



SOBT Therapy, LLC

The Start of a Better Day

Regarding the recent proposed RAE/HCPF Supervision policy:

My take on all of this is that the belief that more time in the field equals more experience is, generally, an outdated viewpoint. Many of us who started our second career in this field, such as me, immediately prior to, or in the midst of, the COVID-19 pandemic have been exposed to (and have extensive experience) with a variety of mental disorders/illnesses as a result of the demand, the need for care, that was placed upon (and that we GLADLY accepted) by the population we serve. I had over 2,000 hours of clinical experience in one year with approximately 1600 hour of it being direct client care due to the demand for care that surfaced since I graduated in November 2019. Some of us have had long and successful careers that have offered us the opportunity to supervise and lead others in different levels prior to voluntarily earning a career in the field of mental health. I am an Army veteran of 24 years; 21 years of which were on active duty. I joined the Army as a Private/E1 and honorably retired as a Captain/O3E. In my career in the Army, I led as a Team Leader, Squad Leader, Section Sergeant, Platoon Leader, and Company Commander while in combat and in the United States - among MANY other staff-leading positions. The experience the Army afforded me, the clinical experience that I've had and continue to get, the countless hours of supervision that I receive, and the training on how to be a supervisor in this career field speaks to my readiness to be a clinical supervisor today and provide quality and effective supervision to master's-level interns as well as pre-licensed providers. Many of us are also in similar situations in one way or another.

Moreover, if the argument is to close the gap between the need of the Medicaid members to when the members actually do get the treatment that they want and need then moving forward with this policy only makes the argument invalid. We, who have chosen to give back into our career field by allowing interns and pre-licensed providers the opportunity to get the supervision needed/required and the experience needed/required to advance in the field of mental health while doing so in our clinics, tend to lessen our caseload so that we DO have the time and able to provide such clinical supervision. If the policy makes it where we are not able to submit claims for our supervisees, for the work that they have successfully completed with Medicaid members, then that makes the time the Medicaid member must wait for care even longer as they search for providers with availability. It also denies fast access to care; which again, access to care by the Medicaid members, seems to be the reasoning behind the policy in the first place.

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