CACREP/CORE Joint Policy Statement on Dual Accreditation

This policy expires 06/30/17

Background

The two-year merger phase-in period was intended to allow CACREP and CORE to operationalize the components of the merger agreement signed in July 2015. One of these components is the joint appointment of a task force charged with making recommendations to infuse disability concepts into the counseling core curriculum. These recommendations will then be vetted during CACREP’s next standards revision process. This process will culminate with the adoption and publication of standards that have a July 1, 2023 implementation date. Since CACREP’s protocol is to publish revised standards for use by programs at least one year prior to the implementation date, it is anticipated that the CACREP 2023 Standards will be published in the summer of 2022.

A second component of the merger agreement is the completion of CORE’s current standards revision process. This process will be concluded prior to the merger and, once completed, another joint committee will be established and given a charge to develop a set of revised standards for traditional rehabilitation counseling programs that are formatted for inclusion as a specialty area in CACREP’s 2016 Standards. CACREP will then adopt these standards for immediate use following the merger to provide an option for those rehabilitation counseling programs that do not wish to be either a Clinical Rehabilitation Counseling program or a Clinical Mental Health Counseling program to seek accreditation within the CACREP accreditation process.

Since the CACREP and CORE decision to affiliate in 2013, which then led to a decision to develop a merger agreement in 2015, the two organizations have worked closely together to establish a framework that would ensure a smooth transition for currently accredited programs, as well as to build recognition of programs accredited under the Clinical Rehabilitation Counseling standards with regard to state licensure and federal hiring eligibility. Both organizations will continue to work toward this recognition during the phase-in period and CACREP will continue to work toward recognition of all of its programs following the merger.

Under the current CORE-CACREP Affiliation Agreement, in Phase I, a conversion process was developed which allowed CORE accredited programs that were preparing graduates for a clinical practice license to seek dual accreditation as both a Clinical Rehabilitation and Clinical Mental Health Counseling program. This conversion process was a time-
limited policy and programs can no longer apply for a dual accreditation review under this policy.

This conversion policy was created and offered jointly by CACREP and CORE to allow CORE accredited rehabilitation programs in good standing to seek dual accreditation as both a Clinical Mental Health Counseling and Clinical Rehabilitation Counseling specialty. Current CACREP policy does not afford this option to CACREP’s other specialty areas. Instead, CACREP has a policy whereby students may be recognized as graduates of two specialty areas if it can be documented that the student has completed all of the curricular requirements of both specialties as well as two 600 clock hour internships (one in each area). This policy is cited below:

_Dual Degree Programs._ If a student wishes to graduate from two counseling specialty areas concurrently, he or she must meet the degree requirements for both CACREP accredited specialties. This would include meeting the curricular requirements for each specialty, a minimum of a 600 clock hour internship for each specialty, and any differences in the core curriculum. The awarding of the degree(s) must occur simultaneously.

The primary difference between what was afforded to CORE programs through the joint conversion policy and current CACREP policy is the internship requirement, since the dually accredited Clinical Mental Health/Clinical Rehabilitation Counseling programs were allowed to offer a single internship that met the requirements of each specialty area simultaneously. This was a reasonable decision, since two separate accreditation organizations – CORE and CACREP – were conducting the reviews with CORE conducting the review for the Clinical Rehabilitation Counseling standards and CACREP conducting the review of the Clinical Mental Health Counseling standards. However, as CORE and CACREP began discussions for developing additional pathways for dual accreditation processes, it became clear that the financial requirements to support two accrediting processes reviewing the same programs would become burdensome. Thus, the conversation shifted to a merger of the missions, standards and operations of the two organizations.

Despite the fact that merger discussions are proceeding forward, CACREP and CORE recognize that there are some currently accredited CORE programs that were ineligible to apply for the dual accreditation under the joint conversion policy when it was released. CACREP and CORE also recognize that some of these programs may have begun developing their programs to meet both sets of standards believing that both CORE and CACREP would continue to affiliate and offer additional options for dual accreditation as part of Phase II. Therefore, the following option for seeking dual accreditation as both a CORE and CACREP accredited Clinical Rehabilitation Counseling and Clinical Mental Health Counseling program is being offered.
Following the merger any program seeking CACREP accreditation must follow current policies.

Procedures for Applying and the Review Process in Phase II

Overview
CORE accredited programs that are not currently dually accredited, but that have been making changes to become so, must self-identify to CORE by 06/30/2016 and apply for dual accreditation by 01/15/17 using the 2009 CACREP Standards. Programs that successfully complete the dual accreditation review done jointly by CACREP and CORE will then be allowed to remain dually accredited through October 31, 2023. Please note that there will be no extensions of the 01/15/17 application deadline made available.

Prior to the October 31, 2023 dual accreditation expiration date, all programs that wish to offer both the Clinical Mental Health Counseling and Clinical Rehabilitation Counseling specialties for their students will need to apply to CACREP for a re-accreditation review of two specialties. Students who wish to graduate with both specialties must complete the required curricular offerings for each specialty, as well a 600 clock hour internship for each specialty. Programs will be asked to verify the completion of these requirements for those students who choose this option.

The 2023 accreditation cycle end date being granted to programs that have successfully completed the dual accreditation review process is intended to provide programs with due notice and enough time to make decisions regarding the specialties they wish to offer to students and to consider any new options that will be offered when CACREP revises its standards in 2023.

Eligibility Conditions
Programs currently accredited by CORE as Rehabilitation Counseling (RC) programs are eligible to convert their accreditation and become dually accredited as both a Clinical Rehabilitation Counseling and a Clinical Mental Health Counseling (CMHC) program under the following conditions:

1. The currently accredited RC program must require a minimum of 60 semester hours and all current students must be in the 60 semester hour program or be graduating prior to the Board’s rendering of an accreditation decision on the conversion.
2. The program must use a program title that clearly reflects its combined identity as a Clinical Rehabilitation and Mental Health Counseling program (reference 2009 CACREP Policy Document, Accreditation Process Policy #4 -Use of Program and Degree Titles,).
3. The currently accredited RC program must be in good standing with CORE (i.e., no outstanding reports or fees).
4. The currently accredited RC program has been reviewed by CORE and found to be in substantial compliance with the Clinical Rehabilitation Counseling program area standards.

**Application Fee**
The application fee for the conversion review process is $1,500. The fee is due at the time of application.

**Abbreviated Self-Study**
An abbreviated self-study document using the 2009 CACREP Standards must be submitted in accordance with CACREP’s policy guidelines for “Electronic Submission of Accreditation Documents.” The abbreviated self-study will include an application form with signatures of key decision-making administrators at the institution and documentation of compliance with the Eligibility Conditions cited above.

In addition, the program must address with both narrative and supporting documents how it meets the following 2009 CACREP Standards:

- I.M
- I.W.1-6, including the joint CORE-CACREP grandparenting provision (see * at bottom of this section)
- I.AA1-6, including CACREP Transition Policy #5 on Assessment
- II.G.1.c; 1.d; 3.c; 3.d; 3.e; 3.g; 5.g; 6.e; 7.a; 8.a
- III.B (if applicable) and C
- III.E
- III.F.2, if applicable
- CMHC Program Area Standards

* CACREP will extend a grandfathering period until January 1, 2018, whereby graduates of rehabilitation counselor education programs prior to this date will be eligible to teach in CACREP accredited programs for life, including programs dually accredited by CORE and CACREP.

**Review Process and Decisions**
Once the application fee and abbreviated self-study documents are received in the CORE office, a committee consisting of two readers will review the application and supporting documentation to determine if the program is in substantial compliance with the Clinical Rehabilitation Counseling program standards and eligibility conditions.

The following recommendations may be made by CORE:

Recommendation #1 – The program will be informed that it is in substantial compliance with the Clinical Rehabilitation Counseling Standards and the application is being forwarded to CACREP for review.
Recommendations #2 – The program is informed that CORE cannot recommend it for conversion to a dually accredited program. There will be no further request for clarification or information. There is no appeal process for this decision.

If CORE determines that the program is in substantial compliance with the CIRC Standards, the CORE staff will then send the documents to CACREP. A subcommittee of two (2) CACREP Board Members will be assigned to the applicant program to complete a paper review against the required Standards. The subcommittee can make the following decisions:

Decision #1 – The program meets the requirements to convert its status to a dually accredited CIRC and CMHC program. The application and subcommittee recommendation for approval of conversion would then be acted upon at the next available Board meeting. The program will be informed that it is being placed on the agenda for final board approval at the next available board meeting.

Decision #2 – The program does not meet the requirements for conversion at this time and requires no further review. There will be no further request for clarification or information. The program is informed of its deficiencies. The program does not convert, but remains a CORE-accredited RC program until the merger is completed at which point it becomes a CACREP accredited RC program. There is no appeal process for this decision.

Maintaining the Dual Accreditation Status
Once a program has been converted, the accreditation end date will be 10/31/2023. At the end of the current accreditation cycle, any program seeking CACREP accreditation must follow current policies.