



STATE OF ARIZONA

Joint Legislative Budget Committee

STATE
SENATE

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HOUSE OF
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MINUTES OF THE MEETING

JOINT LEGISLATIVE BUDGET COMMITTEE

September 24, 2015

The Chairman called the meeting to order at 1:08 p.m., Thursday, September 24, 2015, in Senate Appropriations Room 109. The following were present:

Members:	Senator Shooter, Vice-Chairman	Representative Olson, Chairman
	Senator Cajero Bedford	Representative Alston
	Senator Farley	Representative Bowers
	Senator Griffin	
	Senator Hobbs	
	Senator Kavanagh	
	Senator Lesko	
	Senator Yarbrough	

Absent:	Representative Mach
	Representative Mitchell
	Representative Montenegro
	Representative Stevens
	Representative Ugenti

APPROVAL OF MINUTES

Hearing no objections from the members of the Committee to the minutes of June 18, 2015, Chairman Justin Olson stated that the minutes would stand approved.

DEPARTMENT OF CHILD SAFETY (DCS) - Review of FY 2016 Internet Crimes Against Children Expenditure Plan.

Mr. Ben Beutler, JLBC Staff, stated that DCS is requesting review prior to any monies being expended from DCS' \$350,000 FY 2016 appropriation for Internet Crimes Against Children (ICAC). The JLBC Staff presented options to the Committee.

(Continued)

Sergeant Jerry Barker, Commander, Arizona Internet Crimes Against Children Task Force (AZICAC), responded to member questions.

Senator Shooter moved that the Committee approve the \$350,000 expenditure plan for ICAC with the provision that AZICAC via DCS report any funding reallocations above \$50,000. The motion carried.

DEPARTMENT OF CHILD SAFETY - Review of Fourth Quarter Benchmarks.

Mr. Ben Beutler, JLBC Staff, stated that DCS is requesting review of a report of proposed FY 2015 quarterly benchmarks for assessing progress in increasing the department's number of FTE Positions and in reducing the number of backlog cases. The JLBC Staff presented options to the Committee.

Mr. Gregory McKay, Director, DCS, responded to member questions.

Senator Shooter moved that the Committee accept the fourth quarter benchmark report as outlined in the department's submission with no comment. The motion carried.

DEPARTMENT OF CHILD SAFETY - Review of FY 2016 Intensive Family Services Expenditure Plan.

Mr. Ben Beutler, JLBC Staff, stated that DCS is requesting Committee review prior to any monies being expended from DCS' \$8,500,000 FY 2016 appropriation for Intensive Family Services (IFS). The JLBC Staff presented options to the Committee.

Mr. Gregory McKay, Director, DCS, responded to member questions.

Mr. Illya Riske, Finance Manager, DCS, responded to member questions.

Senator Shooter moved that the Committee give a favorable review to the FY 2016 IFS expenditure plan with the following provisions:

- A. *The favorable review expires with federal approval or disapproval of the Title IV-E waiver. At that time, DCS is to return for Committee review of any remaining IFS funds.*
- B. *The Committee recommends that DCS proceed to prepare and release a Request for Proposals (RFP) for a new in-home intervention program that employs contracted case management prior to final approval of the Title IV-E waiver.*

The motion carried.

ARIZONA DEPARTMENT OF CORRECTIONS (ADC) - Review of FY 2015 Bed Capacity Report.

Ms. Micaela Larkin, JLBC Staff, stated that ADC is requesting review of a report detailing the bed capacity changes in FY 2015, and the proposed changes in FY 2016. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee give a favorable review of the bed capacity report submitted by the department on July 31, 2015. The motion carried.

(Continued)

ARIZONA DEPARTMENT OF ADMINISTRATION (ADOA) - Consider Approval of Maximum Lodging and Per Diem Reimbursement Rates.

Ms. Rebecca Perrera, JLBC Staff, stated that ADOA is requesting approval of rate changes to the maximum reimbursement amounts for lodging and meal expenses taking into consideration the amounts established by the federal government. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee approved the use of the federal lodging reimbursement rate and per diem rate (less \$10), which are effective on October 1, 2015, as the state rates with the following provisions:

- A. Committee approval does not constitute an endorsement of additional appropriations to cover higher reimbursement costs.*
- B. ADOA may continue to grant waivers for reimbursements above the state's maximum rate but should not delegate any waiver authority to agencies.*
- C. ADOA shall submit for Committee review its written guidelines for reviewing and approving lodging rate waivers by November 30, 2015.*

The motion carried.

ADOA/DEPARTMENT OF EDUCATION (ADE) - Review of Automation Projects Fund Expenditure Reallocation (Automation Projects Fund).

Mr. Matt Beienburg, JLBC Staff, stated that this item is for review of a reallocation of the FY 2016 Arizona Education Learning and Accountability System (AELAS) appropriation by ADOA from the Automation Projects Fund (APF) prior to expenditure. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee give a favorable review to shift \$400,000 from Program Support Office to Centralized Educational Data Services from the FY 2016 ADE AELAS appropriation. The favorable review includes the following Arizona Strategic Enterprise Technology Office (ASET) provision:

- A. Should there be any changes in the proposed costs, technology approach, scope of work, or implementation schedule, ADE must amend the Project Investment Justification to reflect the changes and submit it to ADOA-ASET and the Information Technology Authorization Committee, if required for review and approval prior to further expenditure of funds.*

The motion carried.

ADOA/DEPARTMENT OF REVENUE (DOR) - Review of Data Capture Contingency Expenditure Plan (Automation Projects Fund).

Mr. Jeremy Gunderson, JLBC Staff, stated that DOR is requesting Committee review of expenditures from the APF. DOR proposes to expend the \$565,800 in remaining contingency monies from a FY 2015 appropriation from the APF to improve their ability to capture and analyze more tax return data electronically. The JLBC Staff presented options to the Committee.

Mr. Sean Laux, Legislative Liaison, DOR, responded to member questions.

(Continued)

Senator Shooter moved that the Committee give a favorable review of the \$459,000 of contingency monies from the APF to improve the agency's ability to capture and analyze more tax return data electronically with the following provision:

- A. Prior to spending the project's remaining contingency funding of \$106,800, DOR must submit an expenditure plan to the Committee for review.

The motion carried.

ATTORNEY GENERAL (AG) - Review of Quarterly Reports on Legal Settlements.

Mr. Matt Gress, JLBC Staff, stated that the Committee is required to review quarterly AG reports on the receipts and disbursements from the Consumer Protection - Consumer Fraud (CPCF) Revolving Fund and the Consumer Restitution and Remediation Revolving Fund (including its 2 subaccounts), as well as deposits made to the General Fund. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee give a favorable review to the AG's allocation of legal settlements among the various funds. The motion carried.

JLBC STAFF - Review of Agency Legal Services Charges.

Mr. Matt Gress, JLBC Staff, stated that this item is for review of agency funding sources for the Attorney General (AG) legal services charges for general agency counsel. The charges total \$1.8 million, the same amount as last year. The allocation of charges to each agency also remains unchanged, with the exception of the Departments of Racing and Gaming. The JLBC Staff recommended that the Committee give a favorable review of this item.

Senator Shooter moved that the Committee give a favorable review of the fund source reports for the AG legal services charges. The motion carried.

BOARD OF BEHAVIORAL HEALTH EXAMINERS - Testimony on Proposed Licensing Rules.

Mr. Steve Grunig, JLBC Staff, stated the Board of Behavioral Health Examiners is required to testify before the Committee regarding the rules for licensing provisions enacted during the 2013 Legislative Session. The Committee is not required by statute to review the proposed rules, but may do so if it chooses. The JLBC Staff presented options to the Committee.

Ms. Tobi Zavala, Executive Director, Board of Behavioral Health Examiners responded to member's questions.

Ms. Bahney Dedolph, Policy Analyst, The Arizona Council of Human Service Providers spoke to the item and circulated a document. (Attachment 1)

Senator Shooter moved that the Committee accept the Board of Behavioral Health Examiner's testimony without comment. The motion carried.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)/DEPARTMENT OF HEALTH SERVICES (DHS)/DEPARTMENT OF ECONOMIC SECURITY (DES)/DEPARTMENT OF CHILD SAFETY - Review of Revised Capitation Rate Changes.

Mr. Jon Stall, JLBC Staff, stated that this item is for review of AHCCCS, DHS, DES and DCS capitation rate changes prior to implementation. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee give a favorable review to the proposed FY 2016 capitation rates. The motion carried.

DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) - Review of Safe Drinking Water Expenditure Plan.

Mr. Josh Hope, JLBC Staff, stated that DEQ is requesting review of the expenditure plan for \$1,800,000 from the Emissions Inspection Fund for the Safe Drinking Water Program in FY 2016. The JLBC Staff presented options to the Committee.

Senator Shooter moved that the Committee give a favorable review to the department's proposed expenditure plan for \$1,800,000 from the Emissions Inspection Fund for the Safe Drinking Water Program in FY 2016. The motion carried.

EXECUTIVE SESSION

Senator Shooter moved that the Committee go into Executive Session. The motion carried.

At 3:16 p.m. the Joint Legislative Budget Committee went into Executive Session.

Senator Shooter moved that the Committee reconvene into open session. The motion carried.

At 4:04 p.m. the Committee reconvened into open session.

A. Arizona Department of Administration, Risk Management Services - Consideration of Proposed Settlements under Rule 14.

Senator Shooter moved that the Committee approve the recommended settlements proposed by the Attorney General's office in the cases of:

- *White v. State of Arizona*
- *Lee v. State of Arizona*
- *Rosario, et al. v. State of Arizona*

The motion carried.

B. Arizona Department of Administration - Risk Management Annual Report.

This item was for information only and no Committee action was required.

Without objection, the meeting adjourned at 4:05 p.m.

Respectfully submitted:



Kristy Paddack, Secretary



Richard Stavneak, Director



Representative Justin Olson, Chairman



MEMORANDUM

DATE: SEPTEMBER 25, 2015

FROM: EMILY L. JENKINS, ARIZONA COUNCIL OF HUMAN SERVICE PROVIDERS

TO: MEMBERS, JOINT LEGISLATIVE BUDGET COMMITTEE

RE: BOARD OF BEHAVIORAL HEALTH EXAMINERS' RULES

Since the last Sunset Review, the Arizona Council of Human Service Providers has been engaged in efforts to improve the licensing and disciplinary functions of the Board of Behavioral Health Examiners. The Council has collaborated with professional associations in this effort. In addition to its activities related to SB 1374 in 2013, the Council has participated in the meetings of the BBHE Rules Subcommittee and made presentations at the public comment hearings.

The Council has expressed concerns regarding the Board's draft rules in the following major areas:

- Clarification of confidential records standard to assure licensees have appropriate access to investigative files as required by ARS 32-3282 B. 3.
- Clarification of the definition of "direct supervision"
- Allowance of 90 of the 100 hours of clinical supervision required for independent licensure to be provided through videoconferencing. This would address access problems in many of the state's underserved areas where there are few licensed professionals qualified to provide supervision.
- Assure work experience requirements are consistent with statutory definitions.

Detailed comments on the above issues are attached.

Thank you for the opportunity to comment.



Behavioral Health Examiners Board

Proposed BBHE Rules

Background

In 2013, SB1374 was passed creating significant reform and restructuring of the Arizona Board of Behavioral Health Examiners. Modifications to that legislation were made in 2014 and 2015. These changes in legislation required the Board of Behavioral Health Examiners to re-write its administrative rules. Most of the changes associated with this legislation require final adoption by the board and implementation by November 1, 2015.

Changes in Rules

1. New definitions and Board provisions from or consistent with new statutes
 - a. (4-6-101 and 4-6-201)
2. Changes in confidential records to reflect licensee right to review investigative report
 - a. (4-6-207) ##
3. Supervised work experience and clinical supervision requirements.
 - a. (4-6-212, 4-6-403, 4-6-503, 4-6-603, 4-6-705) ##
4. Creation of Clinical Supervisor Registry and requirements.
 - a. (4-6-213 & 214)
5. Clinical Supervision exceptions
 - a. (4-6-212.01)
6. Approval of educational programs through Academic Review Committee
 - a. (4-6-307)
7. New curriculum requirements for counseling programs
 - a. (4-6-501)

Indicates that the Council submitted comments recommending changes to the Rule Draft of August 11th.

The Board is currently accepting public comment through September 11, 2015 on the current proposed rules draft. You can find the draft rules at <http://azbbhe.us/node/12>. Please email written feedback to rulesfeedback@azbbhe.us

EXPLANATION OF CHANGES TO RULES REGARDING CLINICAL SUPERVISION REQUIREMENTS AS RELATED TO VIDEOCONFERENCING

The Council strenuously objects to the limitations of clinical supervision hours by videoconferencing to 70 instead of the 90 hours recommended by the Rules Subcommittee. We believe this decision ignores the limited availability of qualified supervisors in many areas of the state and the wide-spread acceptance of videoconferencing as a means of providing medical and mental health services.¹ It creates an unnecessary burden on efforts to address shortages of behavioral health services in many parts of Arizona.

Shortages in Arizona

To highlight its concerns about availability of supervisors and the shortage of behavioral licensees in rural areas, the Council has created two documents. The first is a spreadsheet entitled “Independent Licensees in PC Statistical Areas.”¹¹ Utilizing the parameters of the Primary Care Statistical Areas established by the Arizona Department of Health Services and the names and zip codes provided by the Board of Behavioral Health Examiners, the spread sheet shows the following:

- 1. Name of each statistical area**
- 2. Number of independent licensed Social Worker, LISAC, Marriage and Family Therapist and Professional Counselor in each area**
- 3. The total of independent licensees in each area**

- 4. The population of the area per independent practitioner**
- 5. The County in which each statistical area is located.**

The second document is a map entitled “Persons per Licensed Independent Practitioner, by ADHS Primary Care Area.”ⁱⁱⁱ It illustrates each statistical area color coded to indicate the ratio of independent practitioner to numbers of general population. (Note: the spreadsheet and map utilize the primary care statistical areas to present this data since it offered a format with sensitivity to differences within the state and even within large urban areas.) These documents support the Council’s contention that in many areas of the state the number of independent licensees available in the area to provide face-to-face supervision is limited. It also demonstrates that large expanses of the state suffer from work force insufficiencies which result in designation as a professional shortage area.

The importance of providing an adequate behavioral health workforce is established by national studies. The NSDUH surveys of 2011 and 2012 place the occurrence of serious mental illness in Arizona’s population at 4.60% --almost among the 10 states with the highest incidence (4.66-5.48%).^{iv} Studies by the CDC of the prevalence of depression and the prevalence of serious psychological distress among adults, places Arizona in the highest range of prevalence.^v

These are discouraging numbers especially when considered with the shortage of mental health providers. The spreadsheet and map show by raw number and color-coded area the ratio of independent licensees to 6,000 population. This ratio was chosen to reflect the numbers utilized by the Department of Health Services in designating mental health professional shortage areas. In fact, in some areas, where higher levels of poverty exist the ratio may be 4,500 to 1.

The proposed rules place a number of conditions on the delivery of clinical supervision. These include limits on the types of licensed professionals that can provide supervision (R4-6-212 A.), the requirement that 50 of the 100 hours be provided by someone in the same profession (R4-6-404, 4-6-504, 4-6-604 and 4-6-706), the training necessary for supervisors, including a newly required jurisprudence exam and 9 hours for recertification (R4-6-214) and the amount of time in which supervision can be provided in groups (R4-6-212 G.) All of these conditions can be seen as necessary for an appropriate clinical supervision process and the Council concurs with their adoption. But they also add to the burden of finding a qualified supervisor.

The issue of supervisor availability has also been highlighted anecdotally by a survey of Council members in rural areas. A number of organizations have identified associate level practitioners who would like to seek independent licensure but have had difficulty finding supervisors. In those areas with a low ratio of

independent licensees that burden may be insurmountable unless there are technological alternatives offered for the provision of supervision. Even where ratios of the total number of licensees is higher, the dearth of qualified practitioners in a specific profession is a problem. The Council believes that allowing ninety hours of supervision through videoconferencing and telephone contact struck a balance that addressed the needs of the provider shortage areas.

Use of videoconferencing in the provision of health services

The Board change of the Rules subcommittee recommendation for hours of clinical supervision available through videoconferencing appears to be based on a misunderstanding of the efficacy of the technology . There is ample evidence of its effective use for the delivery of services.

The “Guidance for NARBHA Telemedicine Practices” (Northern Arizona Regional Behavioral Health Authority) contains the following:

“Telepsychiatry is currently one of the most effective ways to increase access to psychiatric care for individuals living in underserved areas. National studies and NAHRBA data have also found that telepsychiatry is as effective as face to face psychiatry for assessment, diagnosis, therapeutic alliance, treatment adherence, and clinical outcomes.”^{vi}

Reviews of its own data indicated that the clinical outcomes of NAHRBA's teleproviders (of over 14,000 encounters) "are as good as or better than outcomes in psychiatric clinics that NARBHA oversees in northern Arizona."^{vii}

These kinds of findings are not an aberration. Studies have shown the effectiveness of the telehealth delivery model for:

- the treatment of children with attention-deficit/hyperactivity disorder^{viii}**
- delivery of cognitive processing therapy for PTSD^{ix}**
- telepsychiatry consults for high-needs children^x**
- treating patients in nonpsychiatric emergency departments.^{xi}**

A recently published status update on telemental health found that "taken together, published studies support an expanded role for telepsychiatry tools. . ."^{xii}

Telehealth is also playing an expanding role in education and the improvement of the expertise of providers. A prime example is ECHO, a Robert Wood Johnson Foundation supported program at the University of New Mexico School of Medicine. The project's teleEcho clinics were originally developed to treat chronic diseases including mental illness. The model has since expanded to include worldwide programs for both service delivery and education including;

- Community Addictions Recovery Specialists Program to train paraprofessionals to provide clinical support,**

education and interventions for patients in addiction recovery

--A Veterans Administration Pilot program providing consultation and training to clinicians to increase knowledge and comfort with treating transgender veterans.^{xiii}

[Note: Behavioral health service providers who are members of the Council for Human Service Providers endorse the Board's recommendation regarding confidentiality in the provision of telehealth and are capable of complying with those requirements.]

Conclusion

Videoconferencing has been demonstrated to be a legitimate tool for the provision of mental health services and accompanying education of providers. It is especially important to take advantage of this technology given the demonstrated shortage of available qualified supervisors to provide clinical supervision. To address the Board's concerns regarding the need for face-to-face interaction, the Council, in its proposed language, makes two suggestions. First, it retains the Board's change to limit the amount of telephonic supervision to 15 hours. Second, it requires a face-to-face meeting before videoconferencing supervision proceeds.

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- ⁱ Cameron, M. P., R. Ray, and S. Sabesan. 2014. 'Physicians' Perceptions Of Clinical Supervision And Educational Support Via Videoconference: A Systematic Review'. *Journal Of Telemedicine And Telecare* 20 (5): 272-281. doi:10.1177/1357633x14537776.
- ⁱⁱ Arizona Council of Human Service Providers, "Independent Licensees in PC Statistical Areas", 2015.
- ⁱⁱⁱ Arizona Council of Human Service Providers, "Persons Per Licensed Independent Practitioner by ADHS Primary Care Area", 2015.
- ^{iv} Samhsa.gov,. 2014. 'The NSDUH Report: State Estimates Of Adult Mental Illness From The 2011 And 2012 National Surveys On Drug Use And Health'.
<http://www.samhsa.gov/data/sites/default/files/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014/sr170-mental-illness-state-estimates-2014.htm>.
- ^v Cdc.gov,. 2015. 'Mental Illness Surveillance Among Adults In The United States'.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>.
- ^{vi} *Guidance For NARBHA Telemedicine Practices*. 2015. Flagstaff: NARBHA. <http://www.narbha.org>.
- ^{vii} *Guidance For NARBHA Telemedicine Practices*. 2015. Flagstaff: NARBHA. <http://www.narbha.org>.
- ^{viii} Myers, Kathleen, Ann Vander Stoep, Chuan Zhou, Carolyn A. McCarty, and Wayne Katon. 2015. 'Effectiveness Of A Telehealth Service Delivery Model For Treating Attention-Deficit/Hyperactivity Disorder: A Community-Based Randomized Controlled Trial'. *Journal Of The American Academy Of Child & Adolescent Psychiatry* 54 (4): 263-274. doi:10.1016/j.jaac.2015.01.009.
- ^{ix} Maieritsch, K. P., T. L. Smith, J. D. Hessinger, E. P. Ahearn, J. C. Eickhoff, and Q. Zhao. 2015. 'Randomized Controlled Equivalence Trial Comparing Videoconference And In Person Delivery Of Cognitive Processing Therapy For PTSD'. *Journal Of Telemedicine And Telecare*. doi:10.1177/1357633x15596109.
- ^x Hilt, Robert J., Rebecca P. Barclay, James Bush, Brenda Stout, Nichole Anderson, and Julia R. Wignall. 2015. 'A Statewide Child Telepsychiatry Consult System Yields Desired Health System Changes And Savings'. *Telemedicine And E-Health* 21 (7): 533-537. doi:10.1089/tmj.2014.0161.
- ^{xi} Narasimhan, Meera, Benjamin G. Druss, Jason M. Hockenberry, Julie Royer, Paul Weiss, Gretl Glick, Steven C. Marcus, and John Magill. 2015. 'Impact Of A Telepsychiatry Program At Emergency Departments Statewide On The Quality, Utilization, And Costs Of Mental Health Services'. *PS, appi.ps*.2014001. doi:10.1176/appi.ps.201400122.
- ^{xii} Aboujaoude, Elias, Wael Salame, and Lama Naim. 2015. 'Telemental Health: A Status Update'. *World Psychiatry* 14 (2): 223-230. doi:10.1002/wps.20218.
- ^{xiii} Kauth, Michael R., Jillian C. Shipherd, Jan A. Lindsay, Susan Kirsh, Herschel Knapp, and Lexi Matza. 2015. 'Teleconsultation And Training Of VHA Providers On Transgender Care: Implementation Of A Multisite Hub System'. *Telemedicine And E-Health*, 150714072726008. doi:10.1089/tmj.2015.0010.

**ADDITIONAL COMMENTS OF THE COUNCIL OF HUMAN
SERVICE PROVIDERS REGARDING THE PROPOSED
RULES OF THE BOARD OF BEHAVIORAL HEALTH
EXAMINERS**

(Reference to Draft of August 11, 2015)

**4-6-403, 503, 603 and 705 Supervised Work Experience
for Independent Licensure**

Proposed Change:

R4-6-403 A.

**A. ~~After completing the degree required in R4-6-401B,~~
an An applicant for clinical social worker licensure
shall ~~complete a minimum of~~ demonstrate
completion of at least 3200 hours of supervised
work experience in the practice of clinical social
work in no less than 24 months. *Supervised work*
experience in the practice of clinical social work is
limited to the use of psychotherapy for the purpose
of assessing, diagnosing, and treating individuals,
couples, families and groups. The applicant shall
ensure that the supervised work experience
includes:**

- 1. ~~Supervised work experience in the practice of~~
~~clinical social work is limited to the use of~~
~~psychotherapy for the purpose of assessment,~~
~~diagnosis and treatment of individuals, couples,~~
~~families and groups. At least 1600 hours of~~
~~direct client contacts, not more than 400 of~~
~~hours of which are in psychoeducation.~~**
- 2. The 3200 hours of supervised work experience
in clinical social work shall include a minimum**

of 1600 hours of direct client contact. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-404; and

- 3. For the purpose of licensure, no more than 1600 hours of indirect client services.**

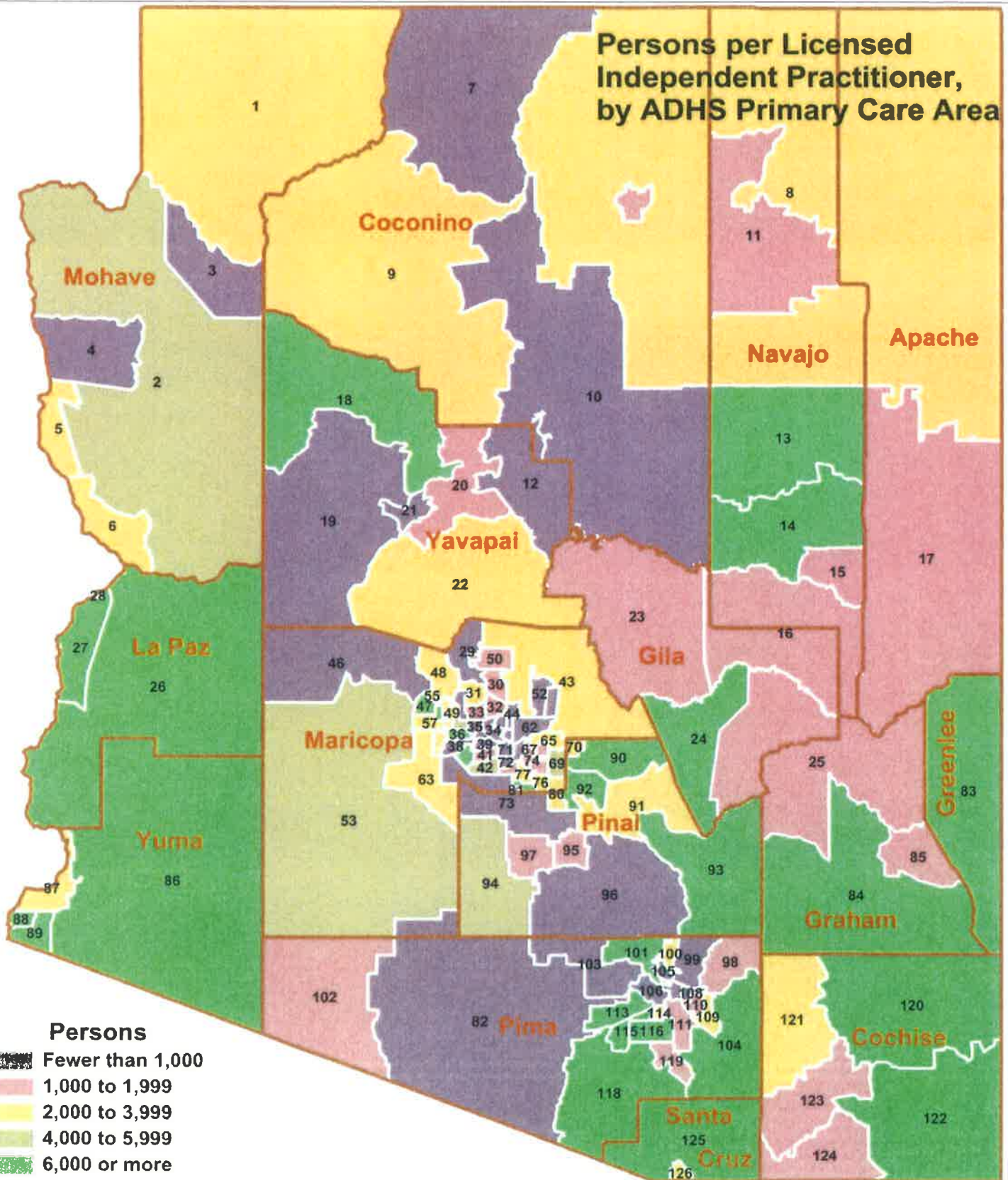
Explanation of Change

The rule, as proposed, continues the provision of the existing rule that ALL of the 3200 hours of supervised work experience “is limited to the use of psychotherapy. . .”. This language is inconsistent with the statutory language passed in 2013.

A.R.S. 32-3293 A. (b) as effective on November 1, 2015, provides for supervised work experience of at least 1,600 hours of direct client contact, not more than 1,600 hours of indirect client service and 100 hours of clinical supervision. The definition of “direct client contact” (A.R.S. 32-3251 3) includes the concept of the use of psychotherapy. But the definition of “indirect client services” found in subsection 5 of the same statute contains different elements including training, consultation and functions “in preparation for or on behalf of a client”. These are clearly distinguishable from the “treatment” requirements of psychotherapy. The general mandate that all 3200 hours of the supervise work experience be limited to psychotherapy should be removed.

The proposed changes of language found above relate to social workers but the same language should also be removed from 4-6-503 (Counselors), 4-6-603 (MFT) and 4-6-705 (Substance Abuse Counselors).

**Persons per Licensed Independent Practitioner,
by ADHS Primary Care Area**



PCA_ID	PCA_NAME	LCSW	LISAC	LMFT	LPC	Total	Pop2010	Pop per LIC	SqMiles	County
1	COLORADO CITY	1	0	0	2	3	10,851	3,617	5,072	Mohave
2	KINGMAN	4	5	1	4	14	59,182	4,227	6,333	Mohave
3	HUALAPAI TRIBE	0	1	0	2	3	1,288	429	684	Mohave
4	GOLDEN VALLEY	4	6	1	4	15	10,475	698	691	Mohave
5	BULLHEAD CITY	6	9	0	4	19	62,841	3,307	288	Mohave
6	LAKE HAVASU CITY	4	10	1	8	23	55,549	2,415	400	Mohave
7	PAGE	2	5	0	6	13	9,284	714	2,827	Coconino
8	NAVAJO NATION	8	18	2	4	32	97,844	3,058	16,655	Coconino & Navajo & Apache
9	GRAND CANYON VILLAGE	1	1	0	2	4	10,091	2,523	4,934	Coconino
10	FLAGSTAFF	43	20	6	52	121	87,419	722	4,911	Coconino
11	HOPI TRIBE	1	5	0	2	8	11,581	1,448	1,810	Coconino & Navajo
12	COTTONWOOD\SEDONA	27	13	4	20	64	61,842	966	838	Yavapai & Coconino
13	WINSLOW	0	0	0	0	0	18,068	no licensees	1,771	Navajo
14	SNOWFLAKE/HEBER	2	0	0	0	2	17,559	8,780	1,245	Navajo
15	SHOW LOW	7	4	1	8	20	29,346	1,467	316	Navajo
16	WHITE MOUNTAIN APACHE TRIBE	2	3	2	1	8	12,854	1,607	1,849	Gila & Navajo
17	SPRINGERVILLE/EAGER	0	1	3	5	9	17,870	1,986	4,313	Apache
18	CHINO VALLEY	0	0	0	0	0	23,494	no licensees	1,876	Yavapai
19	WILLIAMSON	11	7	3	10	31	12,391	400	2,537	Yavapai
20	PRESCOTT VALLEY	9	6	7	17	39	55,829	1,432	638	Yavapai
21	PRESCOTT	36	20	9	45	110	48,081	437	112	Yavapai
22	BLACK CANYON CITY	0	0	1	5	6	12,546	2,091	2,173	Yavapai
23	PAYSON	7	5	1	8	21	27,157	1,293	2,107	Gila
24	GLOBE	1	2	0	0	3	19,474	6,491	845	Gila
25	SAN CARLOS APACHE TRIBE	0	6	0	3	9	10,068	1,119	2,717	Gila & Graham
26	QUARTZSITE	0	0	0	0	0	13,412	no licensees	4,128	La Paz
27	COLORADO RIVER INDIAN TRIBE	0	0	0	0	0	3,997	no licensees	388	La Paz
28	PARKER	1	5	0	6	12	3,080	257	2	La Paz
29	NORTH GATEWAY/RIO VISTA VILLAGE	5	3	2	17	27	24,664	913	174	Maricopa
30	DESERT VIEW VILLAGE	16	4	3	10	33	45,724	1,386	63	Maricopa
31	DEER VALLEY VILLAGE	21	9	2	25	57	164,922	2,893	54	Maricopa
32	PARADISE VALLEY VILLAGE	41	11	13	56	121	168,474	1,392	41	Maricopa
33	NORTH MOUNTAIN VILLAGE	36	16	4	60	116	160,602	1,385	35	Maricopa
34	CAMELBACK EAST VILLAGE	143	73	9	136	361	134,104	371	37	Maricopa
35	ALHAMBRA VILLAGE	129	65	14	137	345	128,838	373	20	Maricopa
36	MARYVALE VILLAGE	7	4	0	9	20	199,814	9,991	29	Maricopa
37	ENCANTO VILLAGE	34	9	2	31	76	55,617	732	12	Maricopa
38	ESTRELLA VILLAGE & TOLLESON	24	25	7	52	108	92,030	852	41	Maricopa
39	CENTRAL CITY VILLAGE	56	36	3	65	160	57,982	362	26	Maricopa

PCA_ID	PCA_NAME	LCSW	LISAC	LMFT	LPC	Total	Pop2010	Pop per LIC	SqMiles	County
40	LAVEEN VILLAGE	0	3	0	0	3	49,568	16,523	32	Maricopa
41	SOUTH MOUNTAIN VILLAGE & GUADALUPE	28	10	0	40	78	116,077	1,488	32	Maricopa
42	AHWATUKEE FOOTHILLS VILLAGE	3	1	0	12	16	77,344	4,834	47	Maricopa
43	SCOTTSDALE NORTH	13	6	2	14	35	71,332	2,038	1,179	Maricopa
44	SCOTTSDALE CENTRAL	51	17	14	72	154	87,126	566	32	Maricopa
45	SCOTTSDALE SOUTH	33	22	10	55	120	59,637	497	12	Maricopa
46	SURPRISE NORTH & WICKENBURG	6	18	2	33	59	23,953	406	1,115	Maricopa
47	SURPRISE SOUTH	9	2	1	6	18	109,372	6,076	40	Maricopa
48	PEORIA NORTH	12	5	1	11	29	80,006	2,759	161	Maricopa
49	PEORIA SOUTH	15	5	2	17	39	80,688	2,069	19	Maricopa
50	NEW RIVER/CAVE CREEK	2	4	1	10	17	21,867	1,286	86	Maricopa
51	ANTHEM	4	1	5	3	13	21,700	1,669	8	Maricopa
52	FOUNTAIN HILLS/RIO VERDE	12	3	2	13	30	27,605	920	74	Maricopa
53	BUCKEYE	2	4	2	8	16	73,056	4,566	4,479	Maricopa
54	FORT MCDOWELL YAVAPAI NATION	0	1	0	0	1	971	971	39	Maricopa
55	SUN CITY WEST	4	0	1	8	13	26,612	2,047	13	Maricopa
56	GLENDALE NORTH	48	28	15	64	155	121,841	786	32	Maricopa
57	GLENDALE WEST	8	1	0	9	18	39,578	2,199	53	Maricopa
58	GLENDALE CENTRAL	4	8	0	10	22	92,245	4,193	17	Maricopa
59	SUN CITY	6	3	4	5	18	42,803	2,378	16	Maricopa
60	EL MIRAGE & YOUNGTOWN	0	0	0	1	1	38,089	38,089	13	Maricopa
61	PARADISE VALLEY	5	3	1	10	19	13,254	698	16	Maricopa
62	SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY	7	5	3	21	36	6,293	175	84	Maricopa
63	GOODYEAR & LITCHFIELD PARK	8	2	4	13	27	76,539	2,835	377	Maricopa
64	AVONDALE	10	6	6	13	35	81,165	2,319	29	Maricopa
65	MESA NORTH	6	6	4	25	41	98,967	2,414	54	Maricopa
66	MESA WEST	56	38	9	62	165	124,245	753	24	Maricopa
67	MESA CENTRAL	15	8	2	25	50	87,025	1,741	14	Maricopa
68	MESA EAST	19	15	4	25	63	74,192	1,178	19	Maricopa
69	MESA GATEWAY	5	4	2	7	18	96,443	5,358	56	Maricopa
70	APACHE JUNCTION	6	5	1	10	22	45,920	2,087	33	Maricopa & Pinal
71	TEMPE NORTH	71	39	8	100	218	107,096	491	25	Maricopa
72	TEMPE SOUTH	27	13	8	45	93	53,371	574	16	Maricopa
73	GILA RIVER INDIAN COMMUNITY	25	29	2	17	73	11,765	161	587	Maricopa & Pinal
74	GILBERT NORTH	22	9	4	33	68	74,829	1,100	18	Maricopa
75	GILBERT CENTRAL	16	3	4	26	49	83,510	1,704	27	Maricopa
76	GILBERT SOUTH	15	1	1	3	20	55,307	2,765	30	Maricopa
77	CHANDLER CENTRAL	11	10	2	25	48	108,990	2,271	29	Maricopa
78	CHANDLER NORTH	17	8	7	27	59	79,580	1,349	20	Maricopa

PCA ID	PCA_NAME	LCSW	LISAC	LMFT	LPC	Total	Pop2010	Pop per LIC	SqMiles	County
79	CHANDLER SOUTH	2	1	0	4	7	52,708	7,530	21	Maricopa
80	QUEEN CREEK	3	2	0	7	12	32,431	2,703	61	Maricopa & Pinal
81	SUN LAKES	4	2	1	8	15	13,235	882	5	Maricopa
82	TOHONO O'ODHAM NATION	2	8	1	1	12	7,325	610	3,923	Maricopa & Pima
83	MORENCI	0	0	0	0	0	8,437	no licensees	1,851	Greenlee
84	THATCHER	0	2	0	0	2	19,173	9,587	2,580	Graham
85	SAFFORD	1	0	1	5	7	13,267	1,895	366	Graham
86	FORTUNA FOOTHILLS	0	0	0	1	1	33,528	33,528	5,162	Yuma
87	YUMA	19	15	1	14	49	112,653	2,299	192	Yuma
88	SOMERTON	0	0	0	0	0	15,965	no licensees	43	Yuma
89	SAN LUIS	0	2	0	1	3	33,605	11,202	126	Yuma
90	GOLD CANYON	0	0	0	2	2	14,198	7,099	354	Pinal
91	FLORENCE	1	4	0	8	13	37,531	2,887	585	Pinal
92	SAN TAN VALLEY	1	0	0	1	2	85,763	42,882	152	Pinal
93	SADDLEBROOKE	2	1	0	0	3	20,418	6,806	1,230	Pinal
94	MARICOPA	3	2	0	7	12	53,081	4,423	814	Pinal
95	COOLIDGE	3	3	1	5	12	16,225	1,352	121	Pinal
96	ELOY	12	18	1	15	46	36,713	798	1,418	Pinal
97	CASA GRANDE	6	24	3	15	48	57,701	1,202	200	Pinal
98	TANQUE VERDE	3	5	0	5	13	16,641	1,280	285	Pima
99	CATALINA FOOTHILLS	26	8	8	36	78	60,106	771	176	Pima
100	ORO VALLEY	10	3	0	8	21	43,925	2,092	48	Pima
101	MARANA	0	0	0	0	0	52,641	no licensees	189	Pima
102	AJO	0	0	1	1	2	3,523	1,762	1,535	Pima
103	PICTURE ROCKS	7	7	0	11	25	10,490	420	402	Pima
104	VAIL	0	0	1	1	2	18,646	9,323	827	Pima
105	CASAS ADOBES	34	23	5	55	117	66,729	570	28	Pima
106	TUCSON WEST	17	13	2	22	54	38,066	705	76	Pima
107	TUCSON CENTRAL	91	55	6	91	243	125,542	517	28	Pima
108	TUCSON FOOTHILLS	104	33	11	105	253	95,730	378	24	Pima
109	TUCSON SOUTH EAST	7	3	2	6	18	50,122	2,785	64	Pima
110	TUCSON EAST	18	12	5	19	54	93,251	1,727	38	Pima
111	TUCSON SOUTH	88	33	3	38	162	165,301	1,020	114	Pima
112	FLOWING WELLS	12	12	5	20	49	17,391	355	4	Pima
113	TUCSON ESTATES	1	1	0	0	2	14,542	7,271	145	Pima
114	DREXEL HEIGHTS	4	4	0	2	10	26,306	2,631	16	Pima
115	VALENCIA WEST	0	0	0	1	1	16,659	16,659	82	Pima
116	SAN XAVIER	0	0	0	0	0	1,885	no licensees	112	Pima
117	PASCUA YAQUI TRIBE	5	15	0	9	29	3,484	120	2	Pima

PCA_ID	PCA_NAME	LCSW	LISAC	LMFT	LPC	Total	Pop2010	Pop per LIC	SqMiles	County
118	GREEN VALLEY	1	0	0	0	1	24,774	24,774	1,115	Pima
119	SAHUARITA	8	2	0	11	21	27,335	1,302	103	Pima
120	WILLCOX & BOWIE	0	0	1	0	1	12,440	12,440	2,051	Cochise
121	BENSON	1	1	0	3	5	12,520	2,504	923	Cochise
122	DOUGLAS & PIRTLEVILLE	0	2	0	1	3	25,423	8,474	1,914	Cochise
123	SIERRA VISTA	16	3	1	16	36	58,208	1,617	719	Cochise
124	BISBEE	8	2	1	8	19	22,755	1,198	617	Cochise
125	RIO RICO	1	2	0	0	3	25,378	8,459	1,201	Santa Cruz
126	NOGALES	0	4	0	2	6	22,042	3,674	37	Santa Cruz
	Arizona Total:	1,811	1,080	296	2,259	5,446	6,392,017		114,028	