



December 3, 2022

Re: UMHCA Rationale to Retain Two Years of Supervision for Associate Clinical Mental Health Counselors

The Board of Directors of the Utah Mental Health Counselors Association (UMHCA) have voted unanimously that the Utah Mental Health Profession Practice Act retain the requirement for Associate Clinical Mental Health Counselors (ACMHCs) to be supervised for at least two years. Contrary to the current act, the Department of Professional Licensing has proposed a rule change that eliminates this requirement. The sole reason that the UMHCA Board of Directors has urged the retention of the two years of clinical supervision is for the safety of the public.

Part 4, the Clinical Mental Health Counselor Licensing Act of the Mental Health Professional Practice Act stipulates that ACMHCs be supervised for at least two years as one of the requirements to qualify for an independent practice license in Utah. This is also a requirement for the Associate Marriage and Family Therapists and the Clinical Social Workers. The specific requirements of the law are highlighted in yellow at the end of this document.

The Utah Department of Professional Licensing has proposed a change in rule to R156-60c of the Clinical Mental Health Counselor Licensing Act (Rule, R156-60c-101). This proposed change does not specify any number of months for an ACMHC to be supervised. Theoretically, an ACMHC could qualify for full licensure at any time after they complete 3000 hours of clinical practice. This is purportedly based on an amendment to the law that was passed in the 2022 legislative session. The amendment reduced the required number of hours of supervised clinical mental health counselor practice from 4,000 hours to 3,000 hours for ACMHCs.

The expressed logic for the reduction in supervised hours was based on the most common number of supervised practice hours in most other states, which was 3,000 hours of supervised experience. However, the Utah State Legislature did not change any of the other mandated requirements of the Mental Health Professional Practice Act for ACMHCs. The act still requires at least two years of supervised experience and a minimum of 100 hours of direct consultation by a qualified supervisor.



For the following reasons, the UMHCA Board of Directors is unanimous in advocating for the retention in law of at least two years of supervision for the protection of the public.

1. All mental health and medical health professions have mandated state requirements for initial licensure that include supervision by a qualified supervisor (e.g., physician residencies, psychology residencies, etc.). Likewise, master's degree, licensed associate mental health therapists have a two-year clinical supervision requirement. Supervised practice is essential for these therapists to gain experience, assure high standards of competency, and be compliant with laws and codes of ethics. The purpose of supervision is to safeguard the individuals they see as licensed associate therapists.
2. Decreasing the number of months for licensure will not increase the total number of clinical mental health counselors. ACMHCs and other associate licensed mental health therapists address a full spectrum of mental disorders, but they do this with a supervisor to monitor and review their work. Therefore, a reduction of less than two years will not change by any measure the total number of mental health therapists available to the public.
3. However, decreasing the number of months of supervision will reduce the number of mental health therapists who currently serve in public agencies. In order to complete the minimum two-year requirement, associate licensed mental health therapists must be W-2 employees and many are employed in an agency that serves the general public (e.g., county mental health centers, hospitals, etc.). Once associate licensed therapists are fully licensed, they typically leave these agencies to go into private practice or find more lucrative group work. Public agencies serve a number of underserved demographics, and they need ACMHCs and other associate licensed mental health therapists to provide crucial mental health treatment services. The unintended consequence of reducing the two-year clinical supervision requirement will be to significantly decrease the available number of associate licensed therapists for these underserved populations.
4. Clinically supervised practice is the primary means for newly graduated mental health therapists learn to effectively treat mental health disorders. Effective treatment is accomplished as they confer weekly with their supervisor. State law requires at least 100 hours of direct supervisory consultation (100 hours of consultation equates to a minimum of one hour of supervision a week over the course of 100 weeks or two years).



5. A decrease in supervised practice would reduce clinical effectiveness of ACMHCs (as well as other associate licensed mental health therapists) and increase the potential harm to individuals receiving mental health care. During supervised practice, ACMHCs must confer with their qualified supervisor, review ethical dilemmas, and have their work with clients monitored to ensure effective treatment outcomes. Curtailing clinical supervision cuts short the opportunity to develop competently skilled and ethically proficient mental health therapists more fully.
6. In 2022, the Utah Legislature passed the Counseling Compact. The compact will increase access to Licensed Clinical Mental Health Counselors, particularly for the rural areas of our state. In November 2022, the Counseling Compact Commission was established to set the rules and standards for individuals to participate in the compact. It is anticipated that the commission will require at least 24 months of supervised experience prior to licensure for an individual Clinical Mental Health Counselor to qualify for compact practice. The Counseling Compact rules should be finalized in the 2023. Undoubtedly, it would be prudent to wait until the Counseling Compact rules are established before Utah changes the minimum of two years of clinical supervision.

To be clear, the supervision requirement of at least two years was established by the legislature for the protection of the public. Like all other mental health laws and rules, assuring that those entrusted with the care of individuals with mental disorders are experienced and skilled is in keeping with the highest standard of “first, do no harm.”

The potential for increased risk of harm to individuals is the only concern of the UMHCA Board of Directors. It is the reason that we strongly advocate for the retention of the two-year clinical supervision requirement as well as the other requirements of the Mental Health Professional Practice Act. In addition, the members of the USAAV Behavioral Healthcare Workforce Workgroup have also unanimously urged that this requirement be retained.

Please feel free to contact me or Dr. Gray Otis, UMHCA Legislative Affairs, if we can be of assistance.

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## MENTAL HEALTH PROFESSIONAL PRACTICE ACT

## Part 1 - General Provisions

## 58-60-101. Title.

This chapter is known as the "Mental Health Professional Practice Act.58-60-405. Qualifications for licensure.

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**Part 4 - Clinical Mental Health Counselor Licensing Act**

## 58-60-401. Title.

This part is known as the "Clinical Mental Health Counselor Licensing Act.

...

(1) An applicant for licensure as a clinical mental health counselor shall:

- (a) submit an application on a form provided by the division;
- (b) pay a fee determined by the department under Section 63J-1-504;
- (c) be of good moral character;
- (d) produce certified transcripts from an accredited institution of higher education recognized by the division in collaboration with the board verifying satisfactory completion of:
  - (i) an education and degree in an education program in counseling with a core curriculum defined by division rule under Section 58-1-203 preparing one to competently engage in mental health therapy; and
  - (ii) an earned doctoral or master's degree resulting from that education program;
- (e) have completed a minimum of 4,000 3,000 hours of clinical mental health counselor training as defined by division rule under Section 58-1-203, **in not less than two years**, under the supervision of a clinical mental health counselor, psychiatrist, psychologist, clinical social worker, registered psychiatric mental health nurse specialist, or marriage and family therapist supervisor approved by the division in collaboration with the board and obtained after completion of the education requirement in Subsection (1)(d);
- (f) document successful completion of not less than 1,000 hours of supervised training in mental health therapy obtained after completion of the education requirement in Subsection (1)(d), which training may be included as part of the 4,000 3,000 hours of training in Subsection (1)(e), and of which documented evidence demonstrates **not less than 100 of the hours were obtained under the direct supervision of a mental health therapist as defined by rule**; and
- (g) pass the examination requirement established by division rule under Section 58-1-203.



R156. Commerce, Occupational and Professional Licensing.

**R156-60c. Clinical Mental Health Counselor Licensing Act Rule. R156-60c-101.**

Title.

This rule is known as the "Clinical Mental Health Counselor Licensing Act Rule".

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**R156-60c-302b. Qualifications for Licensure - Experience Requirements.**

(1) The clinical mental health counselor and mental health therapy training qualifying an applicant for licensure as a clinical mental health counselor under Subsections 58-60-405(1)(e) and (f) shall:

(a) **be completed in not less than two years;**

(b) be completed while the applicant is licensed as a licensed associate clinical mental health counselor or licensed associate clinical mental health counselor extern;

(c) be completed while the applicant is an employee, as defined in Subsection R156-60-102 (3), of a public or private agency engaged in mental health therapy under the supervision of a qualified clinical mental health counselor, psychiatrist, psychologist, clinical social worker, registered psychiatric mental health nurse specialist, physician, or marriage and family therapist; and

(c) (sic) be completed under a program of supervision by a mental health therapist meeting the requirements under Sections R156-60c-401 and R156-60c-402.