Celebrating 40 Years of AMHCA By Asking:
What Does the Future Hold for the Profession?

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This is the last in the 2016, four-part series of articles celebrating AMHCA’s first 40th years with reflections on issues that have had an impact on clinical mental health counseling. We close out the anniversary year with Letourneau’s thoughts on what’s next for AMHCA.

Throughout this 40th Anniversary series (see February, May, and August Advocate issue topics in the box below), we have seen how mental health counseling has grown into the profession it is today. The professional advocacy efforts of the past 40 years have provided CMHCs a solid foundation, but we must continue to work hard and build on this foundation if our next 40 years are to be as accomplished as our first. The future starts now.

As both a CMHC and a counselor- or educator, I am sometimes kept awake at night by what the future holds for me, my students, AMHCA, and our profession. Of the myriad topics that run through my mind on such nights, three stand out as the most critical to our future success:

• Medicare provider status,
• Licensure portability, and
• CACREP as the educational accreditation standard.

How does each affect our future?

Medicare Provider Status

We are already starting to see CMHCs shut out of employment opportunities because of lack of Medicare provider status. Large employers that provide services to varied clients (e.g., hospitals), including those with Medicare coverage, are not willing to hire mental health professionals who are able to take only some insurances. As these employers grow, available opportunities for CMHCs shrink, despite an increase in demand for mental health services.

I have encountered many CMHCs who do not see this as a pressing issues because, “I wouldn’t take Medicare anyway.” Our future as a profession, however, depends on gaining parity with other mental health professionals.

Licenses Portability

I have lived in three states in the last five years. All have different rules and guidelines for licensure. I am fortunate to have attended CACREP-accredited master’s and doctoral programs, which eased some of the burden of gaining licensure when I moved. Many, but not all, have adopted endorsement provisions for CMHCs with at least five years of experience, but there is no uniform standard for licensure. This presents a significant challenge for CMHCs who relocate to a new state or live near state borders.

Without national licensure portability, students may decide to pursue degrees in other helping professions. The continued growth of the clinical mental health counseling profession depends on our continued development of new CMHCs. Should we achieve licensure portability, I envision growth in the number of CMHCs, which will strengthen our profession.

CACREP as the Educational Accreditation Standard

I believe a single educational accreditation standard is critical to achieving Medicare provider status and licensure portability, and I believe CACREP (Council for Accreditation of Counseling & Related Educational Programs) should be that accrediting body.

Using CACREP as the accreditation standard would allow our stakeholders, insurance companies, and the general public to better understand the rigorous education and training that CMHCs receive. One set of standards lessens confusion about what a degree in clinical mental health counseling means and strengthens our advocacy efforts.

Creating a Robust Future

If we achieve these three things, I foresee a healthy future for CMHCs: A future in which we have parity with other mental health professions. A future in which we can move from state to state and easily maintain our licensure and provider status. A future in which our advocacy efforts have strengthened our professional identity. And, ultimately, a future in which more people in need of mental health services can be helped by CMHCs.

Articles in AMHCA’s 40th Anniversary Series

Celebrating 40 years of AMHCA By Asking:

• February issue: How Did It Come to Be?
• May issue: How Do CMHCs Differ?
• August issue: How Far Has Advocacy Come; What’s Still Left to Do?