the BBS for the trainee's legal practice as a trainee. [NOTE: There is no equivalent form for LPCC supervision, being pre-degree.];
- b. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of marriage and family therapy;
- c. Will have been licensed for at least two years in California as a marriage and family therapist, professional clinical counselor, clinical social worker, psychologist or physician who is certified in psychiatry by the American Board of Psychiatry and Neurology;
- d. Will have completed and remained current with the appropriate "supervisor" continuing education requirements required by the BBS;
- e. Shall review and sign the "Weekly Summary of Hours of Experience" log on a weekly basis;
- f. Shall complete the "LMFT Experience Verification Form" upon termination of trainee's supervision, the totals of which should match the totals of the collected Weekly Summary of Hours of Experience;
- g. Shall describe in writing on Section II of this document the methods by which supervision will be provided;
- h. Shall provide regular process reports and evaluation of the student's performance at the site to the qualifying degree program at the middle and end of each semester (approximately twice per 15 weeks);
- i. Shall provide the trainee with one (1) hour of individual for five (5) hours of client contact provided by the trainee and one (1) hour of individual or two (2) hours of group supervision for client contact hours that exceed the five (5) hours but do not exceed ten (10) hours. If client contact hours provided by student exceed ten (10) hours, then supervision will be provided as stipulated by BBS regulations. This may be averaged over a period of 14 weeks;

**IMPORTANT:** Although client contact hours may be averaged across each semester, supervision may not. In other words, trainees *must* have either one hour of individual or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual and group supervision be provided every week of the 15-week semester, even when this exceeds the BBS requirement.

- j. Shall abide by the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., AAMFT, CALPCC, CAMFT, ACA, NASW, APA, AMA etc.);
- k. Shall provide the agency with a current copy of his or her current license and resume and notify the qualifying degree program and the trainee immediately of any action that may affect his or her license;
- l. Shall be familiar with the laws and regulations that govern the practice of Professional Clinical Counselor or Marriage and Family Therapy in the State of California, and in particular, those that directly affect the MFT or CC trainee;
- m. Shall provide the trainee with a policy and procedure for crisis intervention and other client/ clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.);
- n. Shall, if providing supervision on a voluntary basis attach the original written agreement between you (the supervisor), and the trainee's employer as required by the BBS;
- o. Shall complete all the required trainee evaluation forms (due at mid-semester and finals week) by their prescribed time.

\_\_\_\_\_ Initials of Clinical Site Supervisor

#### THE TRAINEE

- a. Shall have each supervisor complete and sign the "Responsibility Statement for Supervisors of the LMFT License" before gaining supervised experience. Trainees are to retain this original, signed document in order to send this form to the BBS when required. All trainees, however, must file a copy of this form with the CSUF Clinical Training Director. The trainee must verify that the supervisors' license is current (see note);

**Note:** A supervisor's license can be verified by contacting the BBS by telephone or via the Internet. The BBS website address is <http://www.bbs.ca.gov>. Click on "verify license" for LPCCs, LMFTs, or LCSWs and check that the supervisor's license is current. For a Licensed Psychologist, contact the Board of Psychology via phone or the Internet at <http://www/dca.ca.gov/psych>.

- b. Shall maintain a weekly log of all hours of experience gained toward licensure;
- c. Shall be responsible for learning those policies of the supervised practicum setting which govern the conduct of regular employees and trainees, and for complying with such policies;
- d. Shall be responsible for participating in the periodic evaluation of his or her supervised practicum experience and delivering it to the qualifying degree program;
- e. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities;
- f. Shall abide by the ethical standards of the Board of Behavioral Sciences and the professional association of which the student is a member (e.g., AAMFT, CALPCC, ACA, CAMFT) and the CSUF Department of Counseling ethical/legal guidelines (see the Clinical Training Handbook).

- g. Shall have completed all prerequisite courses for COUN 530 Beginning Practicum, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, he or she shall obtain written permission from the Clinical Training Director and the Site Supervisor acknowledging this fact. This letter must be filed with the Clinical Training Director;
- h. Shall be aware that the qualifying degree program requires that she or he obtain individual professional liability insurance coverage while working in a clinical placement. Student rate malpractice coverage can be obtained through professional associations (e.g., ACA, CAMFT);
- i. Shall gain a total number of 280 direct client contact (DCC) hours as required for nine units of practicum. These hours have been supervised during the week they were gained and supervision must average to a 5:1 ratio over the practicum year;
- j. Shall be aware that **practicum is a COURSE**, and to receive a passing grade for this course, the following criteria must be met:
  1. the student must attend the practicum classes and gain hours at an approved clinical placement *concurrently*; that is, at the same time;
  2. the student must have earned the required number of hours (item i above);
  3. the supervisor's evaluations and process reports must be favorable;
  4. the practicum instructor's evaluation must be favorable;
  5. no other data exists that questions the student's suitability for the psychotherapy/counseling profession and for the license of marriage and family therapist.

\_\_\_\_\_ Initials of the Trainee

## SECTION II METHODS OF SUPERVISION

The supervisor shall monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the supervisor, and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed.

Instructions to Supervisor: Section II of this agreement will serve to inform the trainee about the methods you will use to monitor the quality of his or her performance with clients. (Note: Supervision *must* include direct observation or audio or video recording).

Check all that apply:

\_\_\_\_\_ Direct Observation

\_\_\_\_\_ Student Verbal Report

\_\_\_\_\_ Audio Tape

\_\_\_\_\_ Role Play

\_\_\_\_\_ Video Recording

\_\_\_\_\_ Other (Describe)\_\_\_\_\_

\_\_\_\_\_ Evaluate Trainee's Process and Progress Notes

**SECTION III ADDITIONS**

a. TERMINATION

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with cause* shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised practicum setting. Any party may terminate this agreement *without cause* by giving all other parties 30 days' notice of the intention to terminate. Termination of the trainee's or supervisor's employment under terms of this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting or the supervisor, such a decision must include prior consultation with the qualifying degree program.

b. CHANGES IN THE AGREEMENT

This agreement must be amended in writing and signed by each party.

c. INDEMNIFICATION

The qualifying degree program requires that each student trainee procure individual professional liability malpractice insurance coverage before working with clients in a supervised practicum setting. The supervised practicum setting assumes all risk and liability for the student's performance of services while at the supervised practicum setting.

**SECTION IV ADDITIONAL TERMS AND COMMENTS**

(This space is to be used for additional notes on the student's clinical training experience.)

**SECTION V TERM OF THE AGREEMENT**

**Note to Agency:** Please review with the trainee their time commitment to your agency. Fill in the dates below, using the date you and the trainee entered into this agreement and the approximate date you expect the trainee to leave. **Important:** Agency Director, please initial agreement next to commitment dates.

FROM \_\_\_\_\_ (Date this agreement is valid) \_\_\_\_\_ (Initials) TO \_\_\_\_\_ (Date trainee expected to leave agency) \_\_\_\_\_ (Initials)

**SECTION VI SIGNATURES**

By signing this form, you are indicating that you have read, understood, and agreed to the terms specified.

<b>I. Representative of the Placement Site:</b>	
_____	
Name (please print)	Title
_____	
Signature	
_____	
<b>II. Primary Site Supervisor:</b>	<b>Initials of other supervisors:</b> _____
_____	
Name (please print)	Title
_____	
Signature	Date
_____	
<b>Note:</b> Write license number for each license held:	
License(s) held: #	
_____ LMFT	_____ Psychologist*
_____ LCSW	_____ Psychiatrist (M.D.)
_____ LPCC	
<b>III. Trainee:</b>	
_____	
Name (please print)	CWID#
_____	
Signature	Date
_____	
<b>IV. For qualifying degree program: CSUF Clinical Training Director</b>	
_____	
Name (please print)	
_____	
Signature	Date
_____	

\*Please note that Licensed Educational Psychologists (LEPs) cannot supervise MFT or CC Trainees.  
**REMINDER to the Trainee:** Please distribute signed photocopies to those who sign above, filing the original with the Department of Counseling, Clinical Training office. **The Original "4-Way Agreement" must be kept on file with the Department of Counseling, Clinical Training office, for practicum hours to count.**



**San Francisco State University**  
1600 Holloway Avenue, BH 524  
San Francisco, California 94132

College of Health & Human Services  
Department of Counseling  
(415) 338-7647  
(415) 338-0594 Fax

## **SUPERVISED FIELDWORK AGREEMENT/CONTRACT**

### **SECTION I: DEFINITION OF TERMS**

1. **"Qualifying degree program,"** is a doctor's or master's degree program in marriage, family and child counseling, mental and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling, or social work with an emphasis in clinical social work as defined in section 4980.40 of the Business and Professions Code.
2. **"Supervised fieldwork setting,"** is a governmental entity, a school, college, or university, a non-profit and charitable corporation, or a licensed health facility as defined in section 4980.43 (e) of the Business and Professions Code.
3. **"Supervisor,"** is a currently licensed marriage, family and child counselor, psychologist, clinical social worker, or licensed physician certified in psychiatry as defined in section 4980.45 (a) of the Business and Professions Code and otherwise meets all qualifications defined in the Code.
4. **"Trainee,"** is an unlicensed person who is currently enrolled in a master's or doctor's degree program and has completed no less than 12 semester units or 18 quarter units of course work in any qualifying degree program as defined by section 4980.03 (c) of the Business and Professions Code.
5. **"Supervised fieldwork experience,"** is experienced within the scope of practice of a marriage, child and family counselor in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions and healthy functioning and health promotion and illness prevention, in a supervised clinical placement as defined by section 4980.40 (b) (1) of the Business and Professions Code.
6. **"Employment,"** may be paid or voluntary. "Experience shall be gained by...trainees either as an employee or as a volunteer.... Experience shall not be gained by trainees...as an independent contractor" (Section 4980.43 (b) of the Business and Professions Code). "...the authorized supervisor may be employed by the applicant's employer on either a paid or a voluntary basis. If such employment is on a voluntary basis a written agreement must exist between the supervisor and the organization, prior to commencement of supervision..." (Section 1833 (b) (4) of the California Code of Regulations).

### **SECTION II: RELATIONSHIP OF THE PARTIES**

1. The qualifying degree program shall approve of and coordinate with the supervised fieldwork setting.
2. The supervised fieldwork setting shall coordinate with the qualifying degree program and shall employ the trainee and the supervisor in accordance with the statutes, regulations, and professional standards governing marriage, family and child counselors.
3. The supervisor shall be employed by the supervised fieldwork setting and shall provide supervision of the trainee's supervised fieldwork experience in compliance with the statutes, regulations, and professional standards governing marriage, family and child counselors.
4. The trainee is a student of the qualifying degree program, is employed by or is a volunteer of the supervised fieldwork setting, and is supervised by the supervisor in accordance with the statutes, regulations, and professional standards governing marriage, family and child counselors.

### **SECTION III: GOALS OF THE SUPERVISED FIELDWORK EXPERIENCE**

1. To provide an experience that trains students in the diagnosis, assessment, prognosis, and treatment of mental disorders.
2. To train students specifically in the application of marriage and family relationship counseling principles and methods.
3. To encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
4. To teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.
5. To prepare students to be familiar with cross-cultural mores and values, and to design experiences that include marriage, family, and child counseling in low-income and multi-cultural health settings where appropriate.
6. To educate students in the therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage, family and child counseling.
7. To gain supervised fieldwork experience within the scope of practice of a Marriage, Family and Child Counselor in a supervised clinical placement.

## SECTION IV: RESPONSIBILITIES OF THE PARTIES

### 1. THE QUALIFYING DEGREE PROGRAM

- a. shall approve the supervised fieldwork setting for each trainee.
- b. shall have this written agreement with the supervised fieldwork setting that details each party's responsibility, including the methods by which supervision will be provided.
- c. shall provide forms for regular process reports and evaluation of the student's performance at each supervised fieldwork setting.
- d. shall coordinate the terms of this agreement with each of the named parties.
- e. shall provide a liaison with the agency to facilitate coordination, monitoring and problem solving
- e. shall evaluate the appropriateness of the supervised fieldwork experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Marriage, Family and Child Counselor (MFCC) as set forth in Section 4980.02 of the Business and Professions Code.

### 2. THE SUPERVISED FIELDWORK SETTING

- a. shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Science that the placement is one that is defined in law, that the trainee is employed in the manner required by law and a description of the duties performed by the trainee fall within the scope of the license of a MFCC.
- b. shall appropriately evaluate the qualifications and credentials of any employee who provides supervision to MFCC trainees.
- c. shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to clients.
- d. shall orient the trainee and supervisor to the policies and practices of the agency.
- e. shall notify the qualifying degree program in a timely manner of any difficulties in the work performance of the student.
- f. shall provide the trainee and the supervisor with an emergency response plan which assures the safety and security of trainee, supervisor, and trainee's clients.
- g. shall provide the trainee with a minimum of 12 hours per week (1st year practicum) and 16 hours per week (2nd year practicum), of supervised fieldwork experience within the scope of practice of an MFCC, including at least one hour of individual supervision per week.

### 3. THE SUPERVISOR

- a. shall sign and abide by the "Responsibility statement for supervisors of the MFCC license" as described in Section 1833.1 of the California Code of Regulations (CCR).
- b. shall describe in writing the methods by which supervision will be provided.(See attached form)
- c. shall provide regular progress reports and evaluations of the student's performance at the site to the qualifying degree program on the forms provided, at the end of each semester.
- d. shall provide a minimum of 1 hour of individual supervision per week to trainees.
- e. shall abide by the ethical standards for supervisors promulgated by the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.
- f. shall review and sign the experience log required by Section 1833 (e) of the CCR on a weekly basis as set forth in Section 1833 (c) of the CCR.
- g. shall sign the experience verification form required for licensure except as set forth in Section 1833.1 (c) of the CCR.
- h. **shall provide the qualifying degree program with a current copy of his/her license** and resume, and notify the qualifying degree program and the trainee of any action that may effect his/her license immediately.
- i. shall renew license if it expires during the time of the traineeship.
- j. **shall discuss the terms of this agreement with agency/school/hospital director and shall not sign this agreement unless director agrees with all terms herein.**

### 4. THE TRAINEE

- a. shall request that his/her supervisor complete the Supervisor's Responsibility Statement.
- b. shall maintain a log of all hours of experience gained toward licensure as required by Section 1833 (e) CCR.
- c. shall be responsible along with his/her supervisor for providing complete and accurate documentation to the Board of Behavioral Science and to San Francisco State University Department of Counseling in order to gain hours of experience towards licensure.
- d. shall be responsible for learning those policies of the supervised fieldwork setting which govern the conduct of regular employees and trainees, and for complying with such policies.
- e. shall be responsible for participating in the periodic evaluation of his or her supervised fieldwork experience and delivering it to the qualifying degree program.
- f. shall meet with site supervisor at least weekly for 1 hour of individual supervision and provide supervisor with all materials requested by supervisor to facilitate clinical supervision.
- g. shall meet with faculty liaison at least two times during each semester.



- h. shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
- i. shall abide by the ethical standards of the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.

**SECTION V: METHODS OF SUPERVISION**

Section 1833.1 (a) (6) requires that the supervisor monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the supervisor and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed.

Supervisor: please check all those appropriate.

_____ Audio Tape	_____ Video Tape
_____ Process and Progress Notes	_____ Student Verbal Report
_____ Role Play	_____ Direct Observation
_____ Other (Describe) _____	

**SECTION VI: EVALUATIONS**

Written evaluation by direct supervisor per semester detailing students progress. Evaluation to be discussed with trainee and discussed with and sent to degree program liaison.

**SECTION VII: ADDITIONS**

a. **TERMINATION**

The expectation of all parties is that the trainee will complete the term of this agreement. Termination of this agreement with cause shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised fieldwork setting. Any party may terminate this agreement without cause by giving all other parties 30 days notice of the intention to terminate. Termination of this agreement on the part of the trainee or supervisor is separate from termination of his or her employment at the supervised fieldwork setting. Termination of the trainee's or supervisor's employment or this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting or the supervisor that such a decision must include consultation with the qualifying degree program.

b. **CHANGES IN THE AGREEMENT**

This agreement may be amended at any time but any amendment must be in writing and signed by each party.

c. **INDEMNIFICATION**

The supervised fieldwork setting assumes all risk and liability for, and indemnifies, protects, holds harmless and hereby releases the qualifying degree program and each and every one of its officers, against, faculty and employees of, from and against all liability, losses, injuries, damages, claims, suits, fees, including attorney's fees, costs or judgments which may arise from the student's performance of services while at the supervised fieldwork setting. The assumption of risk, liability and indemnification under this paragraph shall survive the termination of this contract.

d. **THIS AGENCY WILL PROVIDE PROFESSIONAL LIABILITY INSURANCE FOR THIS TRAINEE:**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF NO:** Trainee will purchase professional liability insurance and will furnish proof of such insurance to agency supervisor and to Department of Counseling's Field Placement Coordinator.

f. An **Agency CRISIS PROTOCOL Review** with the Trainee is scheduled for: \_\_\_\_\_

**SECTION VIII: TERM OF THE AGREEMENT**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ hours per week.

**SECTION IX: SIGNATURES**

The signatures of the parties below affirms their understanding and acceptance of the terms and conditions of this Agreement.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of  
Degree Program (Field Placement Coordinator)

\_\_\_\_\_  
Date

**SUMMARY SHEET**

**STUDENT:**

**Program Units Completed:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (Other) \_\_\_\_\_

**AGENCY [Field Placement]:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_

**SUPERVISOR:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(IF DIFFERENT THAN AGENCY)  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Fax #: \_\_\_\_\_

**Type of License:**

MFCC \_\_\_\_\_ License # \_\_\_\_\_  
LCSW \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Clinical Psychologist \_\_\_\_\_  
Board Certified Psychiatrist \_\_\_\_\_

**TYPE OF WORK SETTING:**

**ON-SITE**

**OFF-SITE**

Governmental entity	_____	_____
School, college or university	_____	_____
Non-profit and charitable corporation	_____	_____
Licensed health facility - As defined in Health and Safety Code Sections 1250, 1250.2 & 1250.3	_____	_____

\_\_\_\_\_ Appropriate verification has been provided

**TYPE OF SUPERVISION:**

**INDIVIDUAL** \_\_\_\_\_ **GROUP** \_\_\_\_\_  
(One hour per week minimum) (8 or less participants, 2 hours per week minimum)

**METHODS OF SUPERVISION:**

**Individual**

**Group**

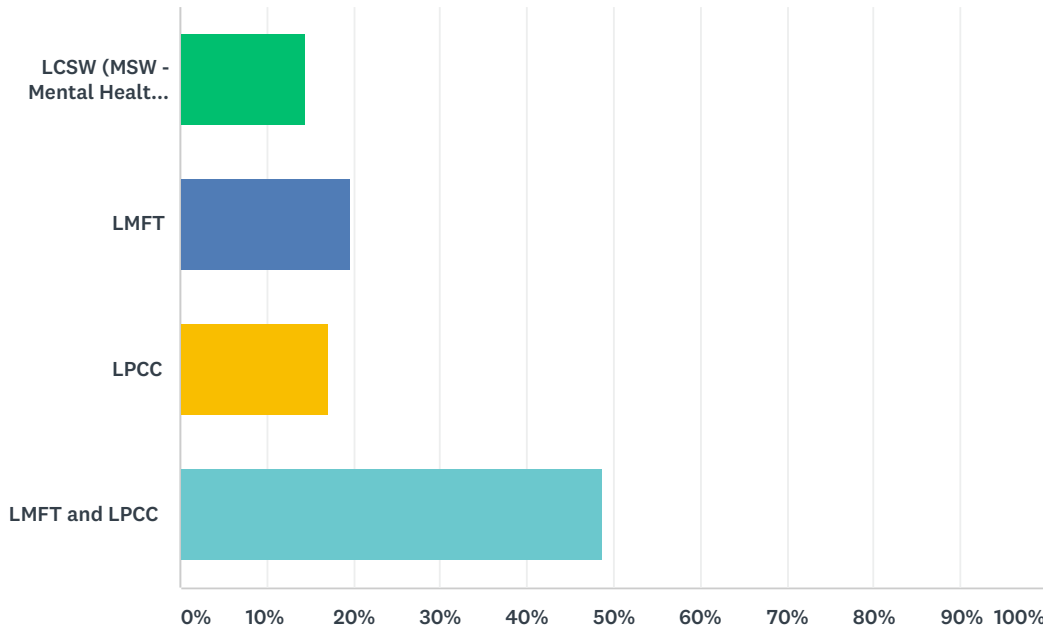
Case Presentation:	_____	_____
Live Supervision:	_____	_____
Video taping:	_____	_____
Audio taping:	_____	_____
Other (specify):	_____	_____

Revised: October 24, 2017

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# Q1 What license type(s) are being pursued by the students in your degree program?

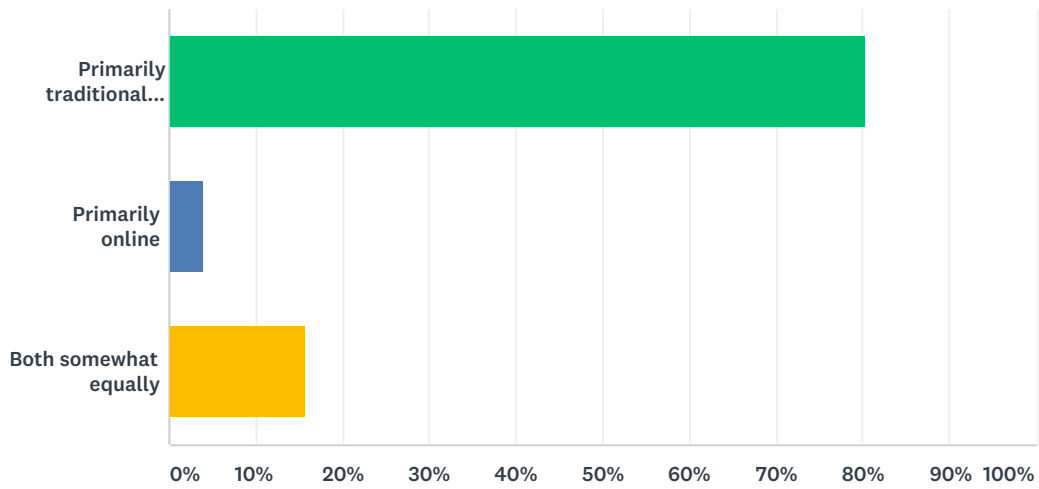
Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
LCSW (MSW - Mental Health Concentration)	14.47%	11
LMFT	19.74%	15
LPCC	17.11%	13
LMFT and LPCC	48.68%	37
TOTAL		76

## Q2 Is your school's program primarily delivered in a traditional classroom setting, primarily online, or both?

Answered: 76 Skipped: 0

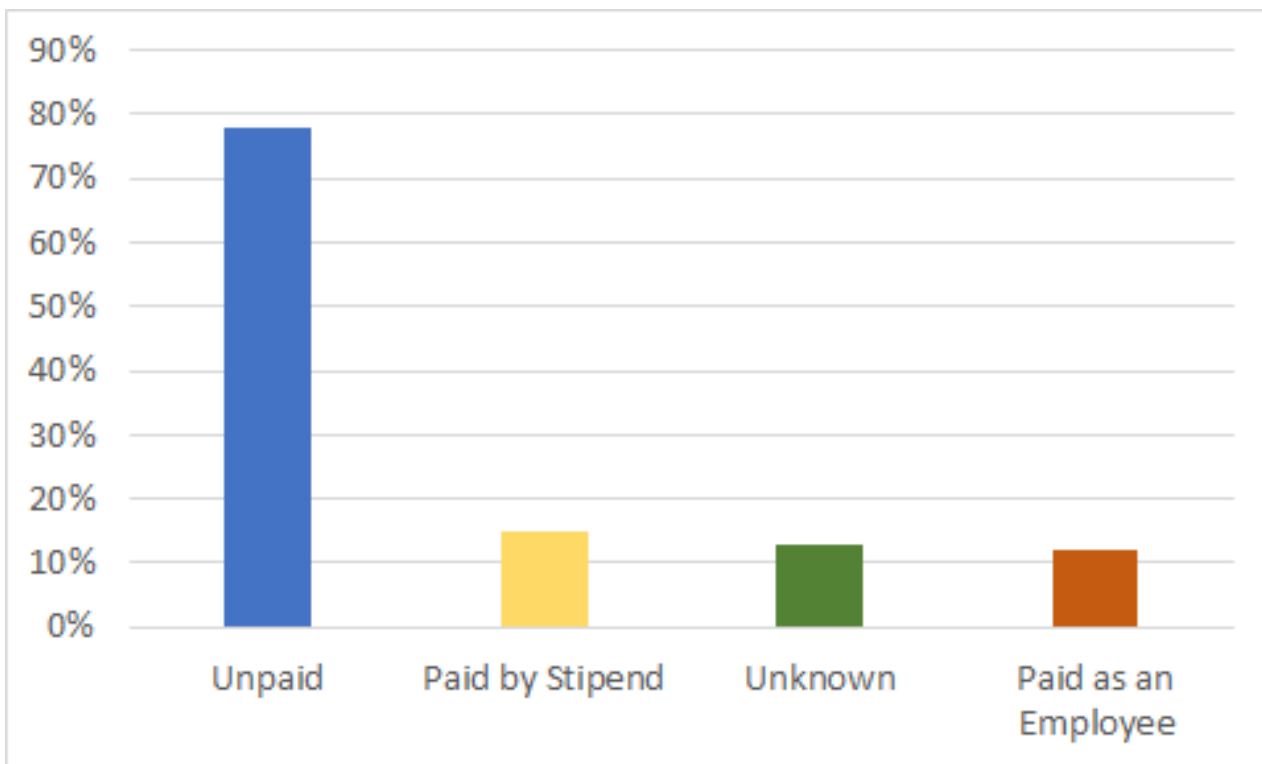


ANSWER CHOICES	RESPONSES	
Primarily traditional classroom	80.26%	61
Primarily online	3.95%	3
Both somewhat equally	15.79%	12
<b>TOTAL</b>		<b>76</b>

### Q3 Approximately what percentage of your students are paid during their practicum or field study placement?

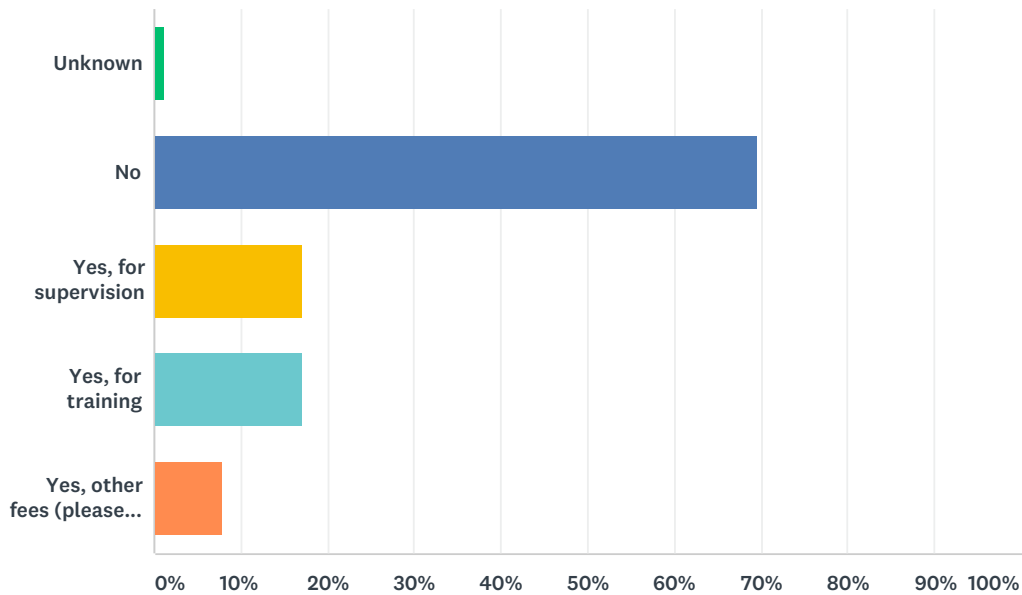
Answered: 76 Skipped: 0

ANSWER CHOICES	RESPONSES	
% Unpaid	Average - 78%	74
% Paid by stipend	Average - 15%	44
% Paid as employee	Average - 12%	49
% Unknown	Average - 13%	12



### Q4 Do any of your practicum or field study sites require students to pay fees directly to the site? (Mark all that apply)

Answered: 76 Skipped: 0



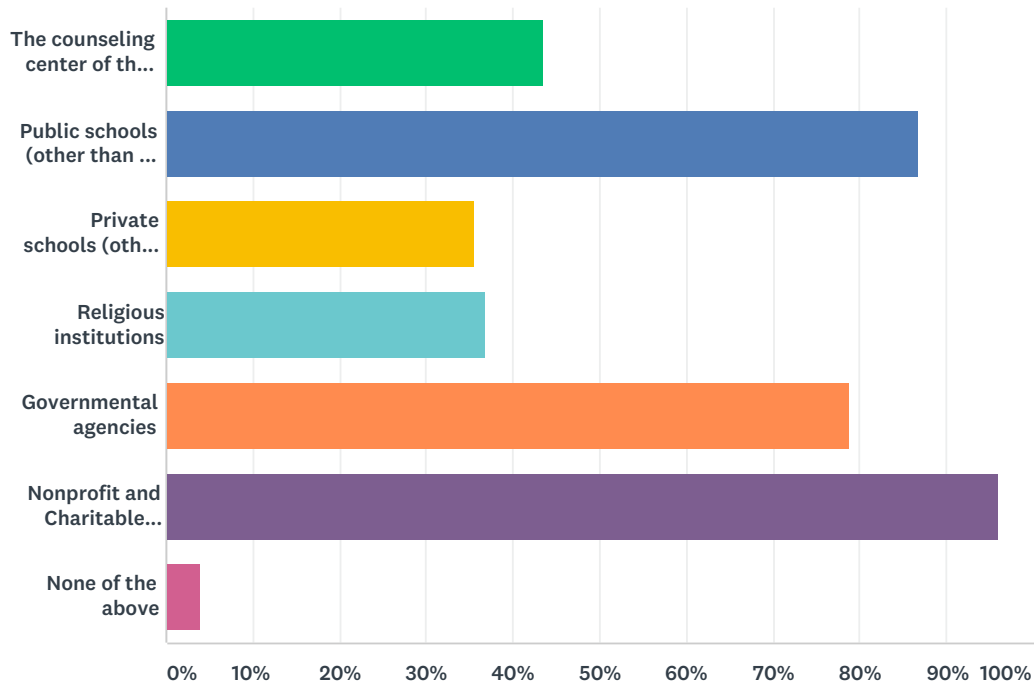
ANSWER CHOICES	RESPONSES
Unknown	1.32% 1
No	69.74% 53
Yes, for supervision	17.11% 13
Yes, for training	17.11% 13
Yes, other fees (please specify what the other fees pay for)	7.89% 6
Total Respondents: 76	

#	YES, OTHER FEES (PLEASE SPECIFY WHAT THE OTHER FEES PAY FOR)	DATE
1	livescan	9/14/2017 1:40 PM
2	Additional supervision beyond the minimum requirement	9/13/2017 5:53 PM
3	Fingerprints, etc	8/17/2017 4:54 PM
4	fingerprinting, shot records.	8/1/2017 11:27 AM
5	This only takes place for the infrequent training institute that an occasional student really wants to study at. Very rare though.	7/28/2017 8:59 AM
6	one site only	7/27/2017 9:38 AM



### Q5 Are your students performing clinical services (assessment, diagnosis, and/or treatment) while placed in any of the following setting types? (Mark all that apply)

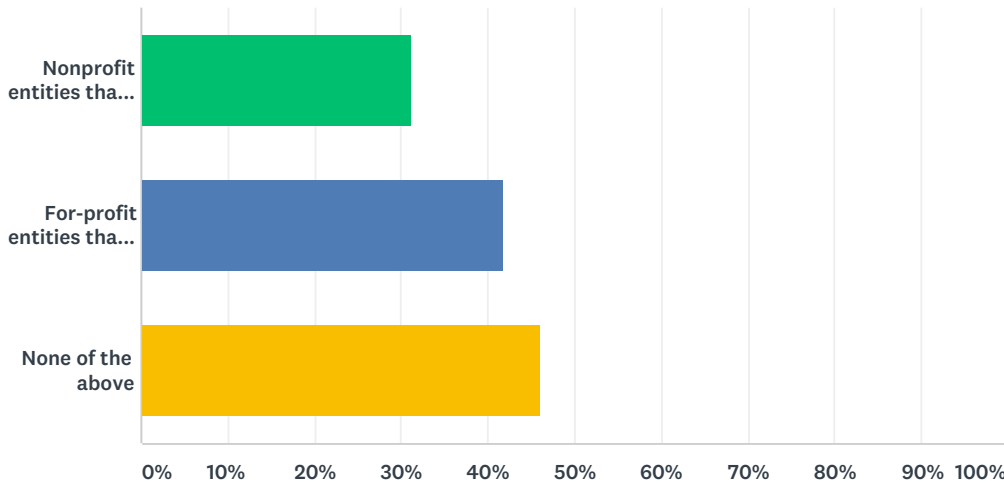
Answered: 76 Skipped: 0



The counseling center of the college where degree is being pursued	43.42%	33
Public schools (other than the college where degree is being pursued)	86.84%	66
Private schools (other than the college where degree is being pursued)	35.53%	27
Religious institutions	36.84%	28
Governmental agencies	78.95%	60
Nonprofit and Charitable entities (registered as a 501(c)(3))	96.05%	73
None of the above	3.95%	3
Total Respondents: 76		

### Q6 Are your students performing clinical services (assessment, diagnosis, and/or treatment) while placed in any of the following setting types? (Mark all that apply)

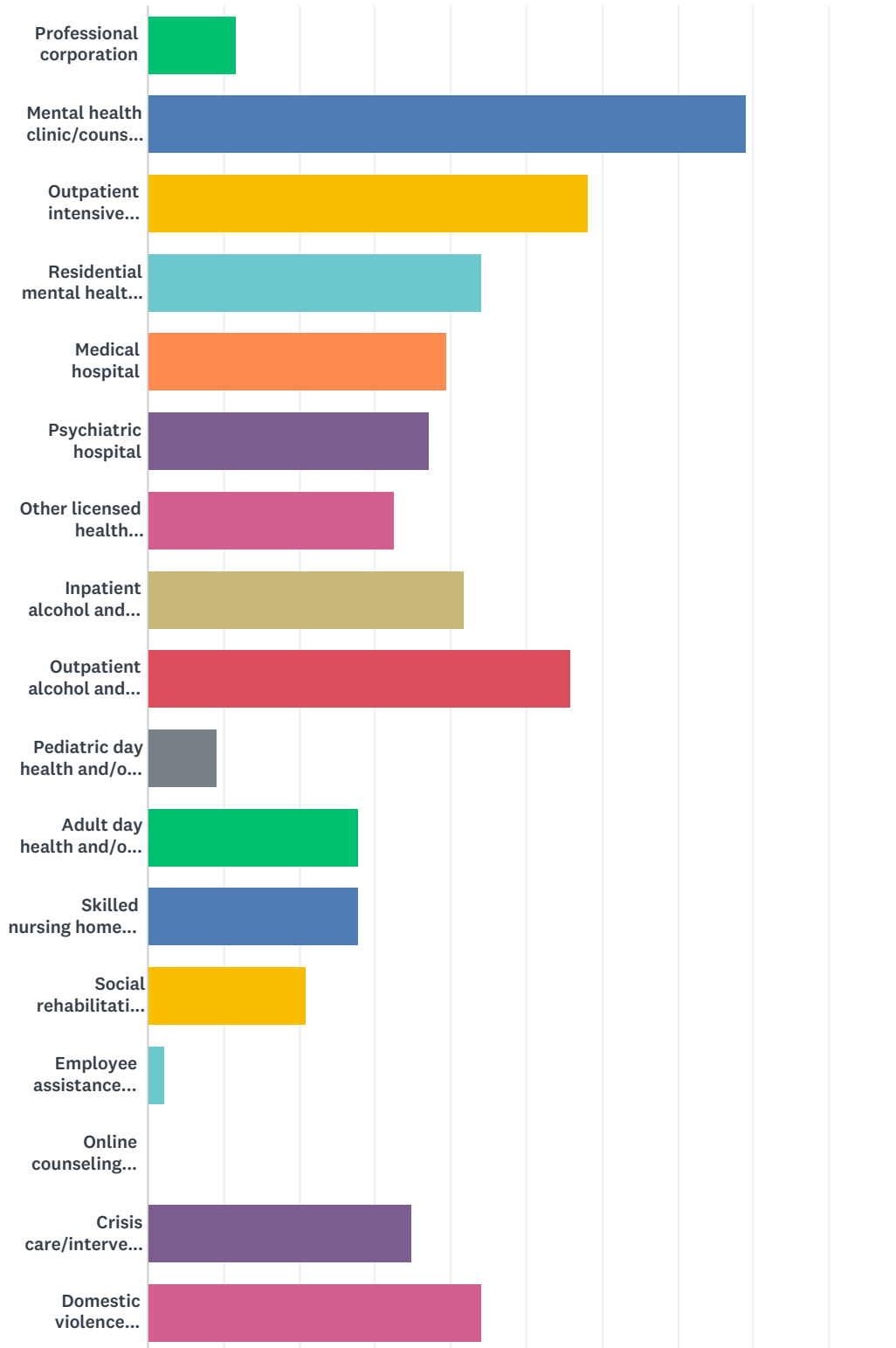
Answered: 74 Skipped: 2

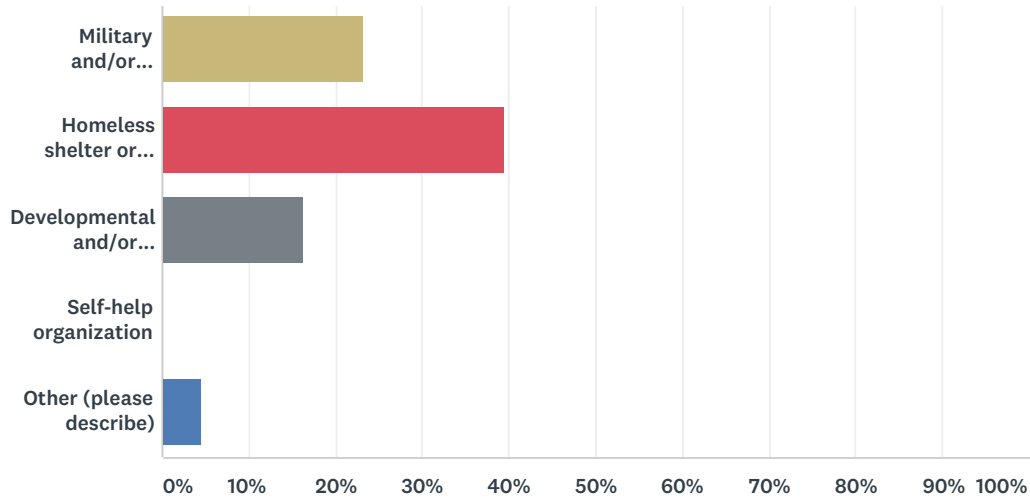


Nonprofit entities that are NOT registered as a 501(c)(3)	31.08%	23
For-profit entities that are not a private practice	41.89%	31
None of the above	45.95%	34
Total Respondents: 74		

**Q7 If you selected either of the following setting types in Question 6, please select the facility or program types that best describe those entities. (Mark all that apply)- Nonprofit entities that are NOT registered as a 501(c)(3)- For-profit entities that are not a private practice**

Answered: 43 Skipped: 33



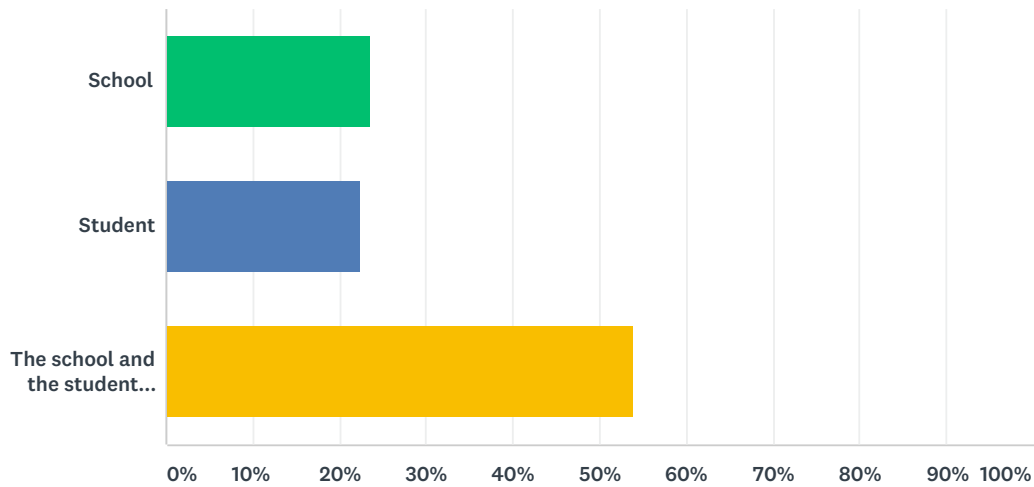


Professional corporation	11.63%	5
Mental health clinic/counseling center	79.07%	34
Outpatient intensive mental health treatment center	58.14%	25
Residential mental health treatment center	44.19%	19
Medical hospital	39.53%	17
Psychiatric hospital	37.21%	16
Other licensed health facilities	32.56%	14
Inpatient alcohol and drug treatment center	41.86%	18
Outpatient alcohol and drug treatment center	55.81%	24
Pediatric day health and/or respite care facility	9.30%	4
Adult day health and/or respite care facility	27.91%	12
Skilled nursing home or assisted living facility	27.91%	12
Social rehabilitation facility	20.93%	9
Employee assistance program	2.33%	1
Online counseling clinic	0.00%	0
Crisis care/intervention program	34.88%	15
Domestic violence program	44.19%	19
Military and/or veteran's service program	23.26%	10
Homeless shelter or service program	39.53%	17
Developmental and/or Intellectual disability program	16.28%	7
Self-help organization	0.00%	0
Other (please describe)	4.65%	2
<b>Total Respondents: 43</b>		

#	OTHER (PLEASE DESCRIBE)	DATE
1	State correctional facilities licensed by the state	9/18/2017 1:42 PM
2	County facility, which I assume is not a 501(c)(3) entity	7/27/2017 2:04 PM

## Q8 Is the school primarily responsible for finding a placement, or is the student?

Answered: 76 Skipped: 0



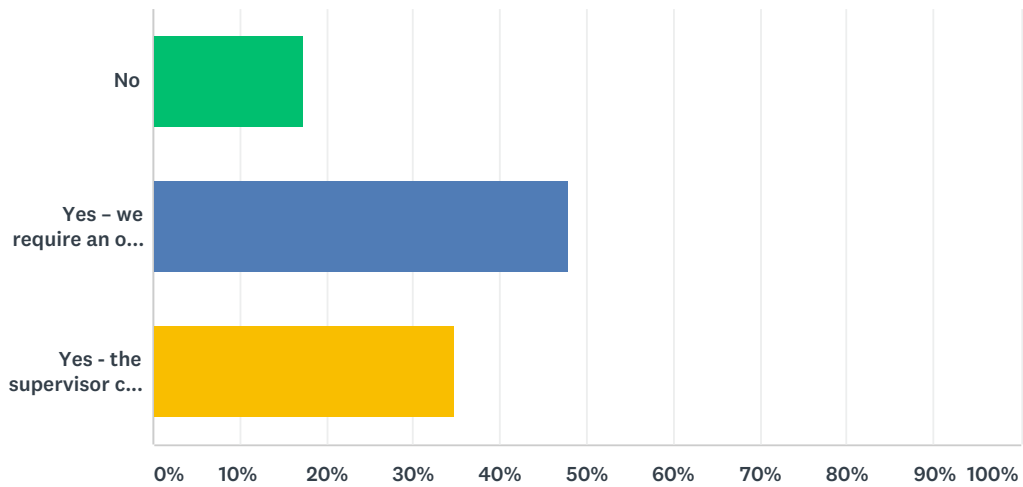
ANSWER CHOICES	RESPONSES
School	23.68% 18
Student	22.37% 17
The school and the student collaborate to find a site (Please explain):	53.95% 41
TOTAL	76

THE SCHOOL AND THE STUDENT COLLABORATE TO FIND A SITE (PLEASE EXPLAIN)*:	
1	As the External field coordinator, when needed I sit down with the students to discover their areas of interest and areas of expertise. Once identified I can direct them to some of our approved sites that could meet their needs.
2	Our program has a structured field placement program with over 100 relationships with community institutions, agencies, and programs. We insure that our sites meet accreditation and licensure standards and provide field placement training fairs, and act as a liaison with site supervisors. We also provide advising and support while student is seeking a field placement. Students ultimately secure the placement via interview, etc. however, we provide structured direction, and are accountable for insuring the sites meets our standards.
3	The school maintains an ongoing list of approved sites. A student may find a new site, and request for the site to be reviewed for approval.
4	Our school has partnerships with select sites that attend our practicum fair. Students are only allowed to apply to these sites (unless there are extenuating circumstances). After interviews, students and sites rank their preferences. Then through an equitable matching process done by the Director of Clinical Training, students are informed of their placement. Generally all students are placed, but if for some reason a student is not matched, the Director of Clinical Training takes on the responsibility of placing the student.
5	The student selects multiple sites that are then approved by the program for interview. When the student is offering a placement, the program approves the placement by contacting the agency. This is a collaborative process with all parties involved.
6	It is primarily the student's responsibility but the school has a number of collaborative relationships with a number of settings. We invite setting representatives to come present their setting. When students are initially unsuccessful securing a placement, we get involved in trying to facilitate a placement.

**\*All of these responses (1-6) are representative of the 41 comments received that explain how the student/school collaboration works**

### Q9 Does the school require a supervisor who is a licensed mental health professional to supervise the experience?

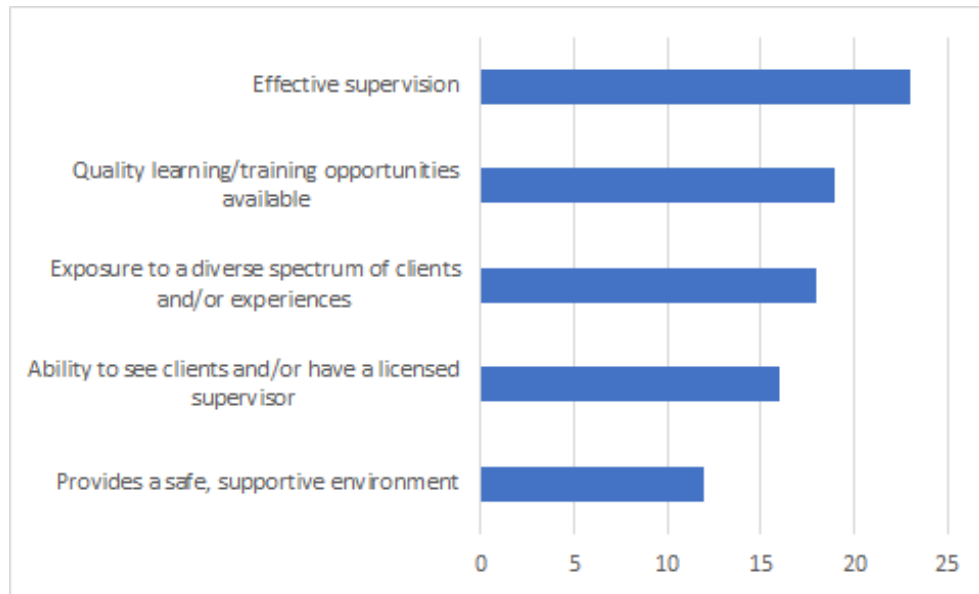
Answered: 75 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	17.33%	13
Yes – we require an ON SITE supervisor	48.00%	36
Yes - the supervisor can be OFF SITE	34.67%	26
TOTAL		75

### Q10 Other than meeting legal requirements, what are the most important characteristics or qualities of a suitable practicum or fieldwork setting?

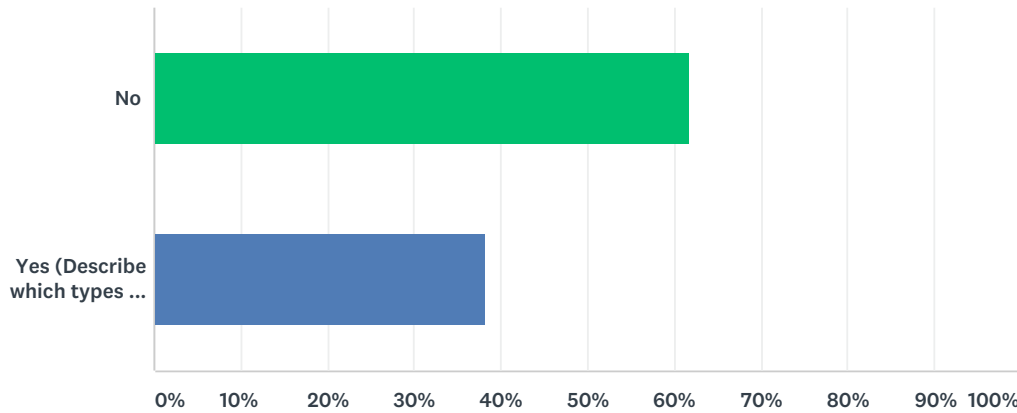
Answered: 69 Skipped: 7





# Q11 Are there certain types of settings that are allowed by law, but that you or your school feels are generally not suitable placement settings for students?

Answered: 73 Skipped: 3



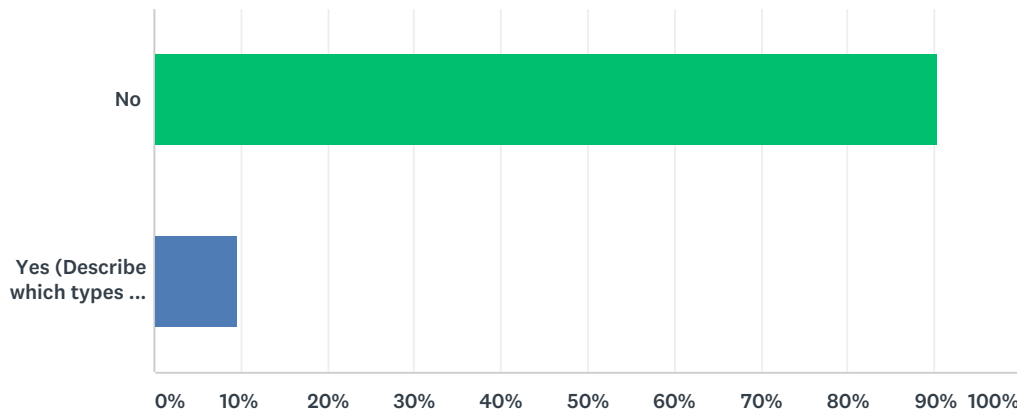
ANSWER CHOICES	RESPONSES
No	61.64% 45
Yes (Describe which types of settings and why)	38.36% 28
TOTAL	73

#	YES (DESCRIBE WHICH TYPES OF SETTINGS AND WHY)	DATE
1	Sometimes agencies are experiencing staff turnover and agency culture upheavals that make them a challenging placement option for student interns.	10/3/2017 12:04 PM
2	Agencies that do not provide adequate weekly supervision, do not allow audio-recording of counseling sessions, or do not facilitate the development of a caseload/clients for the trainee; in addition, agencies that do not provide opportunities for assessment, intervention and treatment planning (formally or informally) are not suitable placements for our students.	9/24/2017 6:14 PM
3	Crisis centers because students get a very limited scope of experience and do not often get a chance to work with a client on a long-term basis.	9/19/2017 6:31 PM
4	ABA sites- because it does not seem to fit "therapy". Some Substance Abuse placements that are not well equipped for good clinical training.	9/19/2017 5:46 PM
5	Private practice/therapy	9/18/2017 2:38 PM
6	unstable organizational administration with high turn-over among personnel and supervisors; organization mission that is not culturally inclusive	9/18/2017 12:29 PM
7	We need sites that allow our students to video/audio to meet external accreditation standards.	9/16/2017 10:27 AM

8	As an MFT program, we desire for our students to gain more couples, family and child hours as well as to receive a wide range of training and experience. Therefore, we no longer send students to sites that are too clinically narrow in their specialty or focus. For example, pregnancy clinics, drug rehab, assisted living facilities, group therapy only, equine therapy, etc. Generally, these settings tend to offer individual therapy or group therapy. And while these settings equip our students with excellent skills, such skills are often too specific and not easily transferable to a more general setting. In the past, a few of our students have had negative experiences with what we call the "factories." These are sites that provide the minimum training, supervision, structure, and support in order to have as many clients as possible, generally in large school systems. Trainees are expected to carry large client loads with insufficient support, which often leads to apathy and burnout. We prefer to work with sites that invest in the development and growth of our trainees. In the past, we have also had a few situations where a site asked a student to take unethical actions. We of course pulled the trainee out of such sites.	9/16/2017 12:32 AM
9	Online therapy of an sort.	9/14/2017 1:29 PM
10	Just sites who do not provide adequate supervision and training or who provide a very negative work environment where trainees do not feel valued or respected.	9/14/2017 11:59 AM
11	In home treatment centers.	9/14/2017 6:28 AM
12	We are concerned about placing students at private, for-profit facilities, especially recovery centers. Due to the nature of these sites, we have had experiences where students were being put in unethical and, at times, illegal situations. It appears that students were being used as "free-labor" and not being trained to be competent and skilled clinicians.	9/13/2017 11:50 PM
13	School settings that only provide 15 minute counseling sessions. Not sufficient for any real treatment, and not adequate for student training needs.	9/13/2017 11:00 AM
14	For-profit Alcohol & Drug treatment facilities, because so many of them (with rare exception) do not do adequate treatment, but focus on client fees/reimbursements.	8/15/2017 7:56 PM
15	Placements that do not have enough supervisory oversight within the social work discipline; anything that is in violation of our social work code of ethics	8/3/2017 6:33 PM
16	We have movd towards not allowing students to drive clients in their car while on placement.	8/2/2017 1:34 PM
17	Applied Behavioral Therapy, sites that only provide group therapy.	8/1/2017 3:47 PM
18	IOP - too profit oriented	7/31/2017 6:06 PM
19	Those that discriminate based on Title IX on the federal ed. code.	7/31/2017 3:39 PM
20	Schools that do not have school counselors who have the traits mentioned above	7/28/2017 1:45 PM
21	We had a problem with a site, before, as they seemed to be violating ethical standards, so we took the site off of our approved list of sites. We also took another site off of our approved list because it seemed that our students were receiving inadequate supervision.	7/27/2017 2:04 PM
22	Inpatient mental health—unless there is an exceptionally well-trained student. Most are simply not ready even with strong supervision.	7/27/2017 11:42 AM
23	Settings that expect greater than 50% of client contact in the home; settings that expect students to regularly drive long distances; settings that provide individual counseling only	7/27/2017 11:01 AM
24	Severely traumatized client populations or populations with severe mental illnesses, unless we have a supervisor that has significant training and who will provide significant professional development and support for the student/intern.	7/27/2017 8:58 AM
25	Lack of sufficient training/supervision, extended distance from school location that would deter student due to far commute between school and placement, client referrals are low for student to meet graduation practicum hours requirement	7/27/2017 1:41 AM
26	ones that are very specific in terms of clientele that does not allow student to do much therapy (e.g., treatment for autism; psychiatric facilities for seriously mentally ill)	7/26/2017 9:59 PM
27	Private practice office. Individual clinical practice for profit.	7/26/2017 5:53 PM
28	Students are discouraged from doing a placement where longer-term therapy is not available for example short-term treatment facility	7/26/2017 4:35 PM

## Q12 Are there any settings not currently allowed by law that you or your school feels may be suitable placements for students?

Answered: 72 Skipped: 4



ANSWER CHOICES	RESPONSES	
No	90.28%	65
Yes (Describe which types of settings and why)	9.72%	7
<b>TOTAL</b>		<b>72</b>

#	YES (DESCRIBE WHICH TYPES OF SETTINGS AND WHY)	DATE
1	Yes. I do not see the value of prohibiting private practice settings.	9/26/2017 4:47 PM
2	I think it is important to recognize that while the law explicitly states the field placements need to cover assessment, diagnoses, treatment planning, prognosis, etc., there are some sites that provide rich clinical experiences but the formal use of diagnostic categories and assessments may not be used; the DSM in particular, is not necessarily valued across agencies and while it may be useful for reimbursements and important to know, some agencies focus more on the functional implications and the client's experience versus diagnostic categories. I think these components of the law are quite medical model oriented, and if we are moving towards a mental health recovery paradigm, it is important to consider how this framework fits or does not fit within these required practice areas. In addition, college counseling students - depending on the college - may have more opportunities to provide brief, mental health interventions, that are important skills for behavioral healthcare; in addition, they are often the 1st people that college students connect with and share concerns, difficulties, etc. While college settings (outside of their counseling and psych services) may not be in traditional clinical environments, the application of mental health screening and interventions are indeed important and can in fact facilitate access, persistence, and graduation. Finally, agencies that specifically serve persons with disabilities (e.g., department of rehabilitation) are also often not considered traditional clinical environments; however, rehabilitation counselors must be trained as counselors, and in these contexts provide eligibility, assessment, interventions, treatment planning and goals setting for sure; their roles and functions include equal parts of counseling, case management, and advocacy, all of which is critical to being a counselor today. In short, I think these contexts (school, DOR, college settings) can meet the LPCC requirements for sure; it just depends on the specific context within these settings.	9/24/2017 6:14 PM
3	Agencies or clinics that are owned by healthcare professionals	9/13/2017 5:53 PM
4	A for-profit community treatment center that truly focuses on community mental health, but does not have an alcohol & drug treatment license (therefore not legal now). I'm thinking of Telecare, that serves MHSA clients, but we can't send students there.	8/15/2017 7:56 PM

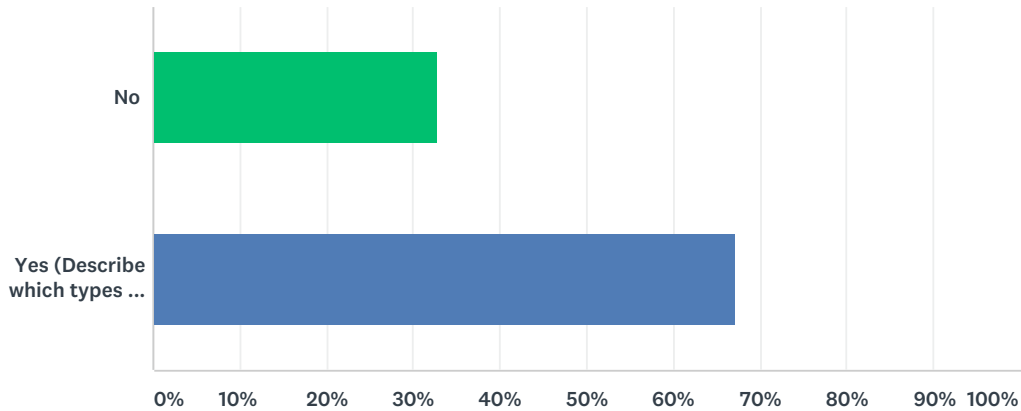
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5	Since the definition of private practice includes any corporation/business that is owned by a therapist, there are some sites which are not typical private practice settings, but are still not allowed. For example, corporations that offer a variety of services (behavioral therapy, assessment, individual therapy, etc.), but happen to be owned by someone who was or is a therapist.	8/1/2017 3:47 PM
6	Private charter schools may be fine. We would like to be allowed to explore them more.	7/28/2017 1:45 PM
7	I'm sure there are--but, I can't think of any right now.	7/27/2017 8:58 AM

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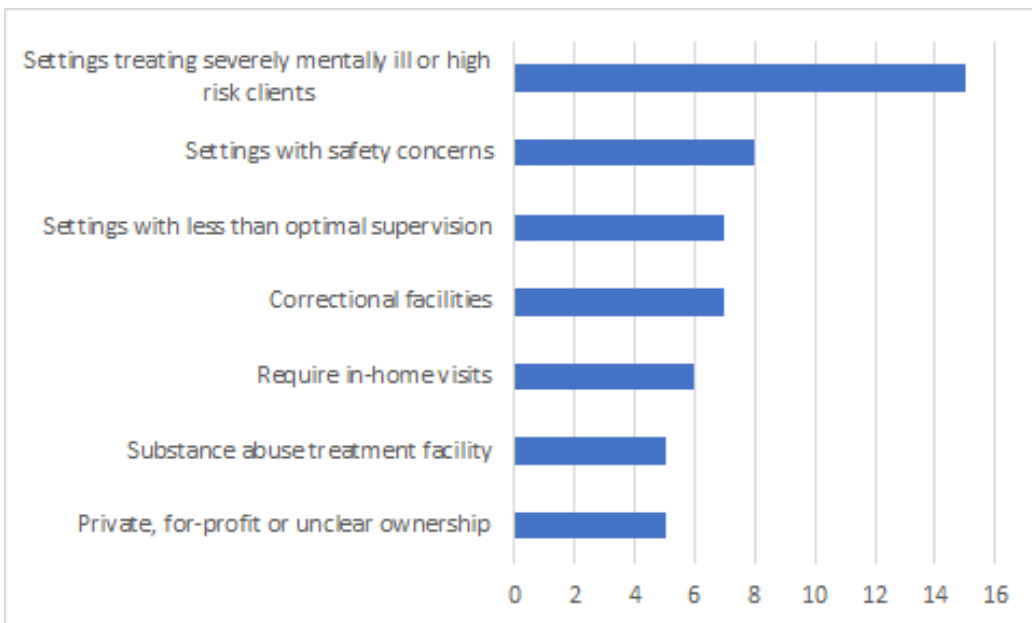
### Q13 Are there certain types of settings where you believe it is necessary to use extra precaution when placing students?

Answered: 73 Skipped: 3



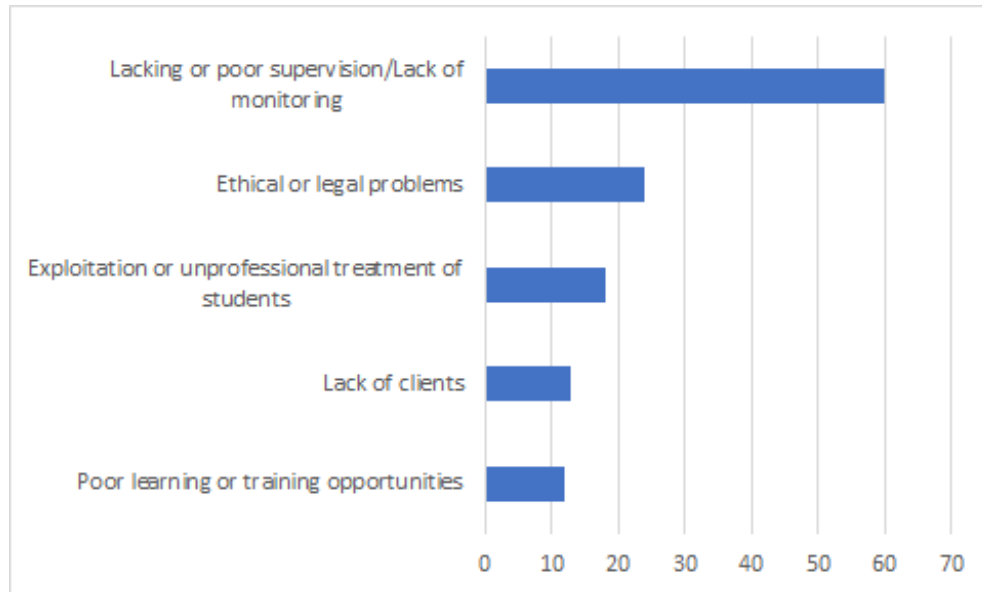
ANSWER CHOICES	RESPONSES	
No	32.88%	24
Yes (Describe which types of settings and why/what those extra precautions may be)	67.12%	49
TOTAL		73

#	YES (DESCRIBE WHICH TYPES OF SETTINGS AND WHY/WHAT THOSE EXTRA PRECAUTIONS MAY BE)	DATE
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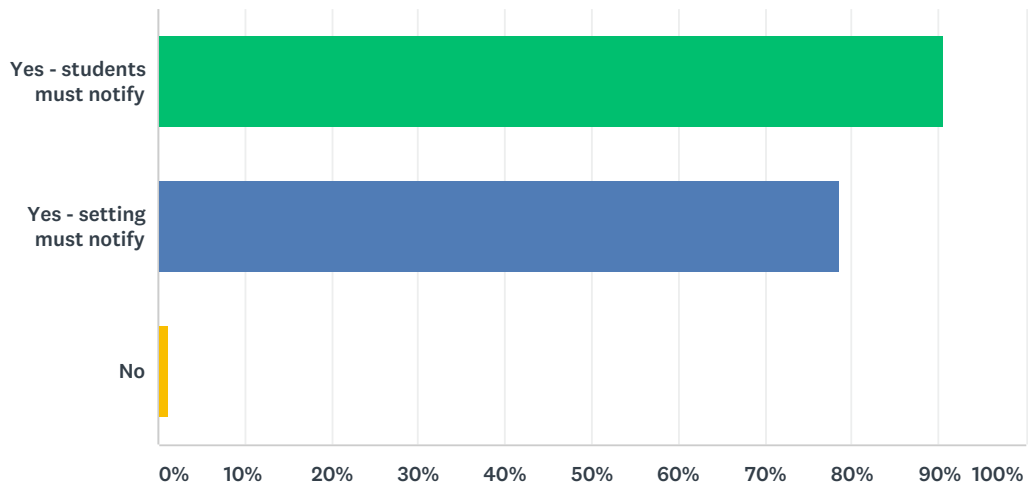
### Q14 What are some of the factors that may lead you to decide against (or discontinue) placing students at a site?

Answered: 72 Skipped: 4



### Q15 Do you require students or the setting to notify the school when there are difficulties at the work site?

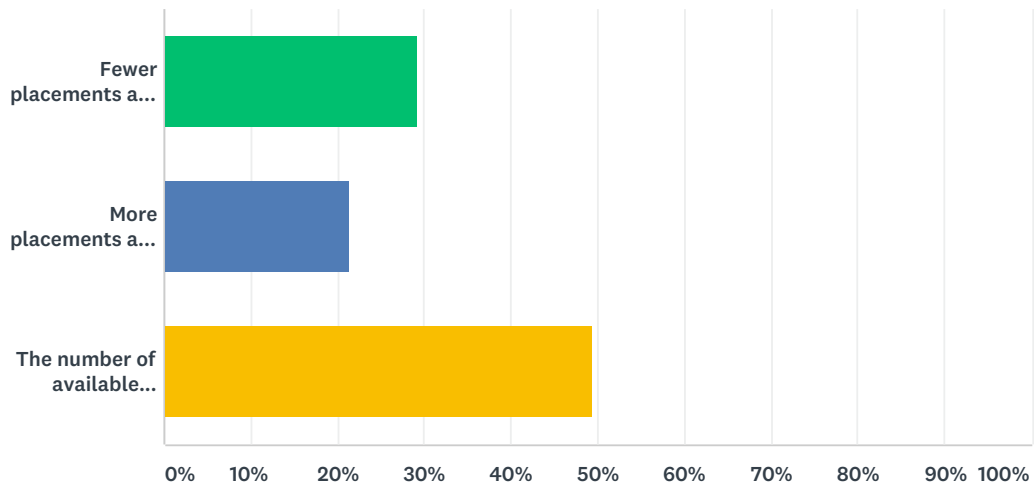
Answered: 75 Skipped: 1



Yes - students must notify	90.67%	68
Yes - setting must notify	78.67%	59
No	1.33%	1
Total Respondents: 75		

## Q16 How would you characterize the availability of placements for your students?

Answered: 75 Skipped: 1



ANSWER CHOICES	RESPONSES	
Fewer placements are available than are needed	29.33%	22
More placements are available than are needed	21.33%	16
The number of available placements are sufficient	49.33%	37
<b>TOTAL</b>		<b>75</b>



Q17 Approximately what percentage of your students continue on at their site after graduation?

Answered: 72 Skipped: 4

**Average of 32%  
Continue at Site  
after Graduation**

## Q18 What types of questions or issues have you encountered when attempting to apply BBS requirements in the selection of student placements?

Answered: 57 Skipped: 19

#	RESPONSES	DATE
1	So far, no main issues. Many sites utilized are not clinical in nature so BBS requirements do not apply.	10/6/2017 2:21 PM
2	MSW students do not accrue licensure hours while interning.	10/3/2017 12:04 PM
3	Making sure the agency understands what a qualified supervisor is.	9/27/2017 9:39 AM
4	Some supervisors are not familiar with the BBS paperwork expectations or regulations. Most agencies will not allow video taping of the supervisee's work which I believe is doing a disservice to both the supervisee and the clients.	9/26/2017 3:43 PM
5	I think the most pressing larger issue is how to insure mental health recovery approach is learned within a medical model context (e.g., DSM, "treatment" etc.). The MH Recovery model moves away from this language, is person-centered, etc. In addition, integrated behavioral health settings - particularly within primary care, are more often brief interventions and screens; this is an important area of training for students as there is a large behavioral health care workforce need; I think the LPCC has the potential to be the law that is grounded on a more progressive framework versus the traditional medical model; yet the language remains consistent with that model.	9/24/2017 6:14 PM
6	None	9/22/2017 8:47 AM
7	Not being clear about for-profit entities and if BBS would be willing to accept the sites. It would be helpful if BBS could publish a list of approved sites for practicum and internship. Issues with having a non-site therapist providing supervision. Not having an LPCC supervise our students - instead having to rely on LCSW, LMFTs and psychologists who may not practice from the same paradigm. How to deal with sites not allowing taping of session- how do we properly evaluate proficiency of our students without adequate evidence.	9/19/2017 6:31 PM
8	N/A	9/18/2017 2:38 PM
9	We follow the BBS requirements in a diligent manner and only work with sites that do as well. This process has worked well for our students.	9/18/2017 1:42 PM
10	Students often don't know how to find placements; and especially as a small school, we don't have ongoing placement relationships with organizations.	9/18/2017 1:25 PM
11	Group supervision requirement; number of children and family traineeship hours.	9/18/2017 12:29 PM
12	Confusion from site supervisors about mandatory 6 hour supervisor training and the ration of supervision needed for trainees	9/18/2017 10:12 AM
13	none at the moment	9/16/2017 10:27 AM
14	Poor quality of supervision. Could BBS require more training for supervisors? Also, not enough sites provide couples therapy, particularly since there is little to no funding through DMH for couples therapy. How can BBS encourage more sites to offer couples therapy so that students are not forced to go into private practice settings to provide couples therapy?	9/16/2017 12:32 AM
15	none	9/15/2017 9:14 AM
16	adequate supervision	9/14/2017 2:04 PM
17	Questions trainees paying for supervision.	9/14/2017 12:53 PM
18	none	9/14/2017 11:59 AM
19	none	9/14/2017 9:41 AM
20	None	9/14/2017 7:09 AM

21	Some of the areas of the BBS regulations that recently have come into question with training placements are: 1) the averaging of direct-client-contact hours and clinical supervision; 2) the number of supervision sessions an appropriately licensed professional can provide, 3) whether or not students can be required to pay for their training experience; 4) clarification of client-centered-advocacy; 5) clarification of a community mental health setting.	9/13/2017 11:50 PM
22	Supervisors that have been licensed for at least 2 years with the CE requirements	9/13/2017 9:50 PM
23	Making sure their supervisor has a clinical license and have been for atleast 2 years.	9/13/2017 8:50 PM
24	What is considered psychotherapy (e.g. psychoeducation, skills-based treatments, gathering information for intake over the phone, life coaching, etc.?). Several places desire students to perform in-home therapies alone and our program does not allow this. However, they say other programs allow their students to do so no problem. We see this is as a liability for beginning therapists to be alone either at-home or in an office with clients conducting therapy.	9/13/2017 5:53 PM
25	none	9/13/2017 4:35 PM
26	paperwork..sites are unsure of all of what is needed at times. Most often, they are familiar with the amount of supervision hours and type that should be provided.	9/8/2017 6:27 PM
27	can they use their current job as a trainee placement	8/15/2017 7:56 PM
28	Complaints about private practice settings. Even potential supervisors have difficulty discerning what an appropriate placement is, sometimes settings don't know if they are considered a private practice.	8/9/2017 9:22 AM
29	the students are pre-degree and therefore we do not utilize BBS requirements for placement	8/3/2017 6:33 PM
30	The issue is always making sure that the supervisor is eligible to sign off on ours, and the supervisor understands those requirements. We The issue is always making sure that the supervisor is eligible to sign off on ours, and the supervisor understands those requirements.	8/2/2017 1:34 PM
31	It is pretty clear	8/2/2017 10:47 AM
32	Determining what exactly constitutes a private practice (according to the law), and what exactly constitutes a "setting must lawfully and regularly provide mental health counseling or psychotherapy."	8/1/2017 3:47 PM
33	We need clarification if BBS requires the 280 hours to be supervised by a Licensed Individual or not? Can this be made clearer???	8/1/2017 3:03 PM
34	usually asking about supervision-client ratio and if supervision has to be delivered in the same week.	8/1/2017 11:27 AM
35	none	7/31/2017 6:06 PM
36	None.	7/31/2017 3:39 PM
37	usually only supervisor availability.	7/30/2017 10:50 PM
38	I wish BBS knew more about school counseling. We have students getting their PPS and LPCC at the same time and they are allowed to count both hours as the same (i.e., double dip). This makes no sense.	7/28/2017 1:45 PM
39	none; more difficulty adhering to institution guidelines, which are more stringent	7/28/2017 1:20 PM
40	An example would be a corporation that runs many mental health programs, and the programs are not corporations in and of themselves	7/28/2017 12:13 PM
41	Is a career center an appropriate clinical counseling site	7/28/2017 10:16 AM
42	Most sites and supervisors are very aware of the issues. New sites need help understanding the rules and regulations	7/28/2017 8:59 AM
43	Some sites we have taken off of our list cannot provide our students with sufficient enough therapy hours; another site did not provide adequate supervision hours.	7/27/2017 2:04 PM
44	What are the qualifications of the site supervisor? Will students have a variety of experiences that will help them grow as a counselor? Will there be sufficient support for a student at that site?	7/27/2017 12:58 PM
45	Supervision expectations. Educational preparation of PCC students (vs. MFT or SW).	7/27/2017 11:42 AM
46	none	7/27/2017 11:17 AM

47	What type of license does the supervisor need to have?	7/27/2017 11:01 AM
48	None that I can think of.	7/27/2017 10:07 AM
49	none	7/27/2017 9:38 AM
50	Our biggest challenges is fulfilling the requirements that our university requires--developing 4-way and field site agreements between our students, program, university and site.	7/27/2017 8:58 AM
51	None of which I am aware.	7/27/2017 8:02 AM
52	None	7/27/2017 7:02 AM
53	many sites ask for a fiscal year commitment (July to July), but we do not have practicum classes during the summer. This is a problem for some sites because the law states students must be in class when they see clients.	7/26/2017 9:59 PM
54	None to date.	7/26/2017 9:54 PM
55	N?A our students are not trained to get their LCSW. Obtaining LCSW is a separate process and the student will have their MSW already by the time they apply for LCSW.	7/26/2017 5:53 PM
56	Na	7/26/2017 4:41 PM
57	none	7/26/2017 4:35 PM

## Q19 Additional Comments:

Answered: 30 Skipped: 46

#	RESPONSES	DATE
1	Wasn't sure if some of our settings (e.g. state hospitals, some in-patient hospitals) were 501 (c) 3 entities. A box "unknown" for #6 would have been helpful	10/6/2017 2:21 PM
2	Since the enactment of the ACA, there have fewer sites available because what trainees used to be able to do is not allowed under ACA.	9/27/2017 9:39 AM
3	I think the counselor workforce needs are changing and integrated behavioral health is a primary workforce need; the university and faculty need to continue to have latitude in determining the quality of the placements, particularly with respect to insuring our students are trained in the mental health recovery model, gain disability competence, and learn case management and advocacy skills as these are key functions of counselors today.	9/24/2017 6:14 PM
4	None	9/22/2017 8:47 AM
5	N/A	9/18/2017 2:38 PM
6	The M.A. Counseling Psychology Program adheres to the BBS MFT and LPCC statutes, rules, and regulations.	9/18/2017 1:42 PM
7	We have concerns about sites encouraging students to do more telemedicine and counting those as direct client hours. It is impossible to distinguish these under Option A. There are some sites that ask students to do phone intakes and count those hours as direct hours; however, we do not believe that phone intakes require the kind of clinical skills that face-to-face therapy requires. Also, there are serious concerns about Option A hours reporting. While the form has been nicely simplified, it now lacks transparency. Too many hours are grouped together, so supervisors can no longer tell if a student's hours are reported accurately.	9/16/2017 12:32 AM
8	thank you	9/15/2017 9:14 AM
9	none	9/14/2017 9:41 AM
10	There was a time when the BBS regulations more specifically defined traineeship placement requirements (i.e., a government entity; a school, college, or university; a nonprofit and charitable corporation; a licensed health facility, social rehabilitation or community treatment facility, a pediatric day health and respite care facility, or a licensed alcoholism/drug abuse recovery/treatment facility, as defined in the Health and Safety Code of California). We continue to seek these classifications for our training placements (with occasional exceptions). We would support the reconsideration of these, or similar, criteria to better clarify appropriate settings for clinical trainees.	9/13/2017 11:50 PM
11	We recommend that the BBS require the trainee to submit a copy of the agreement between the program and the external site placement when submitting hours to show proof the program has approved the site and for the student to practice there. It has come to our attention on various occasions that students are working or doing clinical work at a site without the program's knowledge and are applying those hours toward their license. Our program has refined our policies to reinforce the requirement that the site must be approved by the program, but if students did not report it, many sites are not knowledgeable that this is a requirement or are not following it. If the BBS required submission of proof of the agreement, this would verify that the school did allow that student to perform clinical work at that site and obtain hours toward licensure.	9/13/2017 5:53 PM
12	Thank you for putting this survey together.	9/13/2017 4:35 PM
13	NA	9/8/2017 6:27 PM
14	thanks for doing this!!	8/15/2017 7:56 PM
15	It would be very helpful to broaden and define what constitutes an appropriate placement setting.	8/9/2017 9:22 AM
16	For #17, most practicum sites do not offer paid positions after graduation. For #3, the students who are paid as an employee just happened to already work at the site as an employee and were able to add on their trainee responsibilities.	8/1/2017 3:47 PM

Practicum/Field Study Survey

SurveyMonkey

17	We need clarification if BBS requires the 280 hours to be supervised by a Licensed Individual or not? Can this be made clearer???	8/1/2017 3:03 PM
18	There are available placements however many are looking for bilingual trainees.	8/1/2017 11:56 AM
19	n/a	7/31/2017 6:06 PM
20	NA	7/30/2017 10:50 PM
21	Learn about school counseling and the ASCA National Model.	7/28/2017 1:45 PM
22	Thank you for seeking our feedback on this survey and for your continued support and guidance!!	7/28/2017 12:13 PM
23	Thank you for looking into this!	7/27/2017 12:58 PM
24	Please keep striving to respond to intern applicants via email promptly. Alums share this is still an issue. Thx for all the BBS does with the small staff provided.	7/27/2017 11:42 AM
25	2. Question #2 above: Is your school's program primarily delivered in a traditional classroom setting, primarily online, or both? Isn't appropriate for our program. Our program is held in the community at community-based settings, we only have one class formally on campus each semester.	7/27/2017 8:58 AM
26	None	7/27/2017 8:02 AM
27	Students must get legally mandated supervision at their site, and they must take practicum classes. It is not practical to require students to be in class for the entire duration of their internship. Why can students see clients in the summer when they are not in class, if they plan to take practicum again in the fall, when students who don't want to continue with practicum in the fall are not supposed to see clients during the summer? There is no difference between those students' situations when they are at their sites in the summer but not taking class. As long as they have fieldwork class during the academic year and they receive the BBS-mandated supervision at their site for all clients, students should be able to see clients during the summers. Not being allowed to by the current law is a hardship. Smaller programs cannot afford to have a practicum class during the summer. Students can't afford to pay for the extra class.	7/26/2017 9:59 PM
28	None.	7/26/2017 9:54 PM
29	BBS should do more to restrict those on line training programs that do not even require to see their students face to face. Not even once.	7/26/2017 5:53 PM
30	Na	7/26/2017 4:41 PM



- 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.
- Note: 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.

Note: The results of Question 3 were omitted. The question appears to have been misunderstood. It asked, “If you answered “Other Not-for-profit entity” in question 2, please describe the type of nonprofit structure, if known.” Nearly all respondents described the purpose of the setting or the client population, rather than the nonprofit “structure.”

### Survey Results Re: Exempt Settings

4. At least 37% of respondents work in a region where there is a shortage of licensed mental health providers (Q10).
5. 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).
6. 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).
7. 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).
8. 86% of settings require a fingerprint check for all individuals performing clinical services (Q15).
9. 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).
10. 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).
11. 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).
12. 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).



## **Recommendation**

Based on the results of the survey, the Committee may wish to consider the following:

1. **Direct staff to work with stakeholders to create a definition of “Private Practice.” In addition, create a definition for settings that are not a “Private Practice” or “Exempt.”**
2. **Direct staff to develop some options regarding setting limitations on the provision of clinical services by unlicensed/unregistered individuals in nonprofit and charitable settings, and to research the possible impacts of those options.**
3. **Explore whether there is harm occurring in private school settings, which are not required to use licensed or credentialed staff.** Note that this survey did not delve into private school settings, but a couple of survey respondents asked why we did not include them, as there are similar issues.

## **Attachment**

Exempt and Private Practice Settings Survey Results

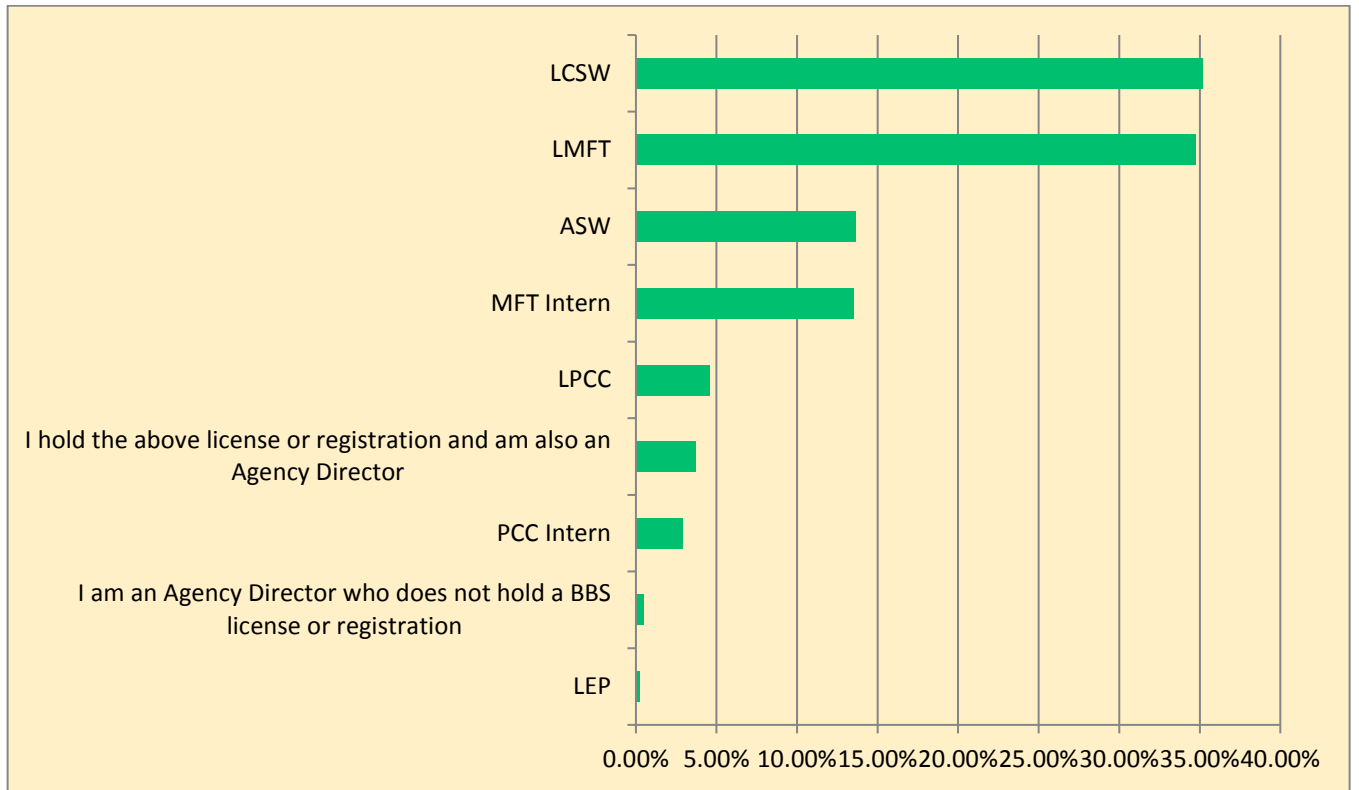
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# BBS EXEMPT SETTINGS SURVEY RESPONSES

1,263 Total Respondents  
as of 10/11/2017

## 1. What type of license or registration do you hold with the BBS? *(Mark all that apply)*

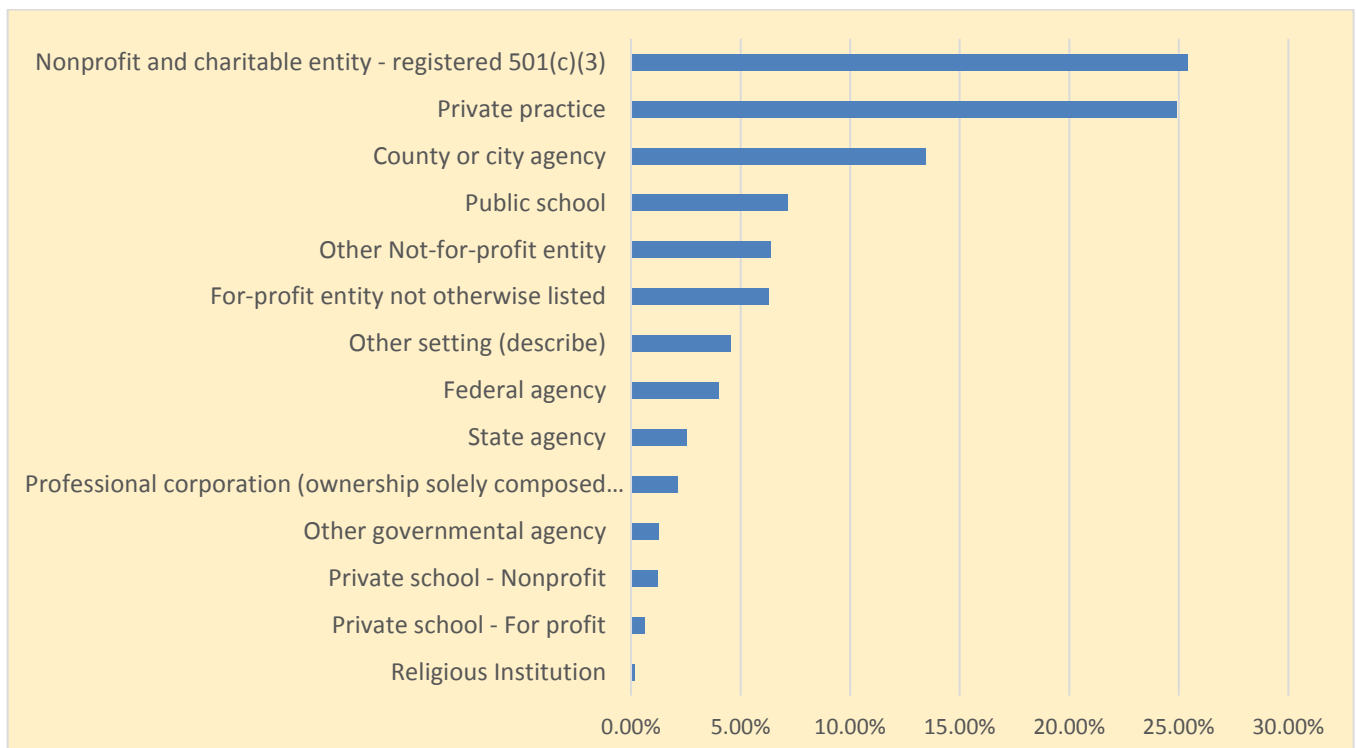
Answer Choices	Responses	
LCSW	35%	443
LMFT	35%	438
ASW	14%	172
MFT Intern	13%	170
LPCC	5%	58
I hold the above license or registration and am also an Agency Director	4%	47
PCC Intern	3%	36
I am an Agency Director who does not hold a BBS license or registration	0.5%	6
LEP	0%	3
	<b>Answered</b>	<b>1260</b>



**2. Which of the following best describes the CURRENT, PRIMARY setting in which you perform one or more of the following?**

- Provide clinical services (defined as assessment, diagnosis, and/or treatment);
- Provide clinical supervision; and/or
- Serve as an agency director.

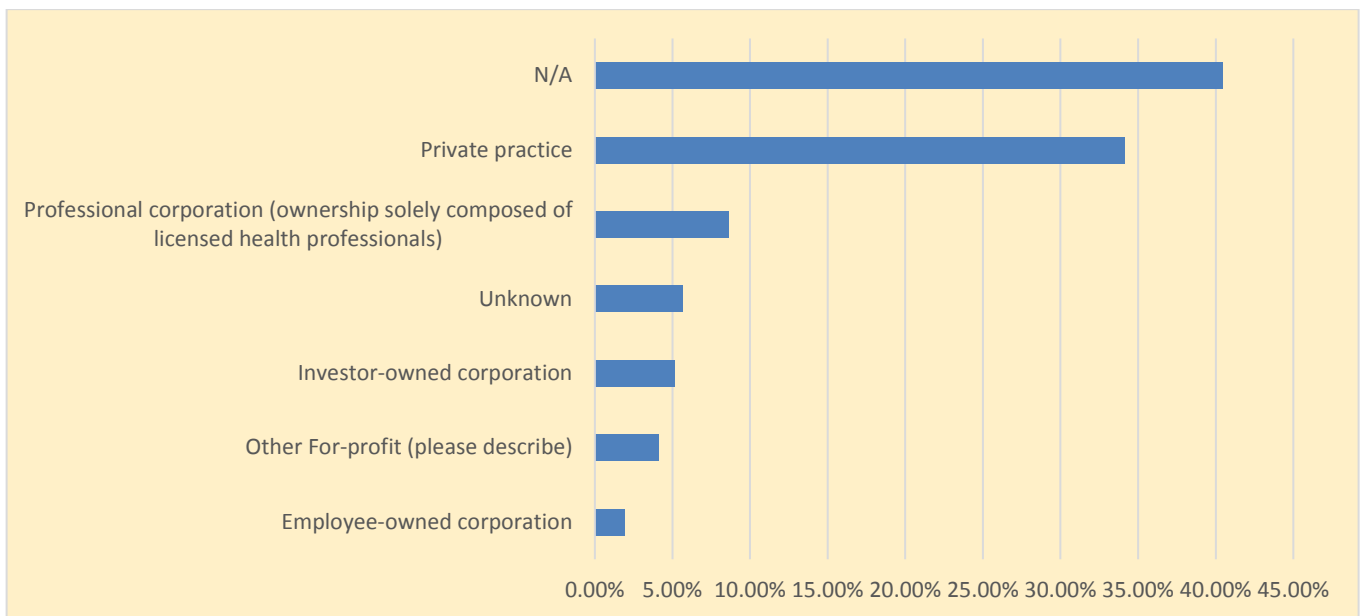
Answer Choices	Responses	
Nonprofit and charitable entity - registered 501(c)(3)	25%	319
Private practice	25%	313
County or city agency	13%	169
Public school	7%	90
Other Not-for-profit entity	6%	80
For-profit entity not otherwise listed	6%	79
Other setting (describe)	5%	57
Federal agency	4%	50
State agency	3%	32
Professional corporation (ownership solely composed of licensed health professionals)	2%	27
Other governmental agency	1%	16
Private school - Nonprofit	1%	15
Private school - For profit	1%	8
Religious Institution	0%	2
	<b>Answered</b>	<b>1257</b>



### 3. Question Omitted – see memo

### 4. If the setting is a for-profit entity, what is the ownership structure? *(Mark all that apply)*

Answer Choices	Responses	
Private practice	34%	266
N/A	40%	315
Professional corporation (ownership solely composed of licensed health professionals)	9%	67
Unknown	6%	44
Investor-owned corporation	5%	40
Other For-profit (please describe)	4%	32
Employee-owned corporation	2%	15

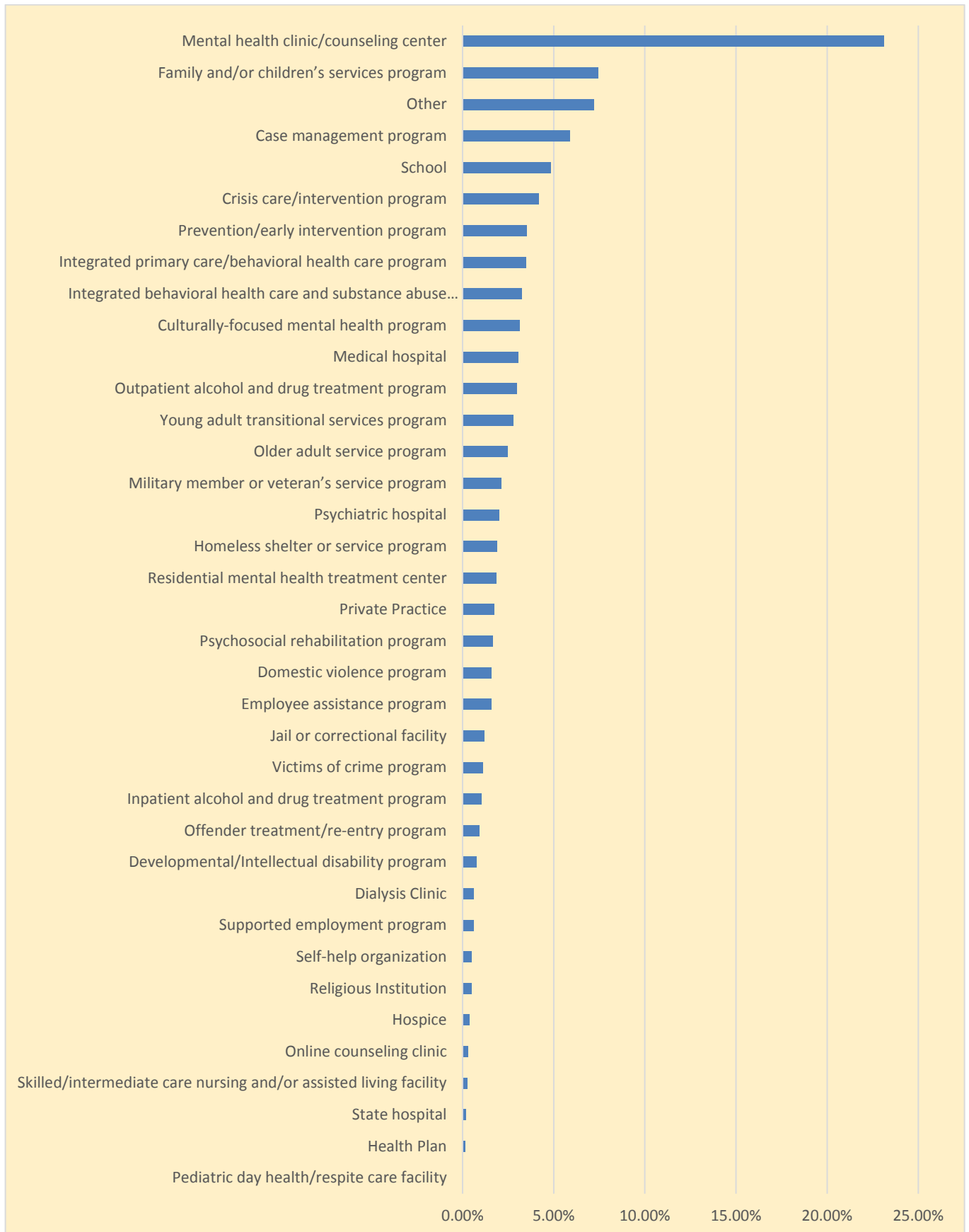


## 5. What is the main focus/purpose of this setting? (Mark all that apply)

Answer Choices	Responses	
Mental health clinic/counseling center	23%	641
Family and/or children's services program	7%	206
Other (please specify)	7%	200
Case management program	6%	163
School	5%	134
Crisis care/intervention program	4%	116
Prevention/early intervention program	4%	97
Integrated primary care/behavioral health care program	3%	96
Integrated behavioral health care and substance abuse treatment program	3%	90
Culturally-focused mental health program	3%	87
Medical hospital	3%	84
Outpatient alcohol and drug treatment program	3%	82
Young adult transitional services program	3%	77
Older adult service program	2%	69
Military member or veteran's service program	2%	58
Psychiatric hospital	2%	55
Homeless shelter or service program	2%	52
Residential mental health treatment center	2%	51
Private Practice	2%	48
Psychosocial rehabilitation program	2%	46
Domestic violence program	2%	44
Employee assistance program	2%	44
Jail or correctional facility	1%	33
Victims of crime program	1%	31
Inpatient alcohol and drug treatment program	1%	29
Offender treatment/re-entry program	1%	25
Developmental/Intellectual disability program	1%	21
Dialysis Clinic	1%	17
Supported employment program	1%	16
Self-help organization	0.5%	13
Religious Institution	0.5%	13
Hospice	0.5%	10
Online counseling clinic	0.5%	8
Skilled/intermediate care nursing and/or assisted living facility	0.5%	7
State hospital	0%	5
Health Plan	0%	4
Pediatric day health/respice care facility	0%	1

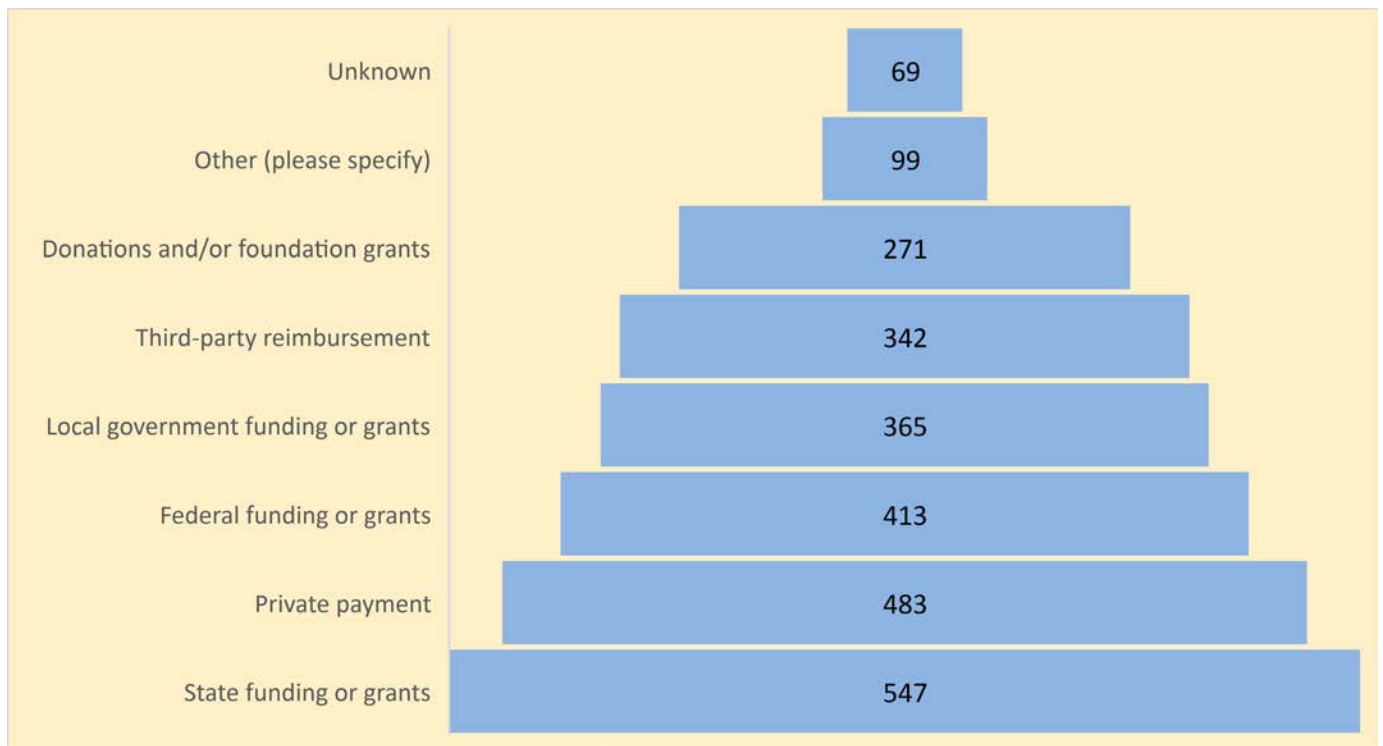
## 5. What is the main focus/purpose of this setting? (Mark all that apply)

(continued)



## 6. How is this setting and/or program funded? *(Mark all that apply)*

Answer Choices	Responses	
State funding or grants	45%	547
Private payment	40%	483
Federal funding or grants	34%	413
Local government funding or grants	30%	365
Third-party reimbursement	28%	342
Donations and/or foundation grants	22%	271
Other (please specify)	8%	99
Unknown	6%	69
	<b>Responses</b>	<b>1,218</b>

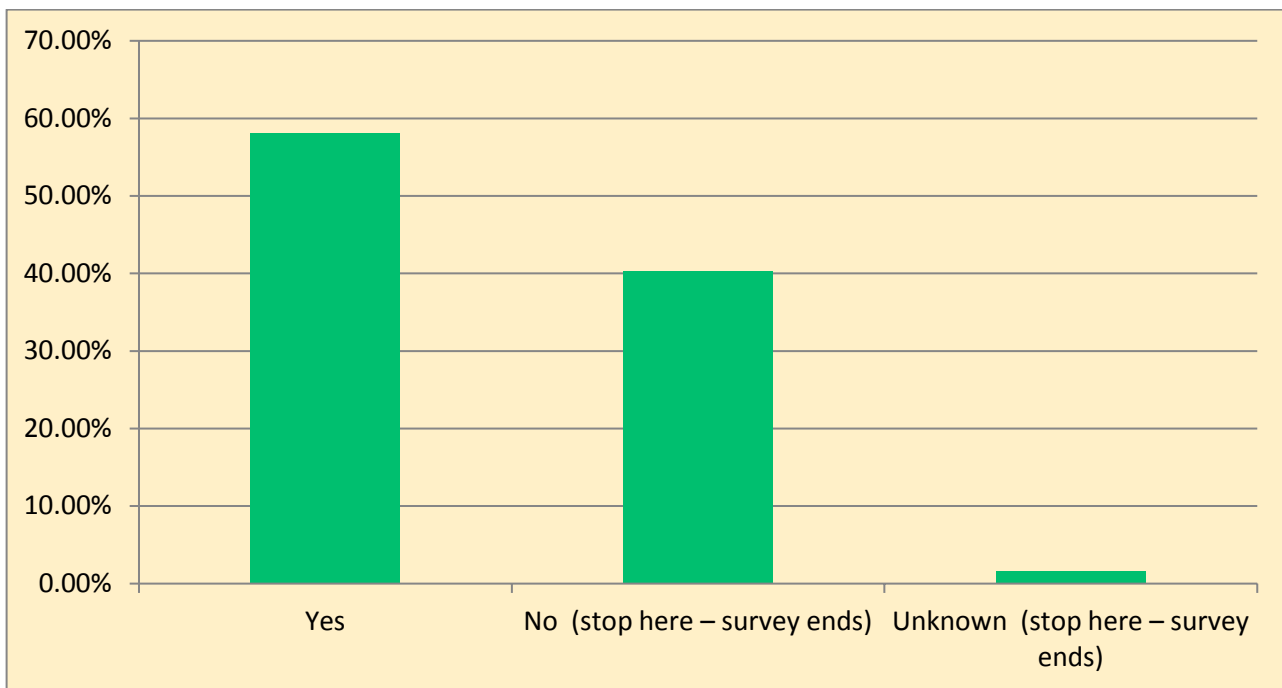




## 7. Is the setting any of the types listed below?

- Public school
- Private school
- Religious institution
- Federal agency
- State agency
- County or city agency
- Other governmental agency
- Nonprofit and charitable entity - registered 501(c)(3)

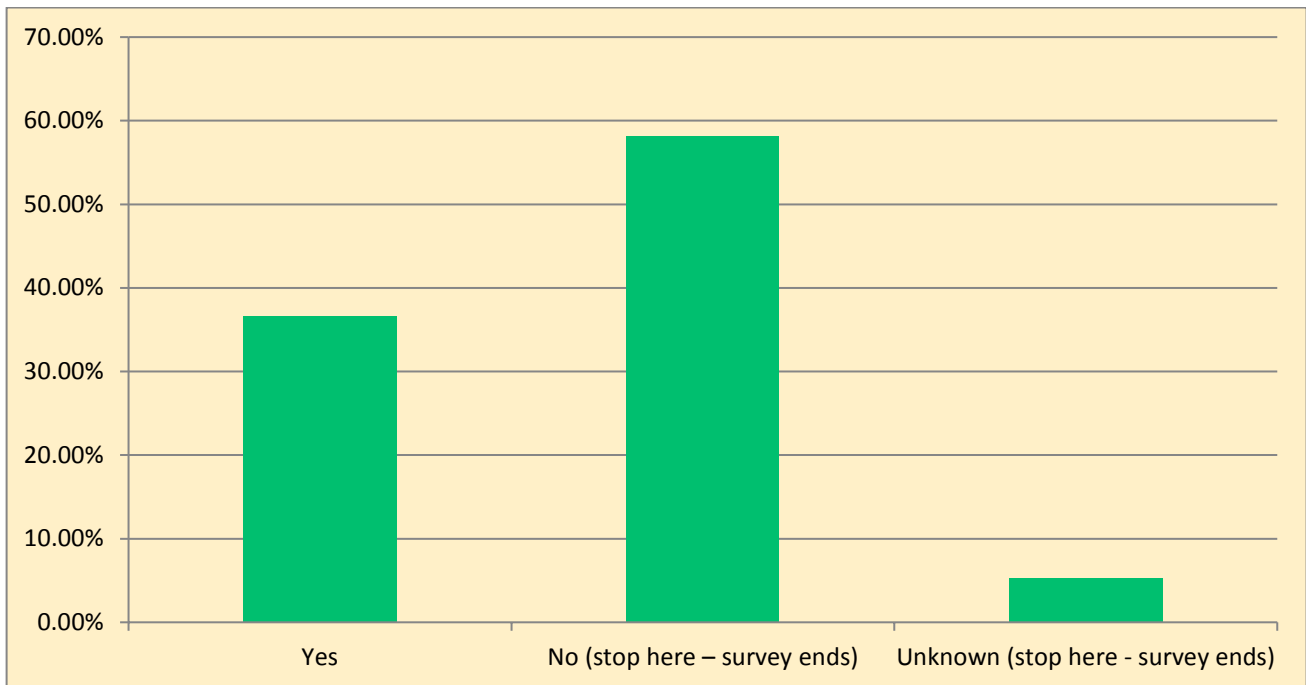
Answer Choices	Responses	
Yes	58%	723
No (stop here – survey ends)	40%	502
Unknown (stop here – survey ends)	2%	21
	<b>Answered</b>	<b>1246</b>



**716 respondents continued with the survey**

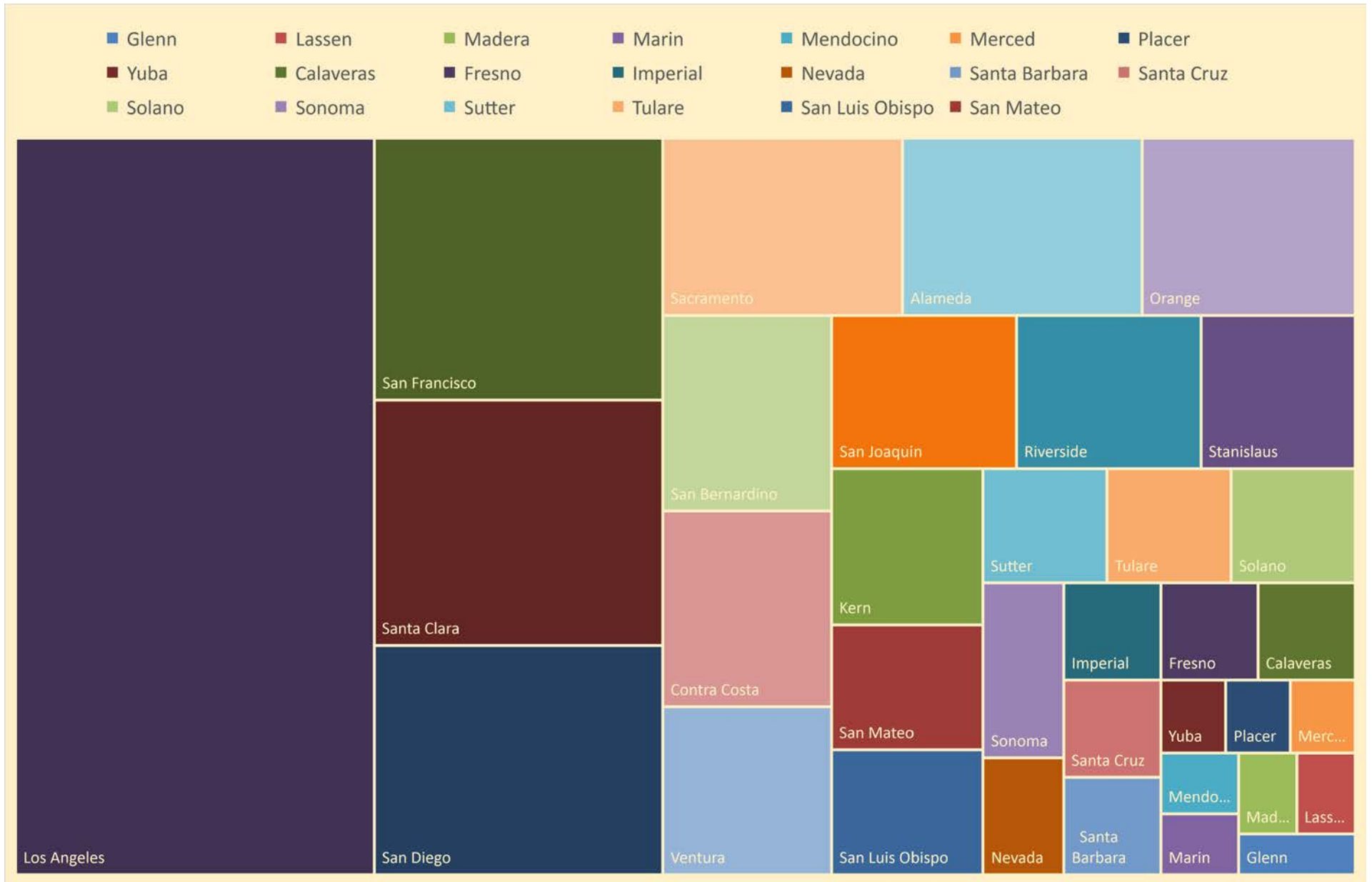
**8. If YES to #7: Does the setting or program allow clinical services (assessment, diagnosis and/or treatment) to be provided by employees or volunteers who are not seeking licensure as a mental health professional?**

Answer Choices	Responses	
Yes	37%	262
No (stop here – survey ends)	58%	416
Unknown (stop here - survey ends)	5%	38
	<b>Answered</b>	<b>716</b>



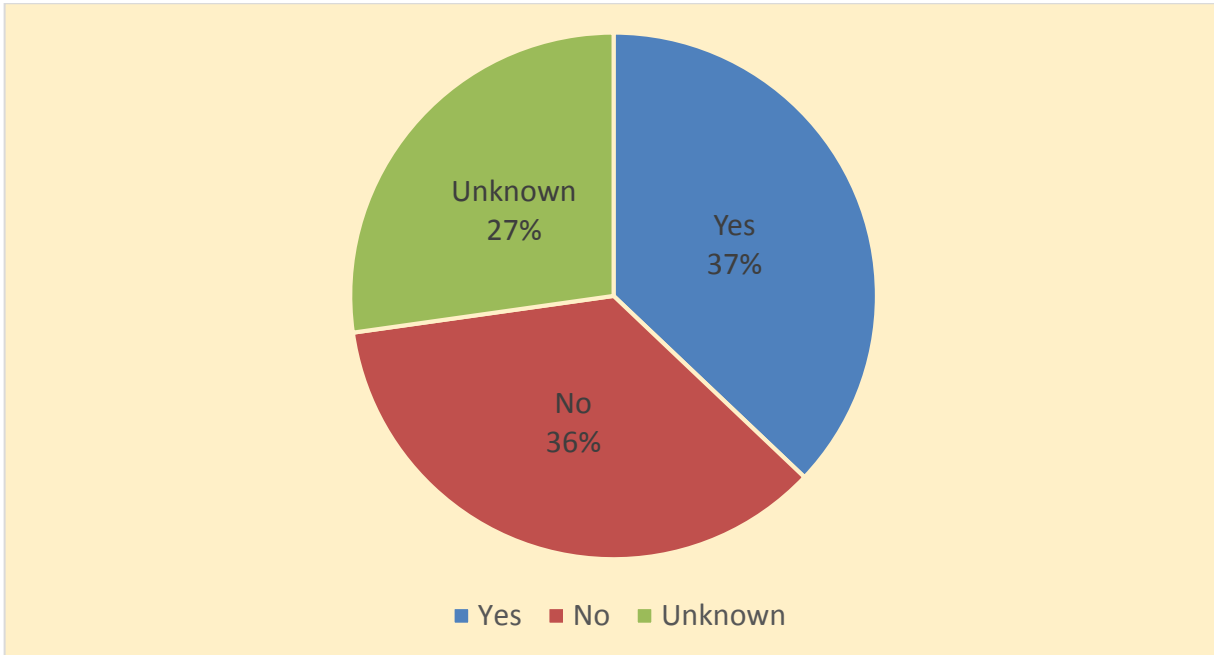
**209 respondents continued with the survey**

## 9. In what county is this facility located?



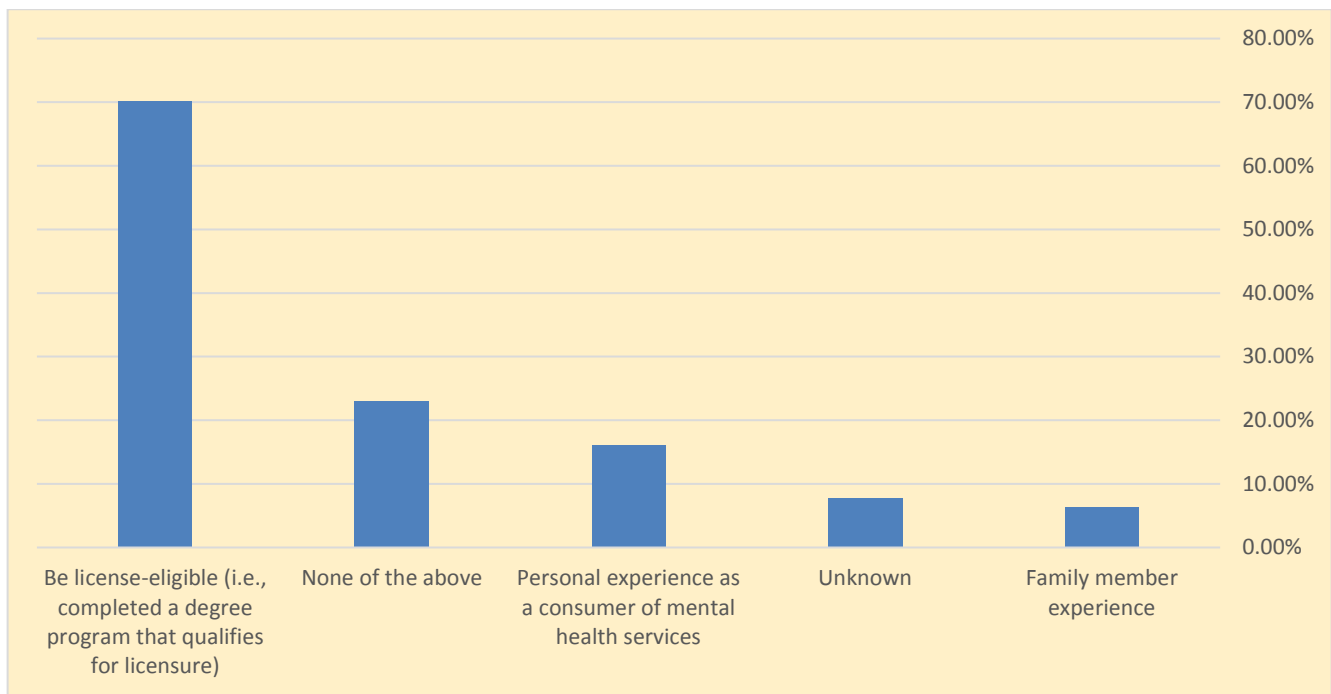
**10. Is there a shortage of licensed mental health providers in the region where the setting is located?**

<b>Answer Choices</b>	<b>Responses</b>	
Yes	37%	79
No	36%	76
Unknown	27%	58
	<b>Answered</b>	<b>213</b>



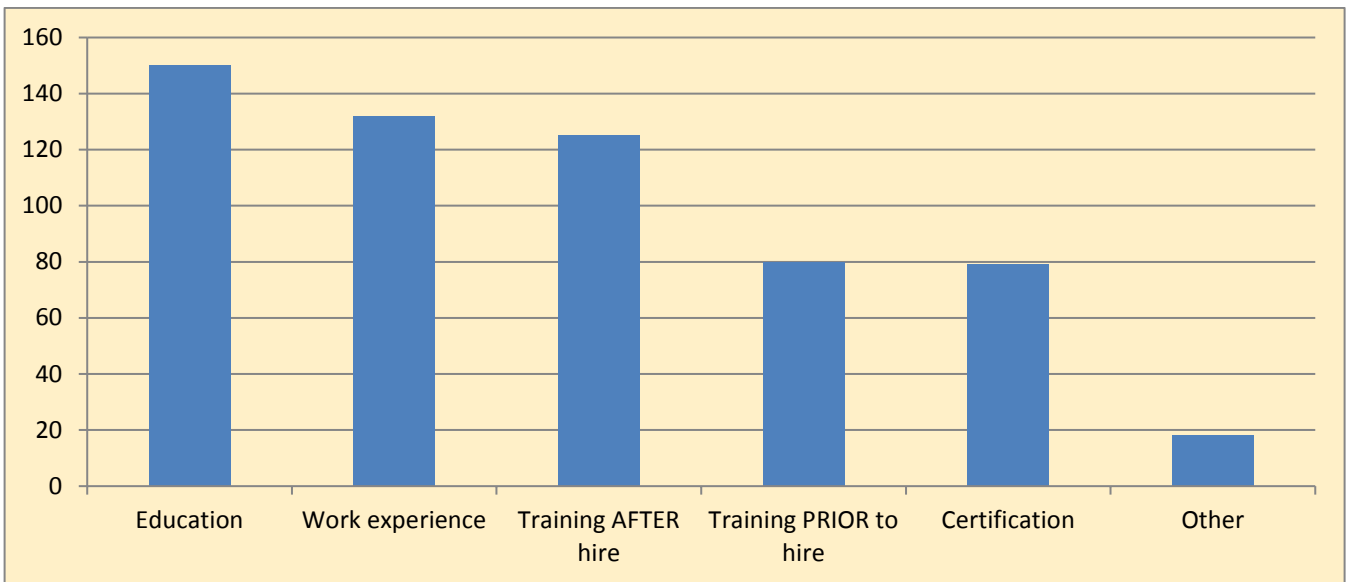
**11. What qualifications are required of staff members (including volunteers) who are providing clinical services (assessment, diagnosis and/or treatment) but who may not be seeking licensure as a mental health professional? (Mark all that apply)**

Answer Choices	Responses	
Be license-eligible (i.e., completed a degree program that qualifies for licensure)	70%	143
None of the above	23%	47
Personal experience as a consumer of mental health services	16%	33
Unknown	8%	16
Family member experience	6%	13
	<b>Answered</b>	<b>204</b>



**12. What other qualifications are required of staff members (including volunteers) who are providing clinical services, but who may not be seeking licensure as a mental health professional? (Indicate all that apply)**

Answer Choices	Responses	
Education	85%	150
Work experience	75%	132
Training AFTER hire	71%	125
Training PRIOR to hire	22%	80
Certification	22%	79
Other	10%	18
	<b>Responses</b>	<b>176</b>

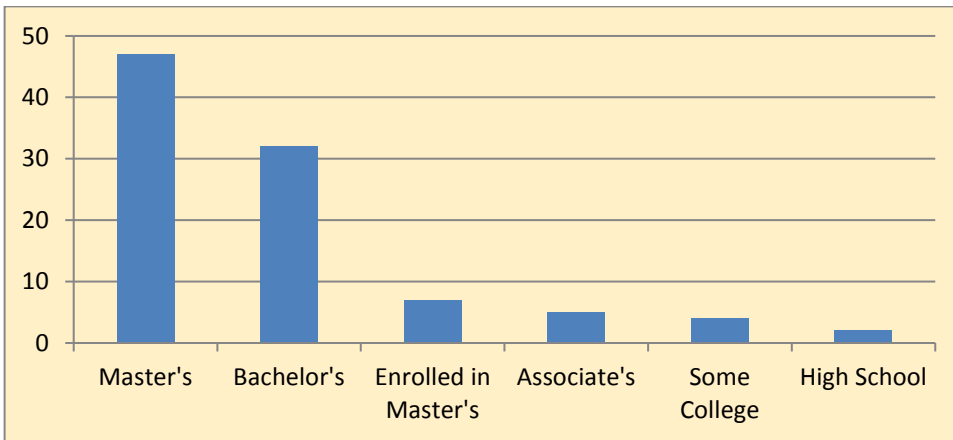


**Additional breakdown of responses on next page** ➔

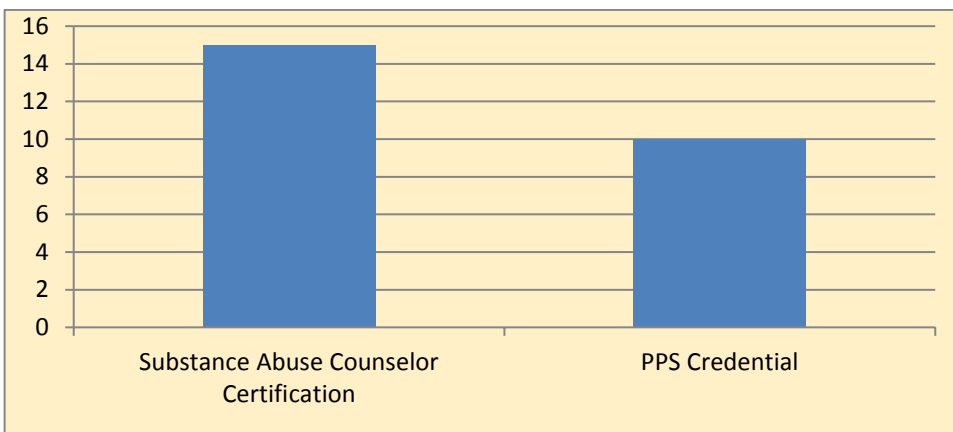
**12. What other qualifications are required of staff members (including volunteers) who are providing clinical services, but who may not be seeking licensure as a mental health professional?**

*(continued)*

<b>MINIMUM EDUCATION REQUIRED</b>		
<b>Of the 150 respondents who indicated that education was required as a qualification, 97 specified the following requirements:</b>		
Master's	31%	47
Bachelor's	21%	32
Enrolled in Master's	5%	7
Associate's	3%	5
Some College	3%	4
High School	1%	2

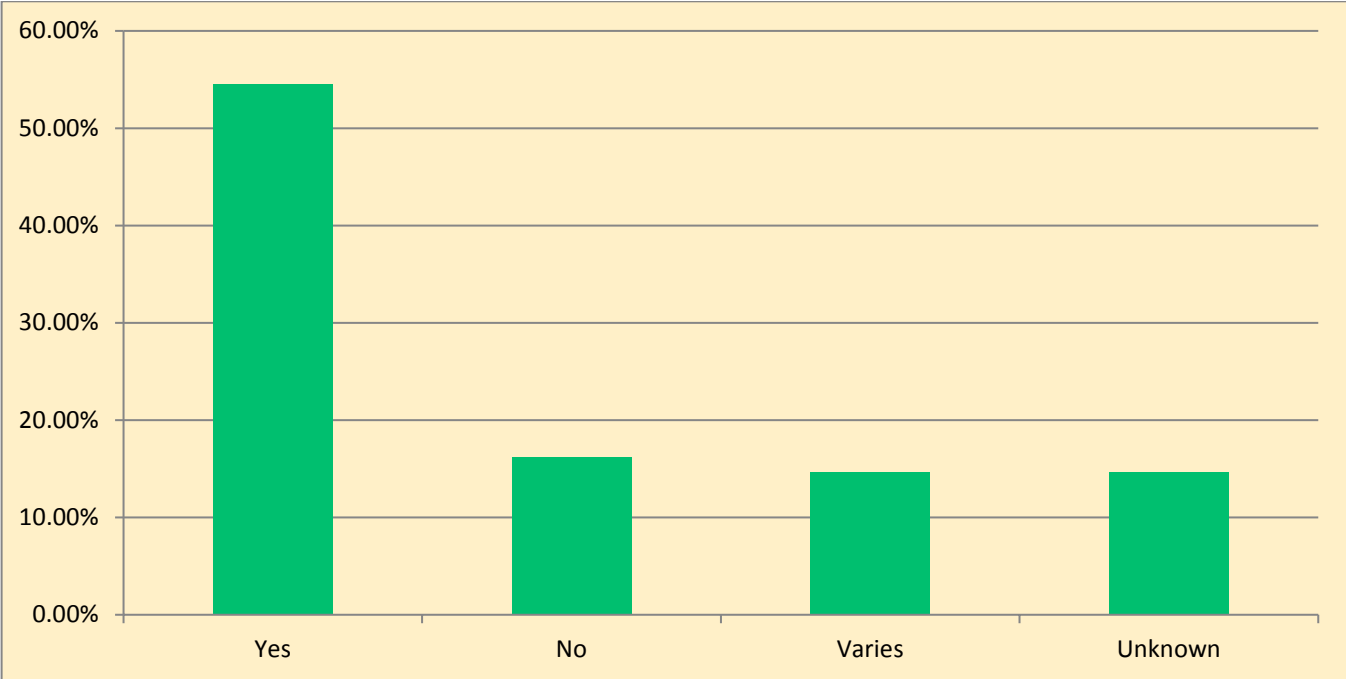


<b>CERTIFICATION REQUIRED</b>	
<b>Of the 79 respondents who indicated that certification was required as a qualification, 35 specified the following requirements:</b>	
Substance Abuse Counselor Certification	15
PPS Credential	10



13. Do the clinical services provided by individuals in this setting who may not be seeking licensure as a mental health professional, typically meet the same basic minimum standards as the clinical services provided by licensed mental health professionals? This includes acceptable interventions, compliance with statutory and regulatory requirements, compliance with ethical codes, etc.

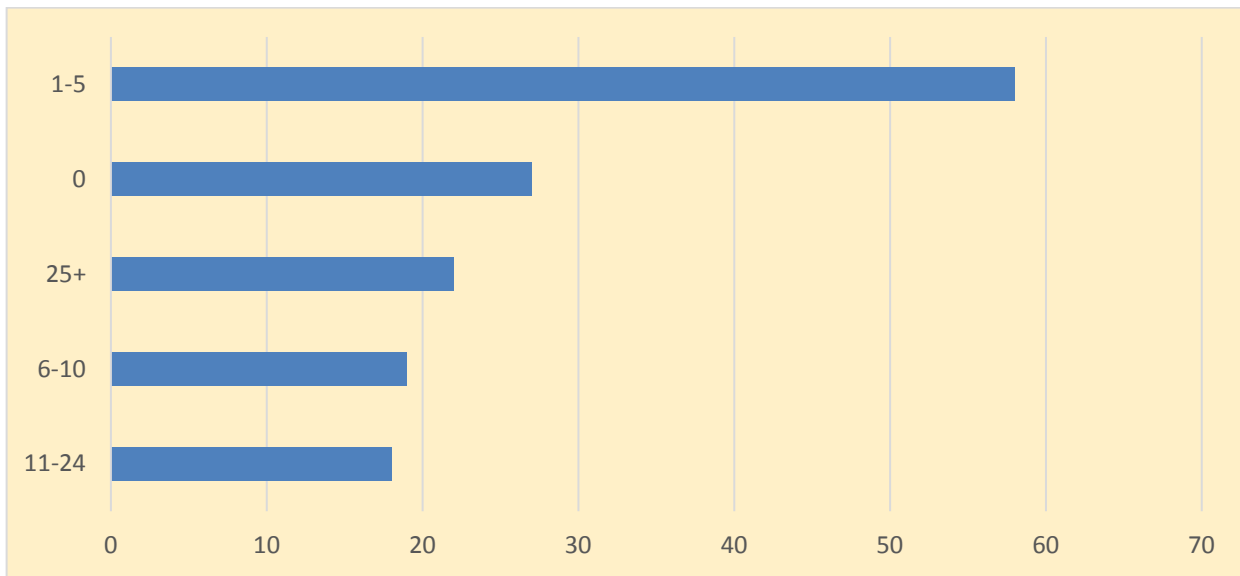
Answer Choices	Responses	
Yes	55%	108
No	16%	32
Varies	15%	29
Unknown	15%	29
	<b>Answered</b>	<b>198</b>





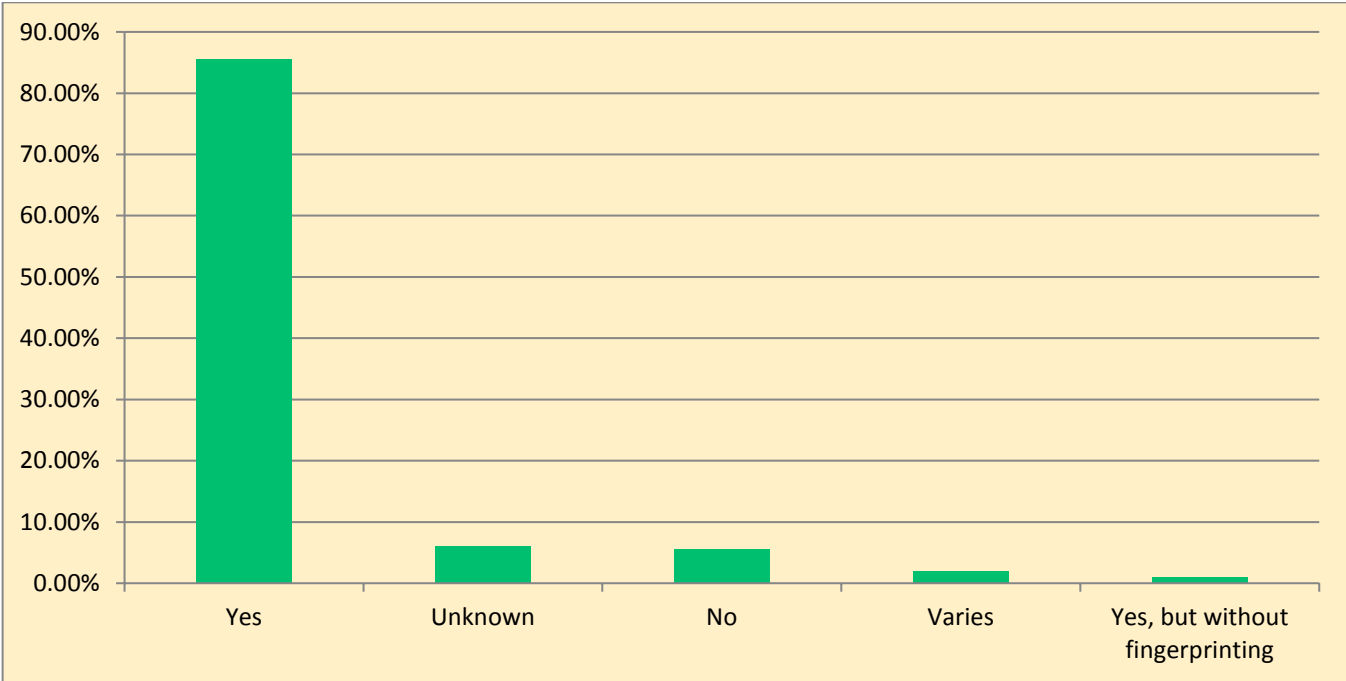
**14. Approximately how many individuals who may not be seeking licensure as a mental health professional are providing clinical services in this setting?**

Answer Choices	Responses	
25+	13%	22
11-24	10%	18
6-10	11%	19
1-5	33%	58
0	15%	27
	<b>Answered</b>	<b>175</b>



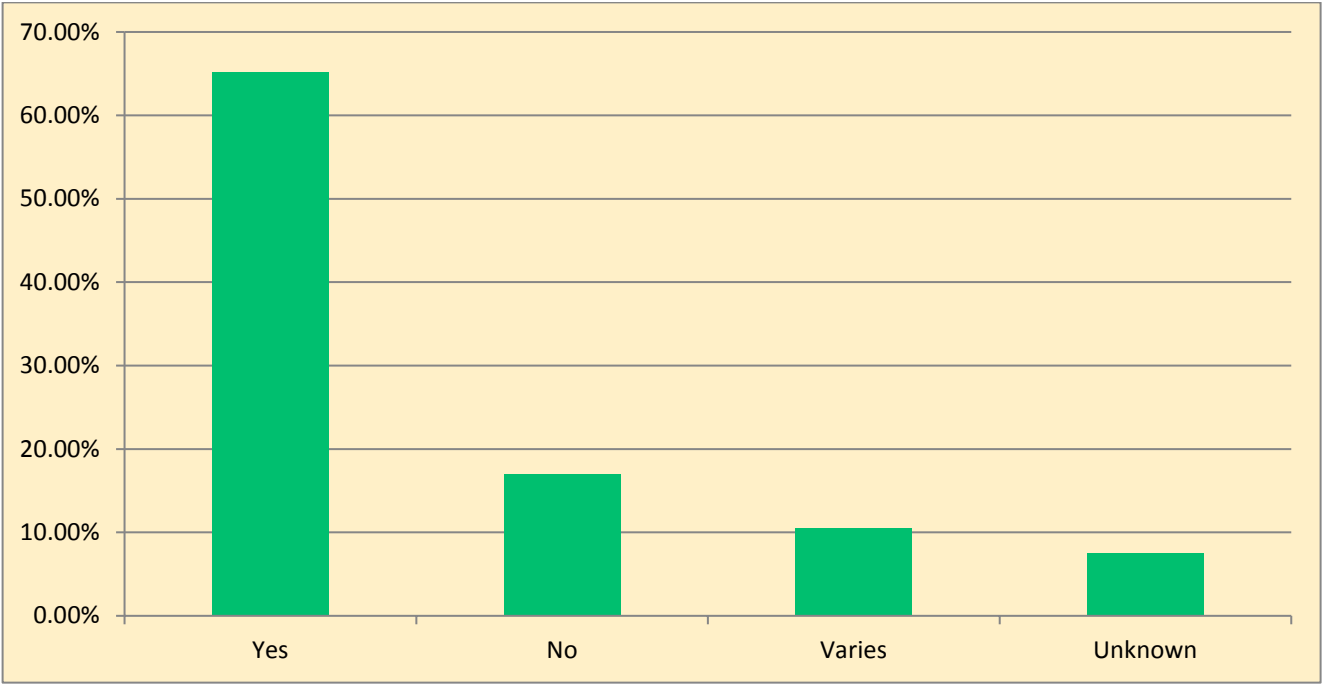
**15. Is a background check that includes fingerprinting performed on all individuals who perform clinical services in this setting?**

Answer Choices	Responses	
Yes	86%	172
Unknown	6%	12
No	5%	11
Varies	2%	4
Yes, but without fingerprinting	1%	2
	<b>Answered</b>	<b>201</b>



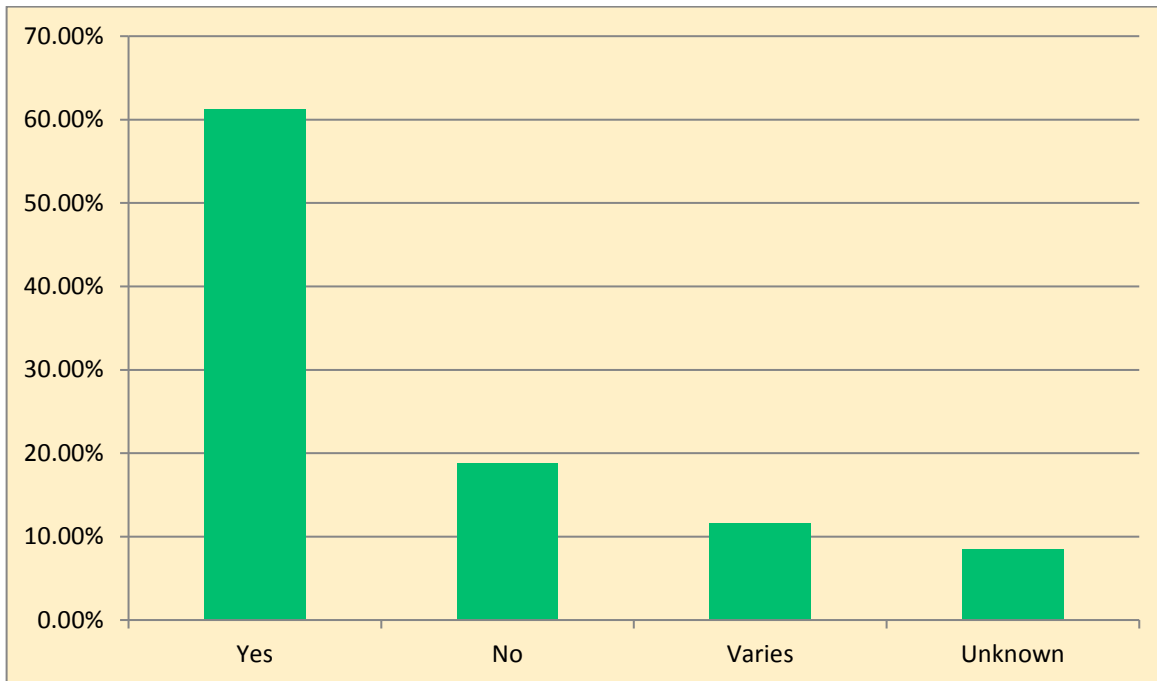
16. Does the setting require a licensed professional (LCSW, LMFT, LPCC, Psychologist, Psychiatrist or Psychiatric Nurse Practitioner) to provide supervision to staff who are performing clinical services, but who may not be seeking licensure as a mental health professional?

Answer Choices	Responses	
Yes	65%	131
No	17%	34
Varies	10%	21
Unknown	7%	15
	<b>Answered</b>	<b>201</b>



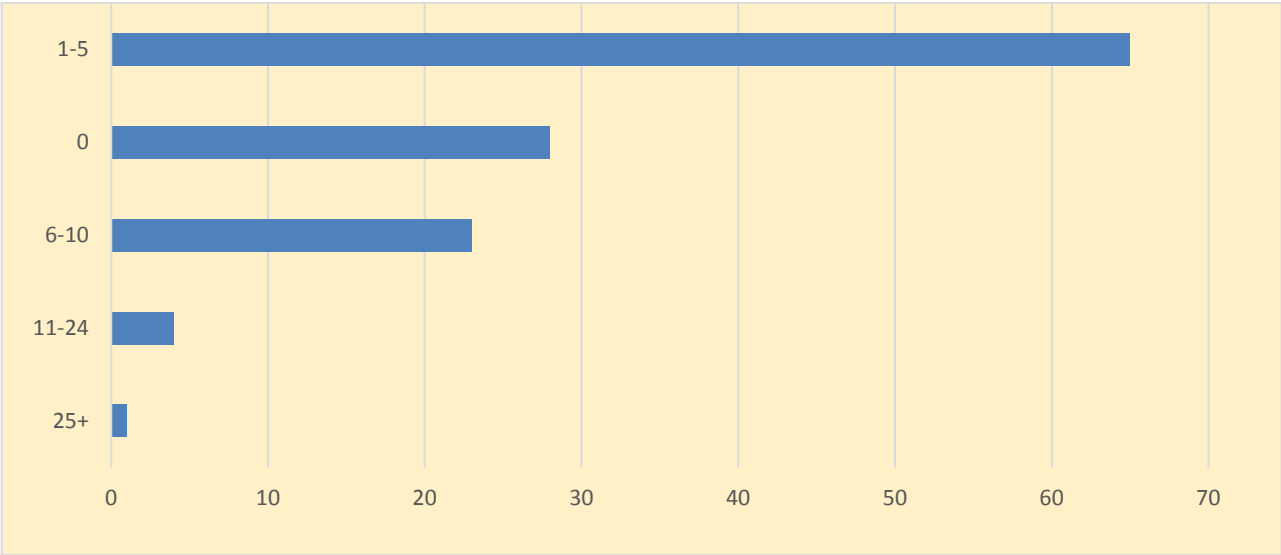
**17. If YES to #16: Are the licensed supervisors required to work on site?**

Answer Choices	Responses	
Yes	61%	101
No	19%	31
Varies	12%	19
Unknown	8%	14
	<b>Answered</b>	<b>165</b>



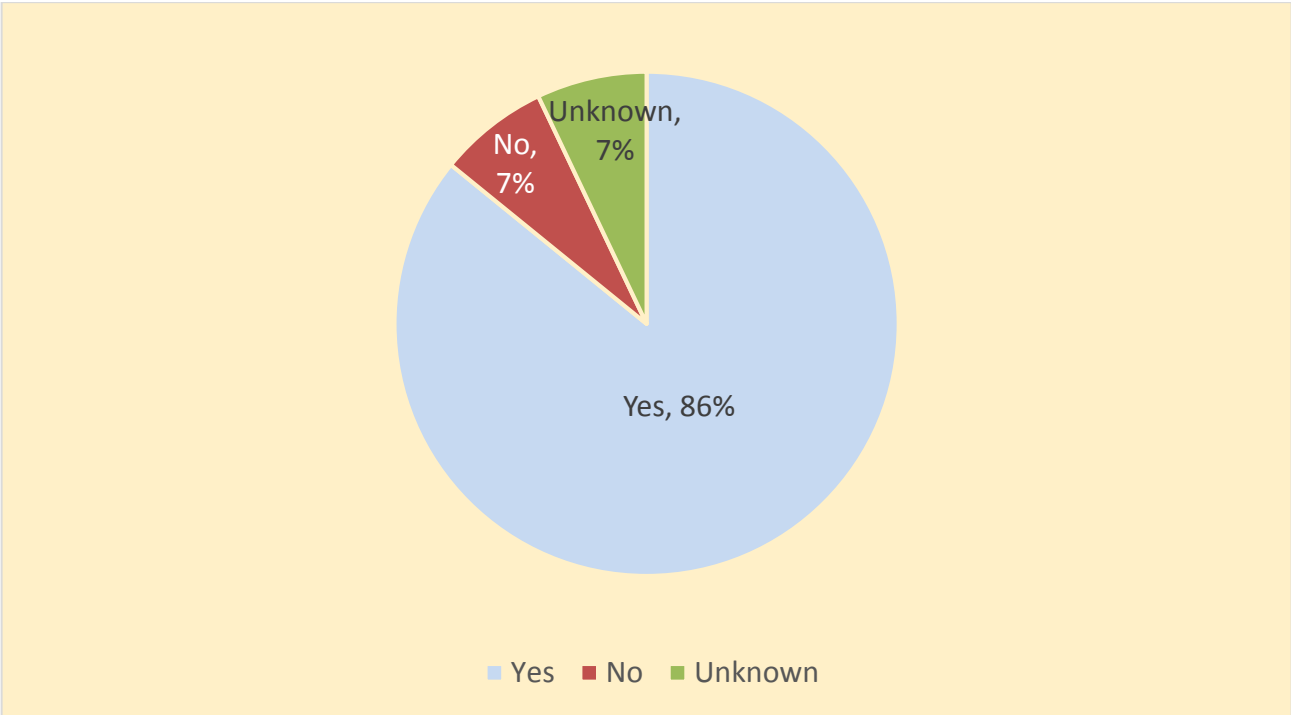
**18. Approximately how many individuals who are performing clinical services, but who may not be seeking licensure as a mental health professional, are assigned to each clinical supervisor?**

Answer Choices	Responses	
25+	1%	1
11-24	3%	4
6-10	19%	23
1-5	54%	65
0	23%	28
	<b>Answered</b>	<b>121</b>



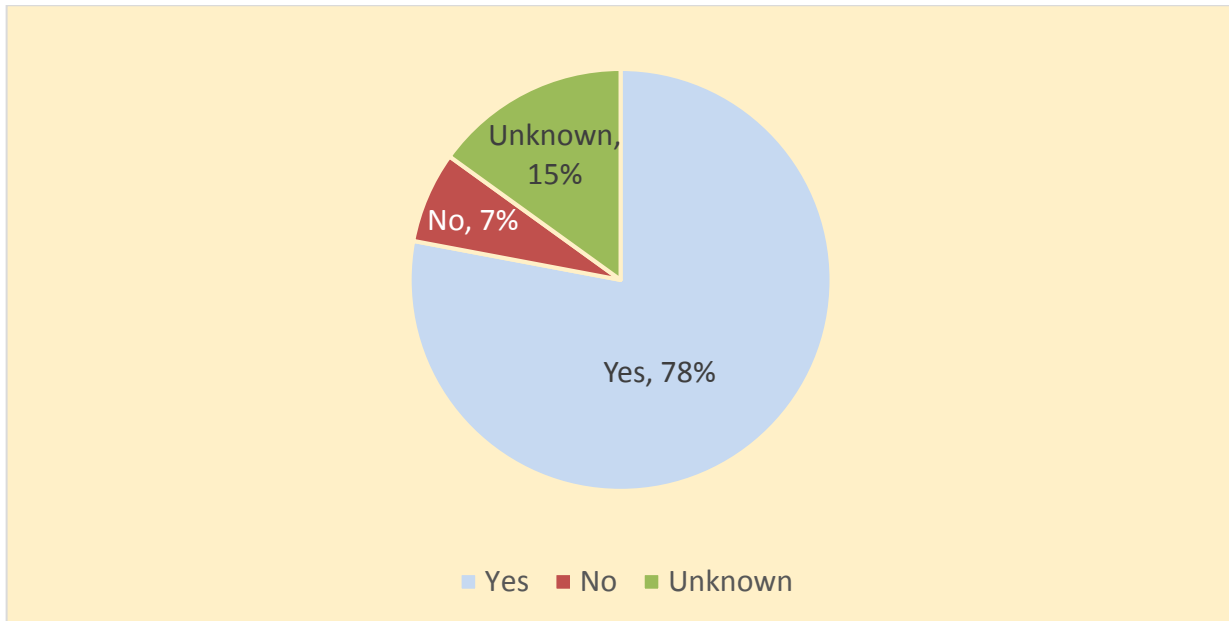
**19. Do consumers have a formal mechanism at this setting to have complaints or concerns about the clinical services received or about the therapist addressed?**

Answer Choices	Responses	
Yes	86%	170
No	7%	14
Unknown	7%	14
	<b>Answered</b>	<b>198</b>



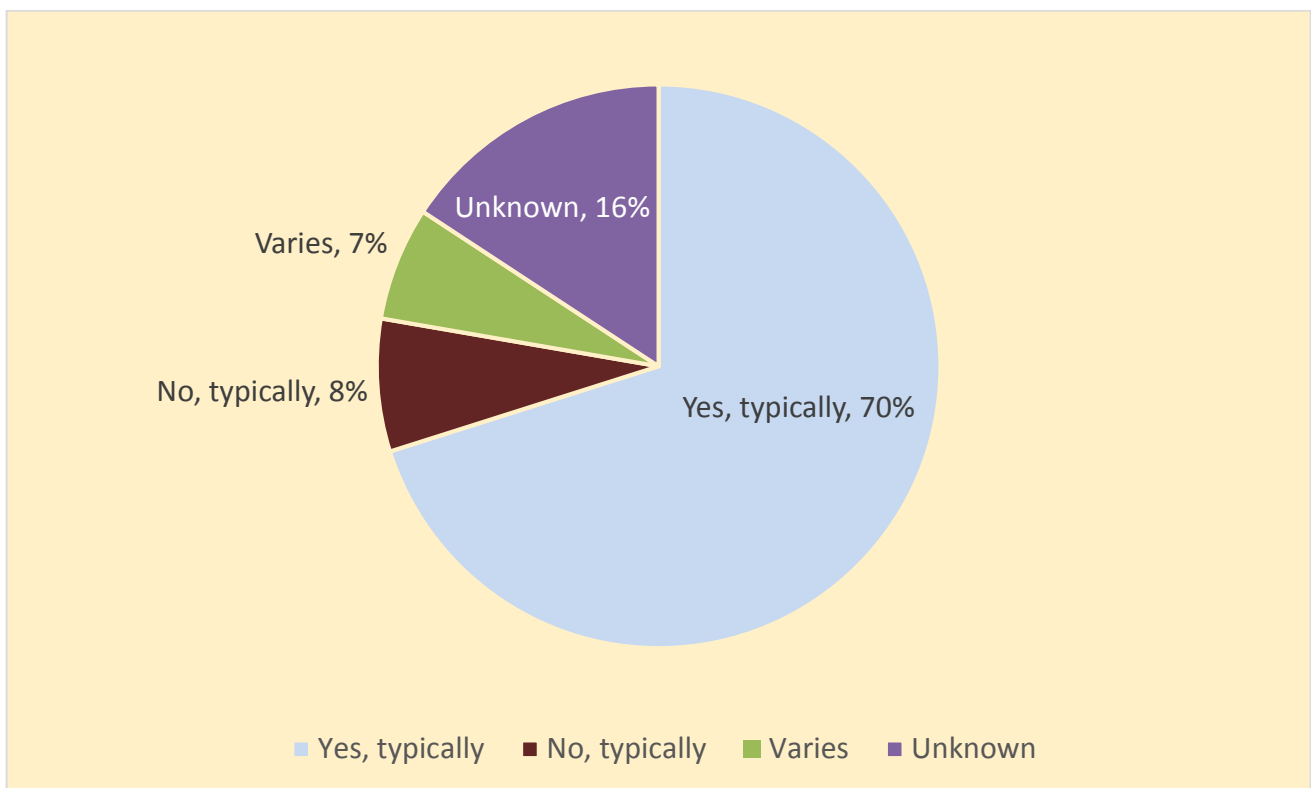
**20. If YES to #19: Are all consumers informed about the complaint process?**

Answer Choices	Responses	
Yes	78%	145
No	7%	13
Unknown	15%	28
	<b>Answered</b>	<b>186</b>



**21. If YES to #19: Do you feel that consumer complaints are addressed appropriately?**

Answer Choices	Responses	
Yes, typically	70%	129
Unknown	16%	29
No, typically	8%	14
Varies	7%	12
	<b>Answered</b>	<b>184</b>

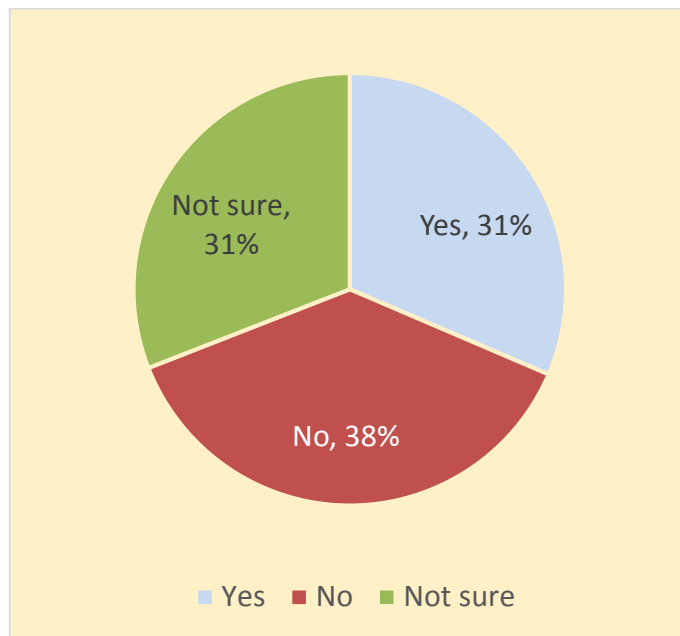




**22. Do you believe that certain settings should continue to be exempted from mental health professional licensure requirements? Please explain the reason(s) you selected this answer.**

*(Note: Exempt settings are defined in BBS law as a school, a governmental entity, or a nonprofit and charitable entity (501(c)(3))*

Answer Choices	Responses	
No	38%	73
Yes	31%	61
Not sure	31%	60
	<b>Answered</b>	<b>194</b>



**SELECTED RESPONSES:**

1. The caseload treated is far beyond that of what a nonprofit entity can afford to serve employing only mental health professionals. The majority of the clients treated in this setting are treated by AODS counselors effectively.
2. I think there should be an opportunity for unlicensed staff to learn; however, I also think that the level of services necessary to meet the needs of those suffering from behavioral health disorders are best met by licensed mental health professionals.
3. With public education expanding into the mental health field, I believe that any/all mental health providers should be licensed through the BBS, and not exempted from mental health licensure requirements.

4. I see the benefit clients get from non-licensed staff conducting assessments, but at the same time I think it devalues our education, training and licensing process. Positions can then be taken by unlicensed staff for a lower salary than hiring a license clinician which could offer more to a client and agency.
5. Need more clinical knowledge. The usually think they know more than the clinicians
6. I believe that it is risky, potentially dangerous, irresponsible, and unjust to allow non-licensed individuals- including individuals without a master's degree at the minimum - to practice mental health services in Santa Clara county. These individuals are known as Mental Health Specialists (MHS) and Mental Health Rehabilitation Specialists (MHRS). My personal experience is that, although the services are considered "rehabilitation" services, most MHS and MHRS staff either provide or attempt to provide psychotherapy services without proper training, education, and clinical experience. This is usually because programs are not designed to accommodate the high demand for services and the low supply of qualified and licensed staff. Thus, they must rely on MHS or MHRS staff to provide the services. Unfortunately, supervision of licensed and nonlicensed staff is often overlooked in favor of meeting productivity or other contract requirements. Therefore, many non-licensed or non-master's level staff end up providing services to consumers that are out of their scope of service and, further, are not being held accountable through regular supervision.
7. Public-consumer protection, quality assurance. We are serving the absolute most vulnerable people when fulfilling our role as clinicians. Direct harm is done to consumers by unprepared wellmeaning workers. The client/patient and family thinks they were served by a clinician but in fact their challenges were not addressed by the untrained staff.
8. At least one or more licensed or license eligible person working towards licensure should be required per site if social services, therapy, or counseling is provided.
9. Because a lot of the important work is being done by our peer advocates/leaders who have lived experience, but can not afford to or wish not to further their education, and advanced education is a requirement for licensure.
10. This population deserves the highest quality of care and often lack of education in therapy techniques, intervention and how to ethically engage clients taints the and hinders the process of recovery.
11. The risk of providing ineffective treatment may be greater when the clinicians are not properly trained.
12. I think licensure is very important and should still be required for the intricacies of mental health work that we do.
13. mental health services should only be provided by individuals who have been trained to do so and either licensed or working towards licensure
14. I feel that if you are working with individuals (especially children) who are experiencing severe emotional/mental issues you need to have the proper training and experience
15. our volunteers and recreation therapists do play an important role in our facility. It may not be therapy in the traditional sense but it is treatment. Before considering any changes they need to see how my facility operates.
16. I believe that individuals working in a mental health setting should have some formal education and training on the subject prior to entering the work setting.
17. Normally we only have trainees and interns who are seeking licensure. In 23 years of existence we have only had this one person who is so skillful with clinical work that I have kept her on our staff. She

is 70 now and has decided not to pursue the license and I have invited her to stay on as a paraprofessional counselor

18. Medi-Cal regulations allow for non-licensed, non-registered staff to provide assessment and case management. It is important to allow peer counselors to be part of our system of care. They contributed an important treatment voice in the array of services in the mental health treatment system and will now also be able to contribute in the substance use system of care under the Organized Delivery System.
19. those without a license are not trained or capable to conduct psychotherapy, group therapy, psychosocial assessments, diagnose, or 5150 when necessary. Those who have an MSW and are being weekly supervised and working toward their license have been trained in theory and practice, abnormal psych., etc. and are competent. Without supervision and at least an MSW they are not competent to conduct ethical, sound clinical treatment. In my setting older employees without an MSW are limited in their scope of practice and do case management only.
20. The cost is too high to supervise the requirements for individuals seeking license. The volunteer trainees require 1:5 ratio of supervision the cost for supervisors salary is so high that we can't even break even with volume there help. Certified Counselor's work in conjunction with our mental health professionals - this aides the clients in a balance of experience and education.
21. some roles do not require as much clinical expertise and this allows clinicians who are not moving toward licensure a role to play in the profession
22. There is overwhelming need for support services in low income communities and there is not enough funding to meet the needs. 2.) The majority of our licensure track counselors are from more privileged backgrounds (therefore they can afford to attend college and graduate school and complete a lengthy internship). By training paraprofessional counselors we have been able to provide clients with counselors who look like them and have first hand experience and understanding of their communities and cultures. Clients are more comfortable receiving services when they see we employ people from their community. We have better client retention and outcomes and our licensure track counselors receive invaluable knowledge from working side by side with our paraprofessional counselors.
23. I believe that all mental health providers should be registered to ensure an adequate level of care
24. Having mixed groups of some non professionals, trainees, interns, and licensed staff has created problems in my school district because the non professionals are not held to the same legal and ethical standards as the prelicensed and licensed staff.
25. Services rendered by untrained employees are vastly different and subpar than those with education and experience
26. Services provided by staff not seeking licensure are invaluable to both client and therapist as in our setting, caseloads are high. With the help of the paraprofessional clients/families learn skills to address sx and improve fx. Many cases do not necessitate therapy but instead rehab svcs including social skill development, anger management skills, etc which are provided by the rehab staff and allow clinicians to provide more time to high risk clients. The cases rehab provide services to are still assigned to a clinician. Although the clinician does not provide supervision to the rehab staff they do direct treatment interventions and monitor progress of client. Further, clinician and rehab staff are required to consult regarding case a minimum of 1x per quarter but generally this happens more frequently.
27. Licensure requirements ensure that basic standards and procedures are in place so that clients are able to obtain a certain level of care that are not instituted for non-professionals.

28. The agency is split into three service categories, where the LMFT only supervises one of those. The category supervised by LMFT is an exceptional learning environment due to her diligence to law and ethics. The other two departments are run based on the state mandates for Domestic Violence and Sexual Assault. In my experience, because these other two departments are not trained in mental health, the "supervisors" are not equipped to helping the peer counselors with clients seeking counseling for Domestic Violence/Sexual Assault. I think the state of CA needs to review the standards of peer counselors for Domestic Violence/Sexual Assault.
29. Licensed clinicians are best suited to provide clinical services
30. many clinicians start as rehabilitation specialists and go on to get clinical degrees and interships. This is a useful intro to the field.
31. I believe that people may be qualified to perform at least some level of clinical services (e.g. case management) without licensure but with relevant training and supervision. If not already present, maybe there should be guidelines or recommendations around training and supervision for staff and volunteers in these exempt settings? I also think it would be important for staff and volunteers in the exempt settings to be aware of the laws and ethics that are the foundation of our work (e.g. NASW Code of Ethics).
32. Unless we create a non-clinical licensure track in California, like many other states have done, I'm thinking specifically of my experience as an LMSW in New York, then we need to allow exempted settings.
33. Can't speak for the agency and their policy or plans with regard to this. Personally, I agree to this, though I think it is to the unlicensed clinician's benefit for them to work toward their license.
34. No. I think the unlicensed person working in a \*clinical\* role where \*any\* personal information is being assessed, evaluated, or utilized within the setting should NOT be permitted. That is, unless the role (such as an "academic counselor" has its OWN code of law and ethics under the entity (such as FERPA). TRAINING needs to address where laws and ethics, including reporting overlap with organizational/entity requirements, and how these are prioritized and implemented.
35. I believe a license should be a requirement for all mental health professionals. It is a certification that shows the minimum standards to practice. Our profession should thrive to reach the highest standards as possible. We are similar to physicians; a physician is not allowed to practice if he/she is not licensed. Why should we be different?
36. the major violations are committed in the exempt entities.
37. Yes- trainees and Interns gain licensure experience working in Mental Health settings as waived staff. Other than those working toward licensure, no other exemptions should be permitted.
38. I believe that if mental health services are being provided then the people providing those services should meet the industry standard which would include a license. Providing school-based counseling has increasingly become the defacto setting where many children and families are receiving mental health services. It is important that these services be provided by knowledgeable, qualified and experienced mental health providers. Unfortunately, the funding for mental health services in the school setting is somewhat limited and these services are provided free of charge to families. This provides wonderful access to mental health services to children and families, but greatly limits what can be provided. If it is mandated that school-based counseling services be provided by licensed professionals, then the way schools are funded for mental health services should also be addressed
39. I believe all these settings should require licensed or those actively seeking a license. The level of care is not good when these requirements are not in place.

40. Governmental funding rates are not sufficient to allow us to hire only licensed staff to fill all positions. Moreover, by hiring, training, and offering high quality supervision in accordance with BBS regulations to staff who are on the license track, we are providing an important role in developing qualified candidates for our industry. In order to meet the diverse needs of our community, our field also needs the diverse contributions (in terms of culture, language, life experience, and skill sets) of staff who are not on a master's/licensed track.
41. Credentialed and Certified counselors are well able to provide psycho-education, case management and other services. We cannot fill current openings here due to cost of living and competition with Kaiser (pays approx. 19% more) and other large facilities.
42. I believe that there are not enough experienced providers to provide the level of service needed. Continuing these exemptions allows people who are untrained and unprepared to enter the work force
43. In San Francisco Bay Area the pay is so low we can not get qualified personal. We need to promote licensure requirements and work toward hired pay for qualified staff. If licensure is required, I feel the consumer gets the best services. At the Department of Rehabilitation the agency is required to hire persons with a Master's degree, but instead they are hiring persons with Bachelors in anything and have staff with Master's do only legal paperwork. It's a disadvantage to consumers.
44. Degree, prelicensed and licensed are better qualified
45. There is a shortage of qualified mental health professionals in diverse communities- the need from communities far exceeds the availability of staff that we have available
46. Clinical work is critically important. It should require a licensed professional and licensed supervision.
47. Over the course of 40 + years experience in the SW profession I believe there are individuals w/o a license that have the skills, knowledge, & experience to perform assessment. Dx, & Tx planning. Further training applied to providing Tx has been an ongoing process in my experience. Many of the people providing such clinical services have been consumers who bring a first hand experience about how services are provided.
48. The biggest frauds and abuses are committed in school settings county, state, federal government agencies.
49. Value if senior peer counseling for some clients in certain circumstances. Most of our services provided by individuals working toward licensure.
50. This particular situation made me uncomfortable utilizing this service and did not want to refer my consumers there due to the lack of quality to care the consumer would receive, due to the licensing and education lack.
51. . I think ensuring quality of care and supervision are the important things to focus on when determining whether or not certain settings should continue to be exempt.
52. Reason: The position has professional & consistent LCSW oversight (Title 22 Mandated), the Social Services Designee position as defined meets State and Fed regulations, is cost effective, has additional 24/7 oversight by Director of Nurses, RN & LVN Nursing Staff, and availability of MD's as Primary Care Physicians for each housed resident is always available. Skilled Nursing Facilities are now the most highly regulated industry in the USA, outpacing the regulatory compliance of Nuclear Power, which is now "second" to SNF's.
53. This allows agencies to not pay interns
54. Its imperative that services provided to consumers are effective and professionally sound. Agencies such as violence intervention program in LA take advantage of underpaid staff and assign

unmanageable workloads that lack supervision and ethically sound management and direction without maintaining the sole focus on prioritizing the wellbeing of their consumers. These exemptions propel an ongoing problem with improperly trained and educated individuals causing more harm than good to consumers, and supervisors that continue to hold licenses despite engaging in illegal unethical and unprofessional clinical practices

55. License means accountability and taking that away cheapens the work licensed professionals do!
56. Some settings are very hard to attract/hire/retain staff. If the staff education level, experience level, and supervision matches those of other employees, it makes perfect sense to help meet the shortage. I tend to self-limit these hires anyway as they are more work (require extra co-signatures and documentation oversight)
57. There are many MSW's who are very skilled at what they do, who happen to not want to pursue licensing. I am licensed and I'm glad I took that step, however I can't take away from other MSW's with solid experience
58. The county will not pay for licensed professionals or at least nowhere near competitively do there would always be a shortage of people willing to fulfill the role
59. There are not enough funds likely to provide all the needed help in county for services. However, there does seem to be a 'lack of demand' for clinical services as when a volunteer or BS/BA degree is doing somewhat equivalent work which depreciates our value. Therefore weakens the need for therapists and decreases wages.
60. I think this has created a significant wage gap between licensed and unlicensed professionals, which results in clinicians who are accruing hours towards licensure being almost exclusively limited to working in nonprofit settings as there are very few other job options for clinicians who are not yet licensed (primarily due to the additional supervision requirements for registered but unlicensed staff). However, this allows agencies to provide services at a lower cost than they otherwise would be able to, which allows more clients in need to access services.
61. No, the standard of care provided via schools and non-profits continues to be sub-par overall. There are sufficient licensed mental health professionals in the state of CA such that none of these settings should continue to be exempted from the mental health professional licensure requirements.
62. This takes away jobs from qualified professionals (working towards licensure) who can do better work and provide more competent care for people who (at my agency) are the most low income of consumers with the least treatment choices.
63. Licensure assumes an ethical standard and clinical competence
64. Licensure is a protection for the client from unqualified treatment providers.
65. I live in a rural county where it is difficult to find qualified individuals to work with challenging clients
66. As long as they are appropriately supervised
67. Standards protect the consumer
68. No, because I feel there needs to be standards in place where clients/patients have informed/educated/knowledgeable providers. With education as a requirement the individuals are likely to get higher levels of care. The treatment is likely to be better.
69. The same standard applied to BBS registrants should be universal.

70. Provision of clinical services should be by those who can be held accountable, who have malpractice insurance, are regularly training in ethics, and required to obtain CEU's to remain current in best practices.
71. Many clinicians have years of experience on the job and are providing excellent services. Moreover, they usually receive the same employer sponsored training as licensed social workers to practice skills in a group setting and to stay current in efficacious treatment modalities. If the laws change, it should be to mandate non profits and government agencies to provide a certain amount of coursework or training to their employees each year, regardless of licensure. What is more concerning is people in private practice that may be licensed, but have very little oversight. We frequently hear from our patients stories about their interactions with therapists that seem to personal, such as therapists not allowing to end therapy when the client is ready or talking about their own personal problems during the session.
72. Quality of care is paramount and can vary widely per families previous reports of experiences in services.
73. Our paraprofessional counselors live in their communities and know the population they serve. They are trusted, well trained and supervised
74. I think that it allows mental health professionals to have to compete for jobs with people who have less education and fewer qualifications. The overall pay is low. Why pay for a professional when you could pay less for someone else to fill the spot?

## 23. Is there anything else you would like to add?

Answered

57

### SELECTED RESPONSES PERTINENT TO SURVEY TOPICS

1. Require Master's level training for any clinical work that indicates need for assessment through management of psychosocial issues. Bachelor level staff for supportive roles
2. When services are provided by unlicensed, untrained professionals it often does more harm than good for the clients.
3. My preference is to not have paraprofessional people here but I am glad in this case to be able to have her here.
4. Again, if you were to make a mandatory requirement for masters level clinicians only to perform services, then you must also increase the reimbursement rates for non profits.
5. Paraprofessional counselors are doing very important work in some of our most underserved communities and in many cases they are doing work that licensure track counselors cannot do. Paraprofessional counselors are a vital resource to the neediest members of our society.
6. Clarifying what is \*clinical\* work performed by unlicensed people may not be enforceable for consumers. SIMILARLY, and just as importantly, LICENSED professionals who perform these roles within exempt settings should be accountable TO their own licensure codes of ethics at a MINIMUM within their role. For example, a licensed professional (one NOT "seeking licensure" because they already \*HAVE\* it but are benefitting from a paid position), should NOT be claiming to be a "management coach", "conflict mediator", "EAP consultant" or any of a myriad of roles I have seen without confirmation of training and disclosure to consumers about what they are actually doing.

To my mind, the very possession of a license should cause reflection and caution on the part of any Licensed professional who is performing these roles at such an entity. There needs to be a complaint process for these already-licensed individuals who claim "not" to be doing clinical work when they are potentially using this as an opportunity to ignore their L&E code and consumer protection duties for personal gain or the interests of the institution. I am constantly reading about potential violations and bad treatment of INTERNS especially on closed social media groups, but I can assure the Board this is NOT only an experience of interns. It also occurs at group practices and other settings. Such negative experiences for consumers (whether by a licensed person as has been my experience OR a "person not seeing licensure") is potentially harmful to consumers AND frankly, degrades the license. We don't need more of that in the current climate that a lot of clinicians are struggling to survive within.

Private practice clinicians are largely unfamiliar with this risk or the effects because they don't really understand the complexities involved. Working within an organization is MUCH more complex with L&E than performing private coaching, consult, or other subsidiaries as a private practitioner. I would be interested in a survey of HOW MANY licensed are also working (or having to work) inside the specified entities in order to make a living or by choice. Not sure your



survey addresses this question. I commend that Board for sending out this survey, however, because I think it is high time this issue be examined. The bottom line for me is: there need to be some changes in the Ethical Codes of licensed professionals working within these entities. AND people "not seeking licensure" need to be advised of the risks when they are doing "clinical work." Clinical work also needs to be clearly DEFINED.

7. We, as mental health professionals, have a moral and ethical duty to provide the highest level of care for our clients. The clients count on us to help them learn new ways to make their life better and be more empowered.
8. I believe there needs to be a mandate for supervision to be provided for both licensed and unlicensed staff. Too often newbies are left to learn everything the hard way.
9. Our non-license-track employees provide psych rehab and case-management services, which do count as "treatment" with Medi-Cal, but those employees do not assess or diagnose.
10. I have worked in a diverse range of settings such as PHF's, OP MH clinics, with children, adults, families, at risk youth, chronically mentally ill, & substance abusers. In many settings it is an invaluable contribution that is provided by people with a long experience, understanding of the people served in different settings, as well as personal experience as a consumer of MH services. While a license speaks volumes about the hard work required to be designated as a "professional" at times I have witnessed better ideas for treatment from unlicensed individuals in the field. I would go so far as to say the unlicensed professional is a major part of service delivery in the mental health profession that can't be replaced.
11. SNF facilities have exponentially burdensome regs in place. We do not need more (regs).

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