

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-03-07</b>
	Effective Date	<b>06-07-2005</b>
	Revision Date	<b>05-30-2018</b>
Title: <b>Staff Registration</b>	Functional Area: <b>Beneficiary Protection</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>		
<b>Alexandra Rechs, MFT</b> Program Manager, Quality Management		

**BACKGROUND/CONTEXT:**

Sacramento County Behavioral Health Services Mental Health Plan (MHP) is responsible for assuring that the mental health services provided are commensurate with the scope of practice, training and experience of the staff utilized. Behavioral Health Services - Quality Management (QM) must certify all staff that provides mental health and alcohol and drug services in accordance with Title 9, Welfare and Institution Code, and Business and Professions Code regulations. QM is responsible for issuing a Staff Registration Number when the certification requirements are met. In addition, QM maintains confirmation of licensure for the County staff performing in a licensed position whether or not they provide direct mental health services, even if they do not bill for those services provided.

**DEFINITIONS:**

**Licensed Professional of the Healing Arts (LPHA)**

An LPHA is an individual who can function as “Head of Service” on the agency application and possesses a valid California Professional License in one of the following professional categories (California Code of Regulations, Title 9, Division 1, Article 8.):

1. **Psychiatrist, Medical Doctor, Psychiatric Resident (Licensed or Unlicensed) (MD)**
2. **Licensed Clinical Psychologist (PSY)**
3. **Licensed Clinical Social Worker (LCSW)**
4. **Licensed Marriage and Family Therapist (LMFT)**
5. **Licensed Professional Clinical Counselor I (LPCC I)**
6. **Licensed Professional Clinical Counselor II (LPCC II)\***
7. **Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)\***
8. **Physician Assistant (PA)\***

**\*Licensed Professional Clinical Counselor II (LPCC II)** must verify completion of additional training and education of six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy or a named specialization or emphasis are on the qualifying degree in marriage and family therapy, marital and family therapy, marriage, family and child counseling; or couple and family therapy. In addition, submit proof of no less than 500 hours of documented supervised experience working directly with couples, families, or children and a minimum of six hours of continuing education specific to marriage and family therapy, completed in each licensed renewal cycle. The Board of Behavioral Science must confirm these qualifications have been met and the LPCC II is to provide a copy of that confirmation to couples and family clients prior to the commencement of treatments and to Associate Marriage and Family Therapists, LPCC I, and Associate Professional Clinical Counselors who are gaining the supervised experience necessary to treat couples and families. Business and Professions Code 4999.20 and California Code of Regulations, Title 16, Sections 1820.5 and 1820.7.

### **\*Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (RN, NP, NPI)**

- See Policy and Procedures # QM-03-04-Nurse Practitioner for additional details

### **\*Physician Assistant (PA)**

- See Policy and Procedures # QM-03-09-Physician Assistant for additional details

### **Licensed Waived**

A “waived” individual may function as an LPHA with the exception of “Head of Service”. This individual is an Associate Marriage and Family Therapist (AMFT), an Associate Social Worker (ASW), an Associate Professional Clinical Counselor (APCC), Registered Psychologist (RPS) or a Registered Psychological Assistant (PSB), and is registered with their respective Board and is one of the following:

1. An individual with a **Master’s Degree** who is granted a waiver by the County, which allows them to function as an LPHA for up to six years.
2. An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health\*, *exception UCD Interns/Fellows.*(See Business and Professions Code Section 2909)

**\*See P & P #03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours for details.**

### **Student**

A Student Trainee may function as an LPHA throughout the placement time period with appropriate co-signatures and is one of the following:

1. **“Medical Student Clinical Clerkship”** participating in a field trainee placement while enrolled in an accredited Medical School. Psychiatrist co-signature required.
2. **“Post Graduate Student”** participating in a field trainee placement while enrolled in an accredited PhD Psychology program. LPHA- co signature required
3. **“Master’s Level Student”** participating in a field trainee placement while enrolled in an accredited Masters in Social Work (MSW) or Masters of Art (MA)/Masters of Science (MS) Counseling program. LPHA co-signature required.

### **Licensed Vocational Nurse (LVN)**

An LVN possesses a valid California LVN License. Must meet specific criteria to function as “Head of Service. (See P&P # 04-01 Site Certification for details).

### **Psychiatric Technician (PT)**

A PT possesses a valid California PT License. Must meet specific criteria to function as “Head of Service.” (See P&P # 04-01 Site Certification for details)

### **Mental Health Rehabilitation Specialist (MHRS)**

An MHRS is an individual who meets one of the following requirements:

1. **Master’s Degree** or **PhD** and two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
2. **Bachelor’s Degree** and 4 years FTE direct care experience in a mental health setting.
3. **Associate Arts Degree** and six years of FTE direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

**FTE Experience may be direct services provided in a mental health setting in the field of:**

1. **Physical Restoration**
2. **Psychology**
3. **Social Adjustment**
4. **Vocation Adjustment**

### **Mental Health Assistant (MHA)**

**MHA-III:** “Mental Health Assistant-III” is an individual with **at least four** (4) years of full time/equivalent (FTE) direct care experience in the mental health field. Up to two (2) years of education in a mental health or alcohol and drug related field can substitute for years of experience.

1. Four years of FTE direct care experience in a mental health related field providing mental health.

Or

2. Two years of FTE direct care experience in a mental health related field providing mental health; and two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

**MHA-II:** “Mental Health Assistant-II” is an individual who has at least two (2) years but less than four (4) years of full-time/equivalent (FTE) experience in a mental health or related field providing direct mental health. There is no educational requirement.

**MHA-I:** “Mental Health Assistant-I” is an individual who has less than two (2) years of FTE in a mental health related field providing direct mental health. There is no educational requirement.

### **Alcohol and Drug Counselor**

**ADS Assistant:** Is an individual who has not yet enrolled into a certification program. This candidate must register, within the first 6 months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.

**ADS Counselor I** is an individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration

**ADS Counselor II** is an individual who has completed program requirements and is certified by a DHCS Designated Certifying Organization.

### **Graduate Student**

Graduate student is an individual enrolled in the UCD Pre/Post Doctorial Training program.

### **Peer Staff**

Peer staff is an individual identified by a provider who’s contract contains provisions for Peer Partner Program staff. There is no education or direct care experience requirement. Lived experience is the basis for this classification.

## **PURPOSE:**

The purpose of this policy and procedure is to delineate the staff classifications and the corresponding qualifications, education, documentation requirements, for all staff providing mental health and drug and alcohol services. It is the policy of Behavioral Health Services to certify each qualifying staff providing mental health and/or alcohol and drug services, directly or indirectly. A Staff Registration Number is issued based on meeting requirements for each classification.

***This policy is not meant to supersede specific program design or contractual obligations.***

## **DETAILS:**

### **I. AVATAR Staff Registration Application**

The completed Avatar Staff Registration Application Form (Attachment A) and a copy of the NPI printout is submitted to Quality Management with all the required supporting documentation for the requested professional classification.

A. Specify the reason for the application:

1. New – this staff is unknown to the MHP and does not possess a Staff Identification (ID) Number.

2. Update- this staff possesses a Staff ID and the agency wishes to change information previously submitted. Example: Name change, agency change, professional class or employment status changes.

B. Name and your **Social Security number (required to query State and Federal databases mandated as part of the credentialing process)** - indicate the current name to be used for certification. ***It must match the name on NPI Registry***

1. If this is an Update, indicate any previous name(s) submitted in the AKA.

C. Program Name and Address

D. Date of Employment

E. Employment status – indicate appropriate status

F. Professional Class – indicate the specific classification for which this staff qualifies.

G. License or registration number

H. National Provider Identifier (NPI) number. Note: Peer Staff are exempt and do not need an NPI. Write the NPI number on the form and attach the NPPES printout.  
MFT/Associate Marriage and Family Therapist must use Taxonomy 106H00000X ; LPCC/Associate Professional Clinical Counselor must use 101YM0800X

I. Termination is completed when a staff is no longer employed at a provider agency. The original copy of the registration may be faxed or a copy sent to QM with the information added for termination.

## II. Professional Classification Supporting Documentation

A. LPHA Licensed Professional Class

1. Submits copy of appropriate license, which indicates the original was verified and is initialed by the Provider or a copy of the appropriate Board printout indicating the name and license status.
2. Provider will verify that the LPCC II classification provided proof of the additional training and education described in the definition and in accordance with Business and Professions Code 4999. (See Attachment B)
3. Provider will verify the LPCC II completed six (6) hours of continuing education specific to marriage and family therapy in each licensing cycle.
4. May co-sign for any staff's work.
5. May provide services and supervision in accordance with the professional class scope of practice. *LPCC I does not include the assessment or treatment of couples or families until they complete additional training and education as defined in LPCC II.*

B. Licensed Waived Professional Class: Associate Social Worker, Associate Marriage and Family Therapist, and Associate Professional Clinical Counselor.

1. LPHA Licensure Waiver Application for (Attachment C)
2. Copy of current, valid registration issued by the Board of Behavioral Science (BBS).
3. Completed copy of the appropriate Responsibility Statement for Supervisors of an Associate Social Worker, Associate Marriage and Family Therapist, or Associate Professional Clinical Counselor. Copies available on the following website: [www.bbs.ca.gov](http://www.bbs.ca.gov) -/Forms-Applicant Materials- Select appropriate discipline.
4. Registration with the BBS must be maintained until licensure is confirmed.
5. A Supervisors Statement of Responsibility must be maintained until the candidate is licensed. During the licensure process, the Supervisor's Statement located at the bottom portion of the LPHA Licensure Waiver Application may be utilized.
6. May not co-sign for Graduate Student therapy work.

- C. Licensed Waived Professional Class RPS & PSB
1. Licensure Waiver Application for Psychologist (Attachment D).
  2. Copy of current, valid registration issued by the Board of Psychology, if applicable. (UCD Program exempt)
  3. Copy of Doctoral Degree or letter, on School letterhead, stating the date the candidate was conferred.
  4. Copy of Resume
  5. May not co-sign for Graduate Student therapy notes.
- D. Student Professional Class
1. Student Application Form completed and signed. (Attachment E)
  2. Co-signature is required by a licensed individual of the same discipline or higher.
  3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
  4. **May not co-sign for other staff.**
- E. MHRS Professional Class
1. MHRS Application completed and signed (Attachment F)
  2. Proof of Degree
  3. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
- F. MHA Professional Classes
- MHA III
1. Mental Health Assistant Application (Attachment G)
  2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
  3. Copy of transcripts indicating number of units and classes completed (if applicable)
- MHA II
1. Mental Health Assistant Application (Attachment G)
  2. Copy of Resume indicating proof of qualifying experience (specify hours worked per week and months per year)
- MHA I
1. Mental Health Assistant Application (Attachment G)
- G. Alcohol and Drug (ADS) Counselor
- ADS Counselor III
1. ADS Counselor Application (Attachment H)
  2. Copy of Certification from a DHCS Designated Certifying Organization.
- ADS Counselor II
1. ADS Counselor Application (Attachment H)
  2. Proof of enrollment in a DHCS Designated Certifying Organization. This must include the date of enrollment.
- ADS Assistant I
1. ADS Counselor Application (Attachment H)
- H. Graduate Student: UCD Pre/Post Doctorial Candidates
1. Student Application Form completed and signed (Attachment E)
  2. Co-signature is required by a licensed individual of the same discipline or higher.
  3. LPHA status terminates when the placement term expires. The student must then submit an application for an appropriate classification for which they qualify.
  4. **May not co-sign for other staff.**
- I. Peer Staff Professional Class

1. Agency submits only the Avatar Staff Registration Application.
2. The supervisor is the contact person.
3. This classification is for tracking peer program activities only. Staff must be part of a specific program. Not for use without prior program approval.

**III. Quality Management Staff Certification document**

- A. QM will return the signed application to the agency following inspection of all the required supporting documents.
  1. The Staff ID number will be issued/activated when QM certifies the staff.
  2. The documents must be maintained in the agency staff file.

**IV. Registry Staff**

- A. Registry staff may be utilized by the MHP provider agency provided the staff meets the requirements for the professional class being requested and submits the supporting required documentation.
- B. The Agency must document that an appropriate orientation was provided to this staff. Orientation must include but not limited to, Documentation and program level HIPAA Training.
- C. The Registry must provide the agency with verification that the staff completed the general HIPAA training.

**REFERENCE(S)/ATTACHMENTS:**

- Title 9. Division I, Chapter 3, Article 8; Welfare & Institutions Code Section 5600, 5750, 5751
- Title 9 Division 4, Chapter 3, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 4, Subchapter 3, Article 1
- Title 9 Division 4, Chapter 5, Subchapter 3, Article 2
- Title 9 Division 4, Chapter 8, Subchapter 1,2 ,3
- Business and Professions Code Section 2900-2918, 4980.02,4996.9,4999.20,4989.14
- DMH Letter No. 10-03; 14-005
- MHSUDS Information Notice No. 14-0013

**RELATED POLICIES:**

- No. 03-06 Licensure Waiver and Monitoring of Accrued Supervised Hours
- No. 04-01 Site Certification of Physical Plant
- No. 03-04 Nurse Practitioner
- No. 03-09 Physician Assistant

**DISTRIBUTION:**

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children’s Contract Providers
X	Mental Health Treatment Center	X	Alcohol and Drug Services
X	Adult Contract Providers		

**CONTACT INFORMATION:**

- Quality Management Information  
[QMInformation@SacCounty.net](mailto:QMInformation@SacCounty.net)



Sacramento County  
Department of Health and Human Services  
Division of Behavioral Health Services

## AVATAR STAFF REGISTRATION APPLICATION

County Staff ID Number (if known): \_\_\_\_\_ New:  Update:

<u>Agency</u>			
Agency Name: _____	Phone Number: _____	Date: _____	
Contact Person: _____	Contact Email: _____		
Program Name: _____	Address: _____		
	Street	City	Zip Code

<u>Applicant</u>			
Applicant Name: _____	Last	First	MI
			DOB: _____ (required)
Previous Name/AKA: _____	Last	First	MI
			SSN: _____ (required)
Secondary Language: _____	Additional language		Gender: _____ (required)
Date of Employment: _____	Employment Status:		
Start Date in Classification: _____	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Contracted <input type="radio"/> Temporary/On-Call <input type="radio"/> Volunteer		

<u>Professional Classification</u> (choose one and attach license/certification)		
<input type="radio"/> Psychiatrist	<input type="radio"/> Licensed Clinical Social Worker (LCSW)	<input type="radio"/> Licensed Psychiatric Technician (PT)
<input type="radio"/> Psychiatric Resident, licensed	<input type="radio"/> Licensed Marriage & Family Therapist (LMFT)	<input type="radio"/> Mental Health Rehabilitation Specialist (MHRS)
<input type="radio"/> Psychiatric Resident, unlicensed	<input type="radio"/> Licensed Professional Clinical Counselor I (LPCC I)	<input type="radio"/> Mental Health Assistant I (MHA I)
<input type="radio"/> Medical Physician	<input type="radio"/> Licensed Professional Clinical Counselor II (LPCC II)	<input type="radio"/> Mental Health Assistant II (MHA II)
<input type="radio"/> Licensed Clinical Psychologist (PSY)	<input type="radio"/> PHD, Unlicensed, Waived	<input type="radio"/> Mental Health Assistant III (MHA III)
<input type="radio"/> Nurse Practitioner (NP)	<input type="radio"/> Master's Level Unlicensed, Waived (ASW, IMF, PCCJ)	<input type="radio"/> ADS Assistant
<input type="radio"/> Nurse Practitioner Intern (RN, NP Intern)	<input type="radio"/> Medical Student Clinical Clerkship	<input type="radio"/> ADS Counselor I
<input type="radio"/> Physician Assistant (PA)	<input type="radio"/> Psychologist Student "Post Graduate"	<input type="radio"/> ADS Counselor II
<input type="radio"/> Pharmacist	<input type="radio"/> Master's Level Student	<input type="radio"/> Graduate Student (UC Davis Only)
<input type="radio"/> Registered Nurse (RN)	<input type="radio"/> Licensed Vocational Nurse (LVN)	<input type="radio"/> Peer Staff - Peer Partner Program
License Number: _____	Expiration Date: _____	NPI Number: _____
(also include an NPI printout with this form)		

<u>Staff Termination</u>
Date of Termination: _____

**Send completed form to:**

Email: DHSQMStaffReg@sacounty.net  
-or- Fax: (916) 875-0877

Notify Quality Management of any staffing changes.

7001-A East Parkway, Suite 300 • Sacramento, California 95823 • phone (916) 875-6069 • fax (916) 875-0877

Revised 5/30/2018



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following education and experience required to qualify for the designation of Licensed Professional Clinical Counselor, according to Business and Professions Code 4999. I meet at least one of the indicated options below:

- ☐ Licensed Professional Clinical Counselor II (LPCC II). I have the additional education and experience to qualify for this classification. I have obtained confirmation from the Board of Behavioral Sciences and submitted to the agency Clinical Director proof of at least six (6) hours of continuing education specific to marriage and family therapy, completed in each licensing cycle.
☐ Licensed Professional Clinical Counselor I (LPCC I) I understand that until I meet the requirements for LPCC II, this classification scope of practice does not include the assessment or treatment of couples or families.

\_\_\_\_\_. \_\_\_\_\_
Signature of Applicant Date

I have retained a copy of proof of education, experience and specified continuing education for our agency on-site credentialing file and have submitted the initial supporting documents for this application. Based on the LPCC requirements, I believe this candidate qualifies for the identified classification indicated above. This file is available for review by Quality Management Services at any time.

\_\_\_\_\_. \_\_\_\_\_
Agency Clinical Director Signature Date

Approval: Rolanda Reed, LCSW \_\_\_\_\_
Quality Management Services Date





Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
(AMFT, ASW, APCC)

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

This letter is to request a waiver of licensure for the following employee under Section 5600.2, Welfare and Institutions Code.

I, \_\_\_\_\_, am applying for a licensure waiver.
Print Name

I earned a \_\_\_\_\_ degree on \_\_\_\_\_
MSW, MS, MA, PhD, or EdD Date

I initially registered with the Board of Behavioral Sciences (BBS) on \_\_\_\_\_
Date

Attached are copies of my current BBS Internship Registration, BBS licensure status printout, and BBS Supervisor's Responsibility Statement. I understand that my waiver will expire six (6) years from the initial date of BBS registration. I understand that I must remain registered with the BBS and under supervision until I become licensed. QM must receive renewal of the BBS registration prior to the expiration date. I will not be considered waived for any period during which I allowed my registration to expire. If there is a change in supervisor, I must submit a new BBS Supervisor's Responsibility Statement to Quality Management (QM).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_
Signature and Date

SUPERVISOR'S STATEMENT - This Statement meets the requirements for supervision in lieu of the BBS Supervisor's Responsibility Statement if the candidate is in the testing process for licensure.

As the agency supervisor, I attest that I have and will maintain a current license in good standing in California. I have had sufficient experience, training and education in the area of clinical supervision to competently supervise trainees, interns and associates.

Clinical Supervisor's Name \_\_\_\_\_ Type of licensure: \_\_\_\_\_
Print Name

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_
Signature Date



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
For Registered Psychologist and Psychological Assistant

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

This letter is to request a waiver of licensure under Section 5751.2, Welfare and Institutions Code for the following person employed as a psychologist.

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ am applying for a licensure waiver.

Print Name

The type of waiver requested #1 \_\_\_\_\_ I received a \_\_\_\_\_ degree on \_\_\_\_\_
Percent FTE PhD, EdD, or PsyD Date

I first began employment with this agency as a psychologist on \_\_\_\_\_
Date

I initially registered with the Board of Psychology as a: PSB \_\_\_\_\_ RPS \_\_\_\_\_ on \_\_\_\_\_
Date

Clinical Supervisor's Name \_\_\_\_\_ Type of Licensure: \_\_\_\_\_
Print Name

Attached is a copy of my current Board of Psychology registration, doctoral degree and resume. I understand a waiver is granted by the State Department of Mental Health and may not exceed five years (or three years if candidate is a license-ready out of state recruitment). I understand that the waiver is not effective until the Medi-Cal Oversight regional office receives the application. It is not retroactive to the date of hire.

I understand that I must provide the Sacramento County Behavioral Health Services, Quality Management, with subsequent renewals of registration within 60 days of the annual expiration date, informed of my progress toward licensure with the Board of Psychology. I also understand that I must remain under formal supervision by appropriately licensed staff at all times for my State DHCS waiver to remain valid, and that I must notify Quality Management of any change in supervisor.

Signature of Waiver Applicant

Date

Signature of Clinical Supervisor

Date

#1. Normal, Part-time, Out-of-State, Extenuating Circumstances. Attach explanation if request is for extenuating circumstances or percentage F.T.E. if request is for part-time.



**Sacramento County**  
Department of Health and Human Services  
Division of Behavioral Health Services  
**STUDENT APPLICATION**

**Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_.

I attest that I, \_\_\_\_\_, am a student at an accredited college or university participating in a field placement at this agency. I understand that I may provide services as an LPHA, with the exception of the privilege of co-signing for other staff, throughout this placement.

Name of College/University \_\_\_\_\_.

- Medical Student Clinical Clerkship. I understand that all of my documentation must be co-signed by a psychiatrist.
- Doctoral Level Student. I understand that all of my documentation must be co-signed by a licensed PHD or MD.
- Master's Level Student. I understand that all of my documentation must be co-signed by an LCSW, LMFT, LPCC, PhD, or MD.

My internship begins on \_\_\_\_\_ and ends on \_\_\_\_\_  
Date Date

Clinical Supervisor's Name: \_\_\_\_\_ Discipline \_\_\_\_\_ License#: \_\_\_\_\_  
Print Name

Student: \_\_\_\_\_  
Signature Date

Clinical Supervisor: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Reviewed by Quality Management Date: \_\_\_\_\_



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services

MENTAL HEALTH REHABILITATION SPECIALIST
APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following education and experience required to qualify for the designation of Mental Health Rehabilitation Specialist, according to Title 9, Chapter 3, Article 8, Section 630.. I meet at least one of the indicated options below:

- Option 1: Master's Degree or PhD and two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
Option 2: Bachelor's Degree and 4 years of full-time/equivalent (FTE) direct care experience in a mental health setting.
Option 3: Associate Arts Degree and six years full-time/equivalent (FTE) direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

Attached is my resume and college degree, which qualifies me for this position.

FTE Experience may be in a mental health setting as a specialist in the fields of:

- \* Physical Restoration \* Psychology
\* Social Adjustment \* Vocational Adjustment

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I have retained a copy of proof of education and experience for our on-site credentialing file. This file is available for review by Quality Management Services at any time.

Agency Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval: Rolanda Reed, LCSW \_\_\_\_\_ Date \_\_\_\_\_
Quality Management Services



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
MENTAL HEALTH ASSISTANT APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following education and experience required to qualify for the designated Mental Health Assistant category.

- MHA-III: An individual with at least four (4) years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. Two (2) years of education in a mental health related subject may be substituted for (2) years of work experience.\* There is a minimum requirement of two (2) years of actual work experience.
MHA-II: An Individual who has at least two (2) years but less than four years of full-time/equivalent (FTE) experience in a mental health related field providing direct mental health services. There is no educational requirement.
MHA-I: An individual who has less than two (2) years of FTE experience in a mental health related field providing direct mental health services. There is no educational requirement.

Attached is a resume and college degree/transcript, if applicable, which qualifies me for this position.

\*The education requirement must be a minimum of two (2) years of education (60 semester or 90 quarter units) with a minimum of 12 semester (18 quarter) units in a mental health related subject area such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Management: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



Sacramento County
Department of Health and Human Services
Division of Behavioral Health Services
ADS COUNSELOR APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following qualifications required to register for the counselor classification category indicated below.

- ADS Assistant: An individual who has not enrolled into a certification program. This candidate must register, within six (6) months from the date of hire, and enroll in a State Department of Health Care Services (DHCS) Designated Certifying Organization.
ADS Counselor I -An individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration. Must submit proof of registration with a DHCS Designated Certifying Organization
ADS Counselor II. An individual who has completed program requirements and/or passed an exam issued by the DHCS Designated Certifying Organization and is a "certified AOD Counselor". Must submit proof as a Certified AOD Counselor from a DHCS Designated Certifying Organization.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Management: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_